



*Office Of The Sheriff*  
**Allegany County**  
**Maryland**

GENERAL ORDER NO: **99-100.00**

TO: All Patrol & Judicial Personnel

RE: **BLOODBORNE DISEASES; I.E., HIV AIDS, HEPATITIS**

PURPOSE: To provide timely information concerning bloodborne disease transmission and prevention practices which will allow agency personnel to provide the proper level of service to all citizens of Allegany County.

EFFECTIVE DATE: 2004

REVISION DATE: 3/1/2016

**99-101.00      DEFINITIONS**

- .01 Assistant Secretary: Assistant Secretary of Labor for Occupational Safety and Health or a designated representative.
- .02 Biohazard Container: A puncture resistant plastic liner or container which is labeled with the BIOHAZARD symbol, is red in color, or secured with red tape.
- .03 Bloodborne Pathogens: Microorganisms that are present in human blood and can cause disease in humans. These include, but are not limited to, Hepatitis B Virus (HBV) and the Human Immunodeficiency Virus (HIV).
- .04 Body Fluid Protection Equipment: Equipment designed to prevent contamination of personnel who have been in contact with body fluids, which possibly carry a bloodborne virus.

- .05 Contaminated: A reasonably anticipated presence of blood or other materials on an item or surface, which are potentially contaminated with a bloodborne pathogen.
- .06 Contaminated Sharps: Any potentially contaminated object that can penetrate the skin to include, but not limited to: sharp metal, scalpels, knives, broken glass, wires, needles, etc.
- .07 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 item is rendered safe for handling, use, or disposal.
- .08 Disposable Syringe Safety Container: A puncture resistant container for securing a contaminated or potentially contaminated syringe.
- .09 Epidemiology: A branch of medical science, which deals with the incidence, distribution, and control of disease in a population.
- .10 Exposure Incident: A specific eye, mouth, other mucous membrane, or non-intact skin contact or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee ' s job related duties.
- .11 Occupational Exposure: Reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee ' s duties.
- .12 Parenteral Contact: Piercing skin or mucous membrane through such events as needle sticks, human bites, cuts or abrasions.
- .13 Potentially Infectious Material: Human body fluids including semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, blood, amniotic fluid, any body fluid visibly contaminated with blood, all body fluids in situations where it is difficult to differentiate between body fluids; and any unfixed tissue or organ from a living or dead human.
- .14 Universals Precaution: Approach to infection control by which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

**99-102.00 BLOODBORNE DISEASES**

Two diseases most commonly associated with blood or body fluid contacts are:

- .01 AIDS (Acquired Immunodeficiency Syndrome)
  - A. The public attention given to the Acquired Immunodeficiency Syndrome (AIDS) has raised questions concerning the transmission of, susceptibility to, and the impact on personnel providing emergency services. These are significant issues for emergency personnel, who by the very nature of their duties, could be exposed to the AIDS virus. This has created circumstances where individuals have refused to provide services to suspected or identified AIDS infected persons. Such refusals stem from misinformation, ignorance, personal beliefs and a lack of training
  - B. Information concerning bloodborne diseases in this Order is based on research conducted by the U.S. Department of Health and Public Service, Centers for Disease Control, and is further supported by work done by Johns Hopkins University (Baker, James L. M.D.; et al, Unsuspected Human Immunodeficiency Virus in Critically Ill Patients; Journal of the American Medical Association, Vol. 257, No. 19, May 15, 1987, page 2609-2611).
  - C. AIDS is a bloodborne, sexually transmitted disease caused by the human T-Lymphotropic Virus, Type III (HTLV-III), or Lymphadenopathy associated virus (LAV). The virus destroys the body's natural immunities, leaving it defenseless against disease. The body then becomes susceptible to even relatively minor diseases that is normally could ward off.
  - D. HTLV-III has been identified in blood, semen, saliva, tears, breast milk, and is likely to be isolated in some other body fluids, secretions and excretions. However, epidemiologic evidence has impacted only blood and semen involved in transmission of the AIDS virus.
  - E. Persons considered being at high risk for contracting the HTLV-III/LAV and Hepatitis Virus include:
    - 1. Homosexual and bisexual males
    - 2. Intravenous