



# Florida Highway Patrol Policy Manual

<b>SUBJECT</b> INFECTIOUS DISEASE (EXPOSURE CONTROL AND BIOMEDICAL WASTE MANAGEMENT PLAN)	<b>POLICY NUMBER</b> 21.01	<b>ISSUE DATE</b> 02/01/1996
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## **21.01.01 PURPOSE**

To establish policy and procedures which will assist the Florida Highway Patrol to protect Division employees from unnecessary risk of exposure to infectious disease.

## **21.01.02 AUTHORITY**

Centers for Disease Control and Prevention ([www.cdc.gov](http://www.cdc.gov))  
Section 381.004, Florida Statutes  
Chapter 64E-16, Florida Administrative Code, Biomedical Waste

## **21.01.03 POLICY**

It is the policy of the Florida Highway Patrol that employees will assist in providing care for victims of crashes, crimes, or sudden illness as well as arrestees. At some point, it is predictable that employees will come into contact with a person who has an infectious disease such as Acquired Immune Deficiency Syndrome (AIDS), Hepatitis, Tuberculosis or other infectious diseases. It is the policy of the Florida Highway Patrol to safeguard, to the highest degree possible, Division employees that may come in contact with blood, other body fluids, or other potentially infectious materials in the performance of their duty without sacrificing essential services.

Universal precautions should be exercised and all procedures set forth in this policy shall be utilized when dealing with blood and blood stained items, other body fluids,

and suspected infectious persons. Additional guidance is provided by procedures and protocol set forth by the Centers for Disease Control and Prevention (CDC) at <http://www.cdc.gov/vhf/ebola/healthcare-us/emergency-services/ems-systems.html>.

This policy will serve as both the Division's Infectious Disease Exposure Control Plan and Biomedical Waste Management Plan and applies to all employees who, while performing their normal occupational duties, may anticipate exposure to blood-borne pathogens or other contagious diseases. All employees identified in this policy are to comply with this policy.

#### **21.01.04 DEFINITIONS**

- A. **DIVISION INFECTIOUS DISEASE CONTROL OFFICER** – A training officer at the Florida Highway Patrol Training Academy assigned to perform all Infectious Disease Control Officer duties by the Chief Training Officer.
- B. **BLOODBORNE PATHOGENS** – Means pathogenic microorganisms are present in human blood and can cause disease in humans. The pathogens include but are not limited to Hepatitis B (HBV), Human Immunodeficiency Virus (HIV), and Acquired Immune Deficiency Syndrome (AIDS).
- C. **BIOMEDICAL WASTE** – Any solid or liquid waste that may present a threat of infection to humans. Generally, this waste is produced and acquired at crash scenes. Evidence, such as DUI blood or urine kits, contaminated clothes or vehicle parts from crash scenes, that have been authorized for disposal, are considered biomedical waste. Examples include non-liquid tissue and body parts; discarded sharps; and blood, blood products, or body fluids from humans and other primates. Other examples include used absorbent materials saturated with blood, body fluids, or excretions or secretions contaminated with blood, and absorbent materials saturated with blood or blood products that have dried. Absorbent material includes items such as bandages, gauzes, and sponges. Contaminated gloves, supplies, clothing, and Personal Protective Equipment (PPE) are considered biomedical waste.
- D. **COMMUNICABLE DISEASE** – An illness due to a specific infectious agent or its toxic products which arises through transmission of that agent or its products from a reservoir to a susceptible host either directly as from an infected person or animal or indirectly through an intermediate plant or animal host, vector, or the inanimate environment.

- E. **SHARPS** – Intact or broken objects capable of puncturing, lacerating, or otherwise penetrating the skin.
- F. **UNIVERSAL PRECAUTIONS** – An approach to infection control. According to the concept of universal precautions, all human blood and body fluids are treated as if known to be infectious for bloodborne pathogens.

