
	<b>Florida State University Police Department</b>	
<b>EXPOSURE CONTROL PLAN</b>		
Revision Effective Date: 10/31/18	<b>General Order 315</b>	Attachments: Vaccination, Procedures, Vaccination Form, Exposure Report
Rescinds/Amends: 315 (9/1/17), 37 (8/9/16), 14-37 (04/14/14)	Distribution: Department Wide  Pages: 12	CFA Reference: 29.01-29.04

***POLICY - Exposure Control Plan***

It is the policy of Florida State University Police Department that all members “reasonably anticipated” of being subject to exposure to bloodborne pathogens, infectious diseases and potentially infectious materials, exercise universal precautions, and receive proper training in methods and practices to prevent exposure. In-addition to the members listed below in section A, Civilian Administrative Staff and Police Communication Officers are classified as having minimal risk potential for occupational exposure. Additionally, they will receive initial training in the proper post exposure procedures, to include reporting requirements and provisions regarding blood tests. All policies and procedures contained within this General Order will be implemented as described.

***PROCEDURE***

**A. Exposure Determination:**

**1. High Risk Members**

Members “reasonably anticipated” to face occupational exposure to bloodborne pathogens, infectious diseases or potentially infectious materials, include, but are not limited to: [CFA 29.01 A]

- a. All Law Enforcement Officers;
- b. Crime scene evidence technicians;
- c. Security Guards;
- d. Public Safety Officers; and
- e. Parking Patrollers

**2. Additionally, members who have a minimal risk of occupational exposure to bloodborne pathogens, infectious diseases or potentially infectious materials, due to their routine work within the Public Safety building include, but are not limited to:**

- a. Civilian Administration Staff
- b. Police Communications Officers

**B. High Risk Occupational Actions**

- 1. All actions “reasonably anticipated” to present occupational exposure, include, but are not limited to the following:
  - a. Providing first aid;

- b. Crime scene processing in the presence of body fluids;
- c. Gathering and handling of evidence contaminated with body fluids;
- d. Entering an area where the presence of body fluids may be expected;
- e. Arrest involving physical resistance;
- f. Contact with an infected person or animal;
- g. Activity in contaminated waterways or other bodies of water; and
- h. Traffic Crashes with injuries

C. **Personal Protective Equipment** [CFA 29.01 B]

1. Gloves, gowns, face shields or masks, eye protection, and pocket masks will be considered “adequate” only if they do not permit body fluids or other potentially infectious materials to pass through or to reach the wearer’s clothing, skin, eyes, mouth, or other mucous membranes under normal conditions or use, and for the duration of time that the personal protective equipment will be used.
2. The type and characteristics of the personal protective equipment used will provide reasonable protection against the penetration of body fluids or other potentially infectious materials.
3. Members will use appropriate personal protective equipment whenever there is a potential for occupational exposure.
  - a. A member may temporarily decline the use of personal protective equipment **only** under rare and extraordinary circumstances when, in the member’s personal judgment, the use of such will prevent the delivery of life-saving first aid or public safety services, or will pose an increased hazard to the member or anyone else.
  - b. When a member makes such a judgment, the circumstances will be investigated and documented by the exposure control officer to determine whether or not changes should be made to prevent such occurrences in the future.
4. If a garment is penetrated by body fluids or other potentially infectious materials, the garment will be removed immediately, or as soon as possible.
5. Personal protective equipment will be removed before leaving the perimeter of the exposure area. The personal protective equipment will be placed in an area or container designated for storage, washing, decontamination or disposal as appropriate (red bags).
6. Gloves will be worn:
  - a. Whenever it can reasonably be anticipated that there will be contact with body fluids or other potentially infectious materials.
  - b. When handling or touching contaminated surfaces.
  - c. Disposable, single-use gloves will be replaced as soon as practical when contaminated, or as soon as possible if they are torn or punctured, or when the ability to function as a barrier is compromised.
  - d. Disposable, single-use gloves will not be washed or decontaminated for reuse.