**21.01.05 OBJECTIVES**

- A. To provide guidelines/information to employees for overcoming fear and anxieties regarding infectious diseases.
- B. To provide uniform hygiene procedures to employees as a preventive measure against the transmission of an infectious disease.
- C. To provide uniform follow-up procedures when an employee has been exposed to an infectious disease or contaminated equipment.
- D. To train employees in job classifications where occupational exposure to blood or other potentially infectious materials is reasonably anticipated:

Minimally, the following job titles shall be included:

- Director
- Deputy Director
- Chief
- Law Enforcement Major
- Law Enforcement Captain
- Law Enforcement Lieutenant
- Florida Highway Patrol Sergeant
- Florida Highway Patrol Investigative Sergeant
- Florida Highway Patrol Corporal
- Florida Highway Patrol Pilot I
- Florida Highway Patrol Pilot II
- Florida Highway Patrol Trooper
- FHP Reserve Member
- FHP Auxiliary Member
- Troop Office Operations Consultant (OOC)
- Troop Evidence/Property Custodian (EPC)

- E. Vaccinations for Hepatitis B shall be made available for all job classifications listed in 21.01.05(D) after infectious disease training has been completed and within ten working days of initial assignment.

#### **21.01.06 RESPONSIBILITIES**

- A. The Division designated Infectious Disease Control Officer assigned to the FHP Training Academy shall be responsible for development and implementation of required training in conjunction with the assistance from the Learning and Development Office, coordinating the maintenance of records, and ensuring this policy is reviewed annually and updated as necessary. The purpose of the annual review of this policy is to update procedures designed to eliminate or minimize occupational exposure. The review will be documented and, at a minimum, contain the scope of the review and, when warranted, findings and recommendations.
- B. The Troop OOC shall be the designated infectious disease control coordinator and shall:
  - 1. Ensure that each troop facility where biohazardous materials are collected and/or temporarily stored are registered with the local county health department and, for each such facility, obtain and post a Biohazard Permit or Exemption documentation. Requests for new (or to renew expired) permits and exemption documentation should be submitted using Florida Department of Health form DH 4089.
  - 2. Ensure the Biomedical Waste Management Plan (HSMV 60917), available on the SafetyNet forms page, is filled out and completed for each facility in their troop where biohazardous materials are collected and/or temporarily stored based on the appropriate information for their troop.
  - 3. Ensure that each affected member and any non-sworn personnel at risk for exposure are properly equipped with applicable Personal Protective Equipment and are in full compliance with this policy.
  - 4. Assist the Division Infectious Disease Control Officer in affecting compliance with training, records, and ensuring compliance with this policy.
- C. District commanders or station commanders, or designee, shall be responsible for the following:

1. Members, and any non-sworn personnel at risk for exposure to biohazardous materials, shall be provided training on the specifics of the completed Biomedical Waste Management Plan (HSMV 60917) for each FHP facility that accepts biohazardous materials within that member's/non-sworn personnel's area of assignment, prior to commencement of duties which may result in exposure to biohazardous materials.
  2. Training of members and any non-sworn personnel at risk for exposure in local area of assignment facility Biomedical Waste Management Plan(s) (HSMV 60917) shall be documented on Division Training/Attendance Roster form(s) (HSMV 61117) and copies of same shall be maintained with the current completed facility Biomedical Waste Management Plan (HSMV 60917).
  3. Refresher training on current facility Biomedical Waste Management Plans (HSMV 60917) shall be completed annually by all personnel who handle biomedical waste. The initial and subsequent training may be part of the Division's annual Biomedical Waste training.
  4. All biomedical waste management records, including completed facility Biomedical Waste Management Plans (HSMV 60917) and documentation of related training, shall be maintained for 3 years.
- D. Troop Commanders shall be responsible for the following:
1. Ensure their troop employees comply with this policy and the completed Biomedical Waste Management Plans (HSMV 60917) for each facility within their command that accepts biohazardous materials and/or waste.
  2. Appointing an employee at each location within their troop to be responsible for maintaining the biohazard container at their respective facility in compliance with this policy. This includes ensuring the acquired waste is periodically picked up by a division contracted biomedical waste disposal company.

#### **21.01.07 PROCEDURES**

- A. "Significant exposure" means:
1. Exposure of mucous membranes to visible blood or body fluids.

2. Exposure to blood or body fluids through needlestick, sharps, or instruments.
  3. Exposure of skin to visible blood or body fluids, especially where the exposed skin is chapped, abraded, or afflicted with dermatitis (skin sores, rashes, etc.) or contact is prolonged or involving an extensive area.
  4. Other types of exposures – as in the case of tuberculosis, for example, whereby germs from an infected person are spread from person to person through the air when the infected person coughs, sneezes, or speaks.
- B. "Body fluids" are those fluids which have the potential to harbor pathogens and shall include:
1. Blood, blood products, lymph
  2. Semen
  3. Vaginal secretions
  4. Cerebrospinal fluid (fluid from the brain or spine)
  5. Synovial fluid (fluid from the joints)
  6. Pleural fluid (fluid from the lungs)
  7. Peritoneal fluid (abdominal fluids)
  8. Pericardial fluid (fluid from the heart)
  9. Amniotic fluid (fluid surrounding a fetus)
  10. In instances where identification of the fluid cannot be made, it shall be considered a regulated body fluid and universal precautions will be exercised.
  11. Body excretions such as feces and secretions such as nasal discharges, saliva, sputum, sweat, tears, urine, and vomitus shall not be considered biomedical waste unless visibly contaminated with blood.

- C. A "contamination" occurs when a person's blood or any other body fluid is transferred to another person. Examples include when blood or body fluid splashes or comes in contact with another's skin where there are no cuts, sores, or abrasions.
- D. Any member or non-sworn personnel who reasonably believes they have received a "significant exposure" and has been exposed to an infectious disease, as defined in 21.01.07(A) above, shall:
1. Gather information about the person involved, except that a sworn supervisor will gather information on behalf of any non-sworn personnel (keeping in mind confidentiality). Information collected by the member shall include name, date of birth, any medical information legally available, where the person can be located, and what has led the member to believe that the person has an infectious disease. The member will not gather this information in a way that increases exposure.
  2. Contact their supervisor immediately. In the case of communicable diseases, the member/non-sworn personnel will attempt to reduce potential exposure to others. The supervisor shall complete a First Report of Injury and contact the medical facility designated under Workers' Compensation as the initial treatment source or the nearest hospital emergency room, or walk-in clinic, and advise the doctor of all the facts about the exposure and follow the doctor's instructions.
  3. Submit an Incident Report to the appropriate Chief via the chain of command, who will forward a copy to the Division's Infectious Disease Control Officer. For non-sworn personnel, the Incident Report shall be completed by the sworn supervisor that gathers the information in paragraph (1) above.
  4. To maintain compliance with the Ryan White Comprehensive AIDS Resources Emergency Act of 1990, the names of employees exposed to a possible infection shall remain confidential in all areas except to those immediately involved.
  5. When a supervisor has been notified that a member, or any other personnel, believes that they have been exposed to an infectious disease, the supervisor shall ask the suspected carrier to voluntarily submit to a blood test. The test shall be administered by a licensed medical professional and paid for by the Division.

6. If the person who causes the significant exposure is arrested and refuses to provide a blood sample, the member shall include information in the Arrest Report detailing the exposure and shall note "body fluid exposure" in the area where the member lists the charges.
  - a. The affected member/non-sworn personnel will need to contact a doctor to complete a Physician's Sworn Statement (HSMV 60910) form, available on the SafetyNet forms page, attesting both that a significant exposure has occurred and that the screening is medically necessary to decide the course of treatment for the member/non-sworn personnel.
  - b. The physician's statement is probable cause for the issuance of the Warrant to Conduct Examination (HSMV 60911) form, available on the SafetyNet forms page.
  - c. This statement, along with the arrest report documenting the exposure, will be presented to a judge along with the Affidavit for Warrant for Examination (HSMV 60913) form to seek a court ordered blood test.
  - d. The member should attach the Physician's Sworn Statement (HSMV 60910) form to the Affidavit for Warrant to Conduct Examination (HSMV 60913) form, available on the SafetyNet forms page.
  - e. The results of the blood test will be sent to the affected individual's physician, who will contact them directly in reference to the results.

If the arrestee consents to the blood test, appropriate medical personnel at the jail will be requested to draw the blood. The suspect will need to sign the Release of Medical Information (HSMV 60914) form, available on the SafetyNet forms page, to ensure that the results are forwarded to the member's physician.