7. Masks will be worn in combination with eye protection devices whenever splashes, sprays, spatters, or droplets of body fluids or other potentially infectious materials may be generated, or where any eye, nose, or mouth contamination can be reasonably anticipated during clean-up.
8. Protective clothing such as gowns, aprons, or similar outer garments will be worn in extreme occupational exposure situations. The type and characteristics of such protective clothing must be appropriate to the task and degree of exposure anticipated.
9. Shoe covers will be worn in instances where gross or cross contamination can be reasonably anticipated.
10. Members are responsible for replacing personal protective equipment which becomes lost, contaminated, damaged or otherwise unusable. Appropriate personal protective equipment in the appropriate sizes will be readily accessible in emergency vehicles. The Department shall replace personal protective equipment as needed at no cost to the employee. If there are no replacements available, the member shall request replacement personal protective equipment in writing through his/her supervisor to the Exposure Control Officer. The Exposure Control Officer or designee shall be responsible for replacing the personal protective equipment. [CFA 29.02 C]

**D. Exposure Controls**

1. Universal Precautions will be observed by each member facing occupational exposure, to prevent contact with body fluids or other potentially infectious materials. All body fluids as listed herein will be treated as infectious material.
2. Engineering and work practice controls will be used to limit a member's exposure to body fluids and other potentially infectious materials. Where occupational exposure remains after institution of these controls, personal protective equipment will be used.
3. Members subject to occupational exposure will be issued personal protective equipment which they shall maintain and ensure is readily accessible while on duty.
4. Exposure Control Officer or designee will ensure there is an adequate stock of personal protective equipment replacement items readily available to members under their command.
5. Personal Hygiene
  - a. Members should wash their hands with soap and water for at least thirty (30) seconds to one minute immediately, or as soon as possible, after removal of gloves or other personal protective equipment.
  - b. Members should wash their hands and any other body part with soap and water immediately, or as soon as possible, following contact of such body areas with body fluids or other potentially infectious materials.
  - c. Members should rinse and flush mucous membranes with water immediately, or as soon as possible, following contact of such areas with body fluids or other potentially infectious materials.

- d. When a hand washing facility is not readily available, members will use an antiseptic hand cleanser. Thereafter, members will wash their hands with soap and running water as soon as possible.
- e. All clean-up procedures involving body fluids or other potentially infectious materials will be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

6. Internal Absorption

- a. Eating, drinking, smoking, applying cosmetics to include lip balm, or handling contact lenses are prohibited in work areas where there is occupational exposure.
- b. Food and beverages will not be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where body fluids or other potentially infectious materials are present or stored.

E. **Handling of Sharps**

- 1. Sharps will be handled by employees using extreme caution to avoid skin injury.
- 2. Sharp items will be properly disposed of in properly labeled puncture-resistant containers.

F. **Infectious Materials Handling**

- 1. All potentially infectious materials will only be placed in designated containers that prevent leakage during collection, handling, processing, storage, transport, and shipping.
- 2. Containers for storage, transport, or shipping of specimens of any potentially infectious material will be:
  - a. Appropriately labeled or color-coded; and
  - b. Sealed prior to being stored, transported, or shipped.
- 3. If outside contamination of the primary container occurs, it will be placed within a second, leak-proof, appropriately labeled, or color-coded container.

G. **Equipment and Vehicle Handling**

- 1. Batons, flashlights, handcuffs or other equipment that become contaminated with body fluids or other potentially infectious materials will be decontaminated with a ten-to-one water/bleach solution.
- 2. The interior and exterior of vehicles contaminated with body fluids or other potentially infectious materials will be decontaminated with a ten-to-one water/bleach solution or an agency approved disinfectant. If possible, the back seat and other detachable items will be removed from the vehicle and cleaned separately to ensure the item has been completely decontaminated.
- 3. While decontaminating equipment or vehicle, members will use universal precautions during the decontamination process.

4. If any item or portion of it cannot be decontaminated, it shall be placed in a red bag or marked with appropriate warning labels. The member who is assigned the item or their supervisor will contact the Exposure Control Officer for the proper service representative to decontaminate the item.
5. Notice of possible contamination must be given to all affected members, servicing representatives, and/or manufacturers, prior to handling, so that proper safety precautions may be taken.

H. **Contaminated Laundry** [CFA 29.01 E]

1. Contaminated laundry will be handled as little as possible and bagged where used or found.
2. Member handling contaminated laundry will wear protective gloves and other appropriate personal protective equipment.
3. Contaminated laundry will be placed in an appropriately labeled or color coded biohazard bag. This bag will be properly tied/sealed to prevent leakage or loss of the laundry items.
4. The contaminated laundry will then be transported to the FSU Department of Environmental Health and Safety for disposal or laundering.
5. All contaminated PPE shall be bagged and properly labeled. The Department of Environmental Health and Safety shall be notified for pick-up of bio-hazardous waste containers.
6. Incidents at the Panama City campus, small areas of contamination can be addressed by contacting the Facilities Operation and Maintenance warehouse and requesting a Bloodborne Pathogen Response kit. Contaminated equipment that can be sanitized should be properly bagged for transport and returned to the main Campus for submission to Environmental Health and Safety. Uniforms and other materials that cannot be sanitized may be bagged and returned to Environmental Health and Safety or properly destroyed at the Panama City Incinerator, as agency agreements dictate.