7. If a member receives a "significant exposure" from a person who is not arrested, the supervisor should:



- a. Try to get the person to sign the consent form and ask the person to go to the county health department where the test may be conducted.
  - b. The consent form should be given to the county health clinic to ensure that the results are forwarded to the appropriate physician.
  - c. If the supervisor cannot secure voluntary consent for a test, the supervisor should obtain a warrant for an examination. Once the warrant is issued, the supervisor may use reasonable force to take the person to the health clinic for testing.
  - d. For assistance with the process of drafting and getting a warrant executed, the supervisor should contact the troop legal advisor. If the troop legal advisor is unavailable, the supervisor shall follow the steps below.
8. To secure a warrant for a blood test, members must fill out an Affidavit for Warrant to Conduct Examination. The supervisor will include a report explaining the "significant exposure" and to which body fluid the member was exposed. The member does not need to describe the criminal act that led to the exposure, only that the affected member was employed as a law enforcement officer at the time.
9. When the affidavit has been completed, the supervisor will need to contact a doctor to obtain a sworn statement attesting to the significant exposure to body fluids. The supervisor shall take the Affidavit for Warrant, Warrant, doctor's sworn statement, and a copy of the Incident Report to the state attorney for assistance, or initial appearance judge for their signature.
10. When the warrant is obtained and served, the person listed on the warrant, if incarcerated, will have their blood drawn by appropriate medical personnel at the jail. If the person is not in custody, the supervisor may use reasonable force to take the person to the county health department for the blood test.

11. After executing the warrant, the member shall leave a copy of the warrant with the subject and with the testing facility and shall return the warrant, along with a copy of the Return Inventory and Receipt (HSMV 60912) form, available on the SafetyNet forms page, to the court issuing the warrant within ten days of its service.
- E. Suspected infectious persons should be treated with caution. Where violence or an altercation is likely, protective devices should be worn. The following precautions shall also be observed:
1. All employees in job classifications where occupational exposure to blood or other potentially infectious materials is reasonably anticipated shall within 10 days of initial assignment receive training through iLearn and be offered Hepatitis B vaccinations.
  2. Use a resuscitator mask when performing mouth-to-mouth resuscitation or CPR.
  3. Disposable surgical gloves and items from the Infectious Disease Control Kit (as needed) shall be worn when handling blood or other body fluids, regardless of whether such fluids are wet or dry. Rings, jewelry, or long fingernails will compromise the structural integrity of the gloves. Employees shall make certain the gloves are not torn before using. Appropriate attire will also be worn when members observe autopsies or enter the area of a morgue where autopsies are performed. In any area where blood, other body fluids, or the potential for other contagious factors exist or are suspected, employees will not smoke, eat, drink, use smokeless tobacco products, apply lipstick, or handle contact lenses for any reason.
  4. Clean hands immediately with liquid germicidal and/or hand-wipes after contact with body fluids or suspect persons.
  5. Wash hands thoroughly with hot water and germicidal soap following contact with blood or other body fluids. Hand washing must be done even if gloves have been worn.
  6. Make it a practice to bandage open wounds or cuts on hands to avoid direct contact with contaminated body fluids. Bandages should be changed if they become wet or soiled.

7. Use care when conducting searches of suspects or vehicles. Never blindly place hands in areas where there may be sharp objects that could puncture the skin.
  8. Employees should flush eyes, mouth, and exposed cuts with sterile water immediately after an exposure to such areas.
- F. The Hepatitis B vaccination is no cost to the recipient and consists of:
1. A pre-test (optional)
    - a. Vaccination offered during recruit school.
    - b. Vaccination offered to all newly appointed Troop OOCs, EPCs, and FHP Auxiliary.
    - c. Vaccination offered to all rehired members.
    - d. Vaccination offered again after "significant exposure."
  2. Three inoculations
    - a. The initial injection.
    - b. The second injection 30 days later.
    - c. The final injection in 6 months.
  3. A post-test to determine if immunization immunity has occurred.
  4. All three injections and the post-test must be administered in order for the vaccine to be effective and immunity verified.
- G. If any employee declines the vaccination, it is mandatory that they sign a Hepatitis B Vaccine Declination (HSMV 60916) form, available on the SafetyNet forms page. However, if at a later date the employee decides to be vaccinated, they may receive the inoculations and post-test at the Division's expense. Vaccinations will be administered by a licensed medical professional.
- H. Tuberculosis

Tuberculosis (TB) is a disease that is spread from one person to another through the air. It usually affects the lungs but can also affect the brain, the kidneys, or the spine.

1. General symptoms of TB may include a feeling of being weak or sick, weight loss, fever, or night sweats. Symptoms of TB of the lungs include coughing, chest pains, and coughing up blood.
2. There are two classification levels concerning TB:
  - a. Tuberculosis Disease – means a person is sick from the germs that are active in their body. This person is capable of giving the infection to another.
  - b. Tuberculosis Infection – means a person has the germ that causes TB in their body. However, they are not sick because the germ lies inactive in their body, and they cannot spread the germ to others.
3. If any member/non-sworn personnel believes that they have been exposed to an infected person, the affected person should immediately contact their immediate supervisor so a First Report of Injury can be completed.
4. Generally, a member/non-sworn personnel who believes that they have been exposed to an infected person should take a TB skin test. This test can be taken at a local Health Department.
5. TB tests taken immediately after exposure may give a false negative reading. It usually takes two to 10 weeks after an exposure for a skin test to react positively.
  - a. A positive reaction means that the member/non-sworn personnel has been infected with the TB germ, not the TB disease.
  - b. It will take other tests to determine whether the member has contracted the disease. Tests such as x-rays and a sputum sample. Tuberculosis is treated through medication.

## I. Communicable Diseases

1. During a pandemic, employees should follow all agency and CDC guidelines.
  2. If an employee believes that they have been exposed to a communicable disease, the employee should consult the Florida Department of Health's list of reportable diseases.
  3. If the exposure involves any of the reportable diseases, the employee shall immediately notify a supervisor. The supervisor will complete an Incident Report and notify the local health department of the exposure, if the exposure is considered as occurring due to employment, and consult with them for the appropriate actions to take.
  4. If the employee later tests positive for the reportable disease the supervisor will complete a First Report of Injury, if the exposure is considered as occurring due to employment.
- J. General prevention techniques for infectious disease control include the following measures:
1. Stay home when sick
  2. Cover coughs and sneezes
  3. Wash hands with soap and water often (when practicable)
  4. Routinely clean frequently touched surfaces
  5. Annual Flu shots
- K. Members shall maintain a first aid kit in the trunk of their patrol vehicle. The first aid kit will include yet is not limited to:
1. Box of adhesive 1" bandages
  2. 4" x 4" Gauze pads
  3. Disposable gloves
  4. Emergency blanket
  5. Instant cold packs

6. Multi-trauma dressing
  7. Rolls of 1" tape
  8. Sterile burn sheet
  9. Trauma scissors
  10. Triangular bandages
  11. Wire splints
- L. Members shall ensure that adequate Personal Protective Equipment (PPE) is available for infectious disease control at all times. Members shall also ensure that PPE items are not expired, damaged, or inoperable. PPE will include yet is not limited to:
1. Disposable gloves
  2. Red polyethylene or polypropylene bags which meet the specifications of Rule 64E-16, Florida Administrative Code (F.A.C.)
  3. Liquid and/or aerosol germicidal cleaner (or like substance)
  4. Disposable germicidal hand-wipes (60% isopropyl alcohol or greater)
  5. CPR mask (ventilation mask)
  6. Examination mask and eye shield
  7. Tyvek coveralls
  8. Sharps tube
  9. Scoops
  10. Shoe covers
  11. "Red Z" absorbent packs
- M. Members shall maintain a disposable infectious disease control kit in their assigned first aid kit containing the following items:
1. One examination mask and eye shield

2. One examination gown
  3. Two pair of examination gloves
  4. Two germicidal hand-wipes
  5. CPR mask (ventilation mask)
- N. PPE is to be stored in the trunk area of the vehicle, preferably in the first aid kit. One exception is examination gloves. Gloves should be stored in the passenger compartment due to their sensitivity to heat.
- O. Line supervisors shall maintain adequate supplies of PPE to ensure immediate replacement of items used by members.
- P. Troop OOCs and EPCs shall maintain a disposable infectious disease control kit in their immediate work area containing the following items:
1. One examination mask and eye shield
  2. One examination gown
  3. Two pairs of examination gloves
  4. Two germicidal hand-wipes
- Q. Extreme caution should be used during the search of suspects to prevent accidental skin punctures by needles. Extreme caution must also be used when reaching into areas, such as under car seats, that are not visible.
1. After the completion of the task or search where protective disposable gloves were utilized, they should be removed with caution, placed in an approved red bag, and securely sealed at the point of origin. The bag must be labeled with name, address, and date the waste was acquired. The bag shall be placed in a secure location in the vehicle, such as the trunk, to ensure limited exposure.
  2. Upon returning to the station, members shall place the sealed bag into a biomedical waste container. This container shall be located in an area that is not accessible to the general public, either inside or outside of the building.