I. **Work Environment** [CFA 29.01 C]

1. Work sites / environment will be maintained in a clean and sanitary condition.
2. Agency assigned vehicles which become contaminated, as well as, all equipment, walls, chairs, etc., and working surfaces will be cleaned and decontaminated with an appropriate disinfectant, consisting of an EPA registered, hospital-grade tuberculicide or a bleach solution consisting of one-part bleach to 10 parts water ratio (1:10) after contaminated with body fluids or other potentially infectious materials. Carpet or upholstered furniture should be cleaned by the business contracted by the agency to handle such an incident.
3. The procedure which should be used to properly disinfect a surface, involves the following:
  - a. The appropriate personal protection equipment shall be worn.
  - b. Clean the surface by removing any debris and sitting fluids.
  - c. Spray or wipe the surface with the disinfectant until the surface is visibly wet.

- d. Allow the bleach/water solution or disinfectant to remain on the surface for at least ten (10) minutes or according to the disinfectant's label instructions.
- e. Wipe the surface clean or allow the surface to air dry.

J. **Regulated Waste** [CFA 29.01 D]

Discarding and Containment of Contaminated Sharps:

1. Contaminated sharps will be discarded immediately or as soon as possible, in containers that are:
  - a. Sealable;
  - b. Puncture resistant;
  - c. Leak-proof on sides and bottom; and
  - d. Appropriately labeled or color-coded.
2. Containers for contaminated sharps will be easily accessible to members in the area where sharps are used. Sharps containers should be kept in an upright position, replaced routinely, and not allowed to overfill.
3. When moving containers of contaminated sharps, they will be closed and placed in appropriately labeled or color-coded containers.
4. Reusable containers will not be opened, emptied, or cleaned by hand without protective equipment.
  - a. Other Regulated Waste Containment:
    - 1) Regulated waste will be placed in containers that are constructed to prevent leakage, appropriately labeled or color-coded, and closed.
    - 2) If outside contamination of a regulated waste container occurs, it will be placed in a second container that is constructed to prevent leakage, appropriately labeled or color-coded, and closed.
    - 3) Disposal of regulated waste will be in accordance with all federal, state, and local standards.
    - 4) Location of Bio-Medical waste bin is in the "Booking Room" (room 111).

K. **Biohazard Warnings** [CFA 29.01 G]

1. Labels should contain the word "Biohazard" and the following Biohazard symbol:
  - a. Biohazard warnings will be fluorescent orange or orange-red in color, with symbols and lettering in contrasting color.



- b. A Biohazard warning will be either an integral part of the container, or affixed to it in such a manner, so as to prevent its loss or intentional removal.
- c. Biohazard warnings will be affixed to containers of regulated waste or other potentially infectious materials.

**Note: Red bags with the appropriate labels may be substituted for labels listed in section b. above.**

**L. Hepatitis B Vaccine Program [CFA 29.04]**

1. Hepatitis B vaccine will be made available to all members reasonably anticipated to be subject to occupational exposure, after receipt of infectious diseases training, and within ten (10) working days of initial assignment. Members may elect to decline such vaccination for any reason. [CFA 29.04 A]
2. The vaccine will be offered at a reasonable time and place, at no charge to the member. [CFA 29.04 D] If the member fails to complete the series within two weeks of due date, as scheduled, this benefit will be canceled. It will be each member's responsibility to keep track of their vaccination schedule.
3. The vaccine will be administered under the supervision of a physician or other licensed health care professional, in accordance with current United States Public Health Service (USPHS) recommendations. [CFA 29.04 E]
4. Members who decline receipt of the vaccine will be required to sign an acknowledgement of declination. [CFA 29.04B]
5. Members who initially decline the Hepatitis B vaccine will be provided the vaccinations if they decide at a later date to receive it. Such employees may receive the vaccine at a reasonable time and place, at no charge, provided they are still classified as high risk members. [CFA 29.04 C]

**M. Exposure Incident Evaluation Procedures [CFA 29.01 F]**

Upon learning of a member's exposure to a bloodborne pathogen or potentially infectious materials, supervisors will follow these procedures:

1. Verify that the member cleanses with an antimicrobial cleaner and uses universal precautions (i.e. wash exposed areas with soap and water for at least thirty (30) seconds to one minute).