- R. Whenever it is necessary to transport a subject known to have an infectious disease who has blood or body fluids present on their person or clothing, a supervisor shall be notified.
1. Subjects known to have an infectious disease, with blood or body fluids present on their person, should be transported separately from other subjects when practicable.
  2. Members have an obligation to inform other support personnel (firefighters, paramedics, other law enforcement personnel including applicable detention facility personnel, detox personnel, tow truck drivers, etc.) whenever the transfer of custody of persons/property occurs and the subject has blood or body fluids present on their person; or if the subject has made a voluntary statement that they have an infectious disease.
  3. Members shall indicate on the appropriate arrest forms when a subject taken into custody makes a voluntary statement that they have an infectious disease; narratives also will be included when preparing reports. Additionally, a notation should be made when a subject has blood or body fluids present on their clothing.
  4. Information in records (e.g., test results) regarding an employee or arrestee with AIDS or other communicable disease is confidential. Access to such information is limited to staff who have a legal need to know. Disclosure of any information, except as required by law, must not be made unless the expressed written consent of the employee/arrestee is obtained.
- S. Evidence containing suspected blood or other body fluids will be handled with disposable gloves. If the stain or sample is dry, the evidence shall be placed in a plastic or paper bag. A proper evidence tag, evidence processing request, and a "BIOHAZARD" label will be affixed to the outside of the package. If the evidence consists of a syringe and needle, the needle portion will be handled with extreme care and made safe by placing it in an approved sharps container. The sharps container shall be placed in a plastic bag so that it can be seen by persons handling the evidence. Special precaution will be taken when body fluids are present.



- T. Members working in areas for extended periods of time where blood or other body fluids have been shed (for example, crashes involving injuries or fatalities, observing autopsies) should wear anti-contamination clothing, such as suits, masks, boot covers, and gloves (Infectious Disease Control Kit).
- U. Evidence/Property custodians will adhere to a precise regimen when handling, processing, and maintaining potentially infectious disease-contaminated evidence/property.
  - 1. Any clothing or evidence known to be contaminated with a suspected infectious disease shall be placed in a designated area and clearly labeled.
  - 2. Protective disposable gloves will be furnished to employees handling contaminated evidence.
  - 3. All property for disposal shall be placed in approved red bags, sealed, labeled, and placed in a properly labeled biomedical waste container at the station.
  - 4. All sharps will be placed in a sharps tube and disposed of in a sharps container.
- V. When Division issued or personal property is contaminated by blood or body fluids in the line of duty, employees will place the items in an approved red bag with appropriate label; if the property is not salvageable, it will be disposed of in a properly labeled biomedical waste container at the station prior to the end of the shift. The label must show station name, address, and date the waste was acquired. All personnel will inform the appropriate supervisor that infectious disease contaminated items are in their custody. The Division provides an adequate number of uniforms to members to ensure a change of clothing will be available when uniforms become contaminated and members require a change of clothing.
- W. A supervisor will be contacted prior to the member/non-sworn personnel being evaluated clinically and serologically for evidence of infection. A copy of the evaluation shall be placed in the confidential infectious disease exposure file. Periodic tests will be conducted and evaluated at intervals as determined by the attending medical professional.

- X. When personal contamination of any personnel occurs, the following reports shall be completed and forwarded to the Troop Commander:
1. First Report of Injury.
  2. Any other forms deemed proper by the Division.
  3. Medical treatment plan, if needed.
  4. Incident Report to include the following information:
    - a. Specific description of tasks being performed when exposure occurred.
    - b. List specific PPE being worn. If PPE failed, an explanation of the failure.
    - c. A description of the specific body fluids the person was exposed to (blood or other potentially infectious material). A description of the part(s) and size of the body exposed.
    - d. A description of the duration of the exposure.
    - e. Explain if a foreign object penetrated the body and if so, what the object was.
    - f. Explain if any fluids injected into the body. Describe what fluid and how much.
    - g. Explain where, when, and who provided medical attention to the affected person.
    - h. Provide the source individual's name and other information if available.
- Y. The following are examples of personal exposure:
1. Handling bloody or wet items where scratches, cuts, or open sores are on the area of contact.
  2. Direct contact with body fluids from a subject on an area where there is an open sore or cut.
  3. Direct mouth-to-mouth resuscitation (CPR).

4. Receiving a cut or puncture wound while searching or arresting a suspect/subject.
- Z. Disinfection procedures shall be initiated when a Division vehicle or facility has been contaminated with blood or other body fluid.
1. A supervisor shall be notified, and the vehicle taken or towed to a decontamination area (patrol station or other area authorized by the Troop Commander) as soon as possible.
  2. Employees will affect disinfection procedures (where appropriate).
    - a. Affected vehicles and FHP facilities shall be immediately designated by the posting of a "Contaminated Area" sign.
    - b. PROTECTIVE DISPOSABLE GLOVES SHALL BE WORN DURING ALL PHASES OF DISINFECTION. All contaminated surfaces shall be cleaned with an industrial strength detergent and subsequently disinfected as defined in Rule 64E-16.002, F.A.C.
    - c. A broad-spectrum activity virucidal-germicidal solution shall be prepared precisely according to prescribed OSHA standards.
    - d. All disposable contaminated cleaning items shall be placed in approved red bags, labeled, and placed in the designated "Biomedical Waste Container."
    - e. The interior of all Division vehicles shall be periodically disinfected with the approved virucidal-germicidal solution or aerosol spray. This should be routinely done after transporting persons of high-risk groups and at least every six months if prisoners have been transported in the vehicle.
- AA. The following procedures shall be followed when disinfecting small items or equipment:
1. Wear appropriate PPE.
  2. Wash the item with an industrial strength detergent and hot water, and then rinse thoroughly.

3. Soak the item in a solution of water and household bleach for 10 to 15 minutes. Use a concentration of one to one and a half cups of bleach for each gallon of water. Rinse with water and air dry.
  4. Evidence collection equipment contaminated with blood or other body fluids should be disinfected after each use by using appropriate guidelines.
  5. Resuscitation masks should be disposed of as biomedical waste.
- BB. Uniforms or other clothing soiled with blood or other body fluids should be laundered using the following procedures:
1. Fabrics requiring dry cleaning should be placed in a red contamination bag, tagged, and sent to a Commercial Hazardous Exposure Cleaning Facility (CDC Guidelines).
  2. In the event the cost to launder or dry clean clothing is close to or exceeds the cost of the clothing, the clothing may be disposed of as biomedical waste.
  3. Contaminated clothing is never to be washed at a residential or public laundry facility.
- CC. To decontaminate large areas, disinfect with the bleach and water solution, and then clean with soap or detergent.
- DD. Disposable plastic gloves, clothing, and other contaminated items must be disposed of as biomedical waste to minimize the risk of infection.
1. Contaminated items shall be packaged at the point of origin in an approved red bag, sealed, and labeled with station name, address, and date the waste was acquired.
  2. Contaminated items shall be placed in the biomedical waste container located at each station.
- EE. The following records will be maintained by the Division and Troop Infectious Disease Control Officer:

1. An accurate medical record will be kept in a confidential file for all personnel with an occupational exposure. This record will contain all necessary information as required by the Occupational Safety and Health Administration (OSHA) standards.\*\*

\*\*The Florida Department of Highway Safety and Motor Vehicles, The Florida Highway Patrol Division acknowledges that state government agencies are not required to comply with OSHA standards. However, the OSHA standards represent “best practices” and, as such, the FHP’s practice will be to comply with OSHA standards regarding Infections Disease and Biomedical Waste.

2. Medical records will be kept confidential and not disclosed or reported without the affected personnel’s express written consent to any person within or outside the workplace, except as required by OSHA standards or by law.
3. Medical records will be retained per Florida Retention Schedule requirements.
4. Medical records will contain appropriate information regarding member's/non-sworn personnel’s Hepatitis B Vaccination Offer (HSMV 60915) or Hepatitis B Declination Form (HSMV 60916).
5. Training records will be maintained as required by OSHA standards and Rule 64E-16, F.A.C.