2. If an exposure incident occurs during normal business hours, the member shall immediately report the incident to the Exposure Control Officer. The member will be referred to the physician designated by Worker's Comp, for post exposure evaluation.
3. If the exposure incident occurs after normal business hours, the member shall report directly to the designated Worker's Comp provider and will notify the ECO on the next business day.
4. The affected member should then be directed to the Exposure Control Officer, or designee, with the Blood-borne Pathogens Occupational Exposure Report filled out properly and signed by his/her supervisor, and the First Notice of Injury or Illness, if the situation permits. If the member is unable to complete this procedure, the Exposure Control Officer or supervisor will complete the necessary forms.
5. Completed Blood-borne Pathogens Occupational Exposure Reports will be turned in to the Exposure Control Officer (Support Services Lieutenant). If the Exposure Control Officer is not present to receive the form in person, the form will be placed in a sealed envelope addressed to the Exposure Control Officer. After the report is reviewed by the Exposure Control Officer it will be filed in the member's medical file.

**N. Post Exposure Evaluation and Follow-up**

Following a report of an exposure incident, a confidential medical evaluation, conducted by appropriate medical personnel, will be made available to the exposed member immediately or as soon as possible. The evaluation will be at no cost to the member. Initial evaluation may include the following based on medical recommendations: [CFA 29.01 F]

1. If the source individual(s) is known, and consents, testing for communicable infectious diseases will be obtained.
2. If individual is uncooperative with regard to blood screening, then a court order requiring such screening will be sought pursuant to Section 381.287(1), F.S.
3. Collection and testing of an exposed member's blood for communicable/infectious disease status.
  - a. The member's blood will be collected and tested as soon as possible, if consent is obtained.
  - b. After a significant exposure, member testing will consist of the following:
    - 1) Baseline blood testing;
    - 2) Three months;
    - 3) Six months; and
    - 4) One (1) year.
4. A copy of all results of lab testing will be forwarded to the member. All findings will remain confidential, except as provided by law.



O. **Exposure Control Officer**

***The Exposure Control Officer shall be the Support Service Lieutenant.***

1. This General Order will be reviewed annually by the Exposure Control Officer, and updated whenever necessary to reflect new or modified tasks and procedures which are designed to eliminate or minimize occupational exposure, as well as reflect new or revised member positions where occupational exposure is reasonably anticipated. [CFA 29.01 H]

P. **Infectious Disease Training**

1. All members “reasonably anticipated” as being subject to occupational exposure will participate in an infectious disease training program. Training shall occur at a time prior to initial assignment. [CFA 29.02]
2. Training will include at a minimum: [CFA 29.02]
  - a. Familiarization with the agency’s Exposure Control Plan; [CFA 29.02 A]
  - b. Familiarization with the basic description, symptoms, and the modes of transmissions of infectious diseases; [CFA 29.02 B]
  - c. An explanation of the use and limitations of methods that will prevent or reduce exposure. This will include familiarization with the personal protective equipment available, as well as the proper use, removal, handling and disposal; [CFA 29.02 C]
  - d. Information regarding hepatitis, including the agency’s hepatitis B vaccine program; [CFA 29.02 D]
  - e. An explanation of procedures to follow at any incident involving body fluids or other potentially infectious materials, to include an explanation of work methods that prevent or reduce exposure; [CFA 29.02 E]
  - f. An explanation of procedures to follow if an exposure occurs, including reporting requirements and medical follow-up; [CFA 29.02 F]
  - g. An explanation of the signs, labels, and color coding identifying bio-hazardous waste; [CFA 29.02 G]
  - h. Familiarization with the agency’s bio-hazardous waste disposal procedures; and [CFA 29.02 H]
  - i. An opportunity to have questions answered or a point of contact for questions. [CFA 29.02 I]
3. Refresher training will be conducted annually for sworn and non-sworn members “reasonably anticipated” as being subject to occupational exposure. [CFA 29.02 J]
4. Civilian members (listed in Section A (2)) identified as having a minimal risk potential for occupational exposure will receive infectious disease training as described in section P.(2) above within 30 days of their employment with the Department. The training for these members may be in the form of a power point presentation which will be maintained and distributed in Power DMS.

Q. **Medical and Training Records**

1. Accurate medical and training records will be established and maintained for each member with occupational exposure, in accordance with the State of Florida Records Retention Schedule. [CFA 29.03]
2. Members' medical records will be kept in a secure area of the UBA Assistant Director's office. Medical records for members will be forwarded to the Exposure Control Officer for filing in the member's medical file.
  - a. The medical records will contain:
    - 1) The member's name and employee social security number.
    - 2) A copy of the member's Hepatitis B vaccine record.
    - 3) A copy of the results of examinations, testing, and follow-up procedures (as previously detailed).
3. Members' medical records will be kept confidential. Information contained in a member's medical records will not be disclosed to any person, other than the member, without the member's express written consent, except as provided by law.

**Glossary**

**AIDS** - Acquired Immunodeficiency Syndrome.

**BIO-MEDICAL WASTE** - Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and wastes containing blood or other potentially infectious materials.

**BLOODBORNE PATHOGENS** - Microorganisms that are present in human/animal blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

**BODY FLUIDS** – All body fluids to include but not limited to: Amniotic fluid, blood (to include blood products, serum, plasma, or other derived products such as interferon), cerebrospinal fluid, pericardial fluid, peritoneal fluid, pleural fluid, saliva, synovial fluid, semen, urine, vaginal fluid, any body fluid that is visibly contaminated with blood, and all body fluids in situations where differentiating between body fluids is difficult or impossible. This will include other animal body fluids which have been shown to carry pathogens that cause disease in humans.

**CONTAMINATED** - The presence or the "reasonably anticipated" presence of body fluids or other potentially infectious material on an item or surface.

**CONTAMINATED LAUNDRY** - Laundry that has been soiled with body fluids or other potentially infectious material.

**CONTAMINATED SHARPS** - A contaminated object that can penetrate the skin such as broken glass, edged weapons, needles, etc.

**DECONTAMINATION** - The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or items is rendered safe for handling, use or disposal.

**ENGINEERING CONTROLS** - Those controls that isolate or remove bloodborne pathogen hazards from the workplace.

**EXPOSURE CONTROL PLAN** - This standard operating procedure will be the written program that sets forth procedures, engineering controls, personal protective equipment, work practices, and other methods that are capable of protecting employees from exposures to bloodborne pathogens, and meets the requirements of the OSHA Bloodborne Pathogens Standards.

**EXPOSURE CONTROL OFFICER** - An employee, designated by the employer to be the facilitator of the Exposure Control Plan.

**EXPOSURE INCIDENT** - A specific eye, mouth, other mucous membrane, or parenteral contact with body fluids or other potentially infectious materials arising from the performance of a member's duties.

**HBV** - Hepatitis B Virus.

**HIV** - Human Immunodeficiency Virus (the virus that causes AIDS).

**OCCUPATIONAL EXPOSURE** – reasonably anticipated skin, eye, mouth, other mucous membrane, or parenteral contact with body fluids or other potentially infectious materials that may result from the performance of a member's duties.

**OTHER POTENTIALLY INFECTIOUS MATERIALS** - Any unfixed tissue, organ or other substance (other than intact skin) from a human or animal, living or dead.

**PERSONAL PROTECTIVE EQUIPMENT (PPE)** - Specialized clothing or equipment worn by a member for protection against a bio-hazard. General work clothes (e.g. uniforms, pants, shirts, or blouses) that are not intended to function against a hazard are not considered to be personal protective equipment.

**SOURCE INDIVIDUAL** - Any person, living or dead, whose body fluids or other potentially infectious materials may be a source of occupational exposure to the member.

**STERILIZE** - The use of a physical or chemical procedure to destroy all microbial life.

**UNIVERSAL PRECAUTIONS** - An approach to infection control in which all body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens (includes the use of PPE).

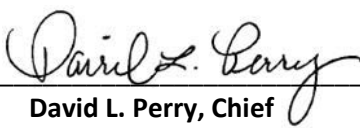
**WORK PRACTICE CONTROLS** - Practices that reduce the likelihood of member exposure to body fluids or other potentially infectious materials by altering the manner in which a task is performed.

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Attachments:

Procedure for Hepatitis B Vaccination  
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Exposure Control Form

MTC 10/31/18	Filed: General Order 315
Title: <b>Exposure Control Plan</b>	
Approved: 	
David L. Perry, Chief	
Date: 10/31/18	