FF. All employees identified in 21.01.05(D) are required to participate in the blood-borne pathogens standard training program. Training will be provided at the time of initial assignment, prior to any risk of occupational exposure, and at least annually thereafter. Training shall contain, at a minimum, the following elements:

1. Accessible copy of the regulatory text of the OSHA standard and an explanation of its contents.
2. General explanation of the epidemiology and symptoms of blood-borne diseases.
3. Explanation of the modes of transmission of blood-borne pathogens.
4. Explanation of the Division's exposure control plan and the means by which the employee can obtain a copy of the written plan.

5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
  6. Explanation of the use and limitations of methods that will prevent or reduce exposure, including work practices and PPE.
  7. Provide information on the proper use, location, removal, handling, decontamination, and disposal of PPE.
  8. Explanation on appropriate selection of PPE.
  9. Explanation of the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, benefits, and that it is free of charge to the employee.
  10. Explanation of the post-exposure procedures, including the method of reporting the incident, who to contact, and the available medical follow-up.
  11. Information on the post-exposure evaluation and follow-up the employer is required to provide for the employee.
  12. Familiarize personnel with the signs and labels and/or color coding required by OSHA standards to identify and/or label contaminated items.
  13. A copy of the Department of Health Rules and Regulations, Rule 64E-2, F.A.C., Emergency Medical Services, may be obtained from the local station or the Troop OOC.
  14. Explanation of this policy.
- GG. The training program shall be maintained by the Florida Highway Patrol Academy and available to all affected personnel electronically from the Learning and Development Office (LDO). Any employee with questions regarding the training should contact the Division Infectious Disease Control Officer.
- HH. BIOMEDICAL WASTE GUIDELINES
1. Biomedical waste acquired by members of the Division may include the following:

- a. Uniforms, PPE, or other equipment issued by the Division that has been contaminated with blood or other body fluids.
  - b. Various types of evidence that have been contaminated by blood or body fluids shall include but is not limited to:
    - 1) Blood and urine specimen kits
    - 2) Clothing
    - 3) Motor vehicle parts
    - 4) Syringes
2. Handling and packaging of biomedical waste
- a. Point of origin for biomedical waste will vary depending upon the particular job function(s) of each member.
  - b. When biomedical waste is acquired, the member will immediately place the waste in an approved red bag. The bag shall be labeled with the date the waste was acquired and the station's name and address. The bag will be sealed and taken to a medical facility or district office and deposited in a biomedical waste container for disposal. The waste will then be picked up by a Department of Health biomedical waste transporter pursuant to a state contract for proper disposal.
  - c. All sharps shall be placed into a single use sharps container. All sharps shall be labeled "biohazard," date the container was closed, and include the station's name and address.
  - d. All biomedical waste containers will be located in a secure area away from the general public, be vermin and insect free, and shall be maintained in a sanitary condition.
  - e. On a periodic basis and according to contract, a biohazardous waste transporter will be contacted to pick up the waste maintained in the biohazard waste containers at FHP facilities, but no biohazardous waste is to remain in a biohazard waste container longer than 30 days of the container being sealed.

## II. CONTAINMENT OF BIOMEDICAL WASTE

All packages containing biomedical waste shall be visibly identifiable with the international biological hazard symbol and one of the following phrases: "BIOMEDICAL WASTE," "BIOHAZARD," "INFECTIOUS WASTE," or "INFECTIOUS Substance." The symbol shall be red, orange, or black and the background color shall contrast with that of the symbol.

1. Biomedical waste, except sharps, shall be packaged and sealed at the point of origin in impermeable, red plastic bags. The international biohazardous symbol shall be conspicuous on the bag.
2. Sharps shall be discarded at the point of origin into single use or reusable sharps containers. The international biohazardous symbol shall be conspicuous on all sharps containers.

## JJ. BIOHAZARD SYMBOL

Biological hazards, also known as biohazards, refer to biological substances that pose a threat to the health of living organisms, primarily that of humans. This can include medical waste or samples of a microorganism, virus, or toxin (from a biological source) that can affect human health. The term and its associated symbol are generally used as a warning so that those potentially exposed to the substances will know to take precautions.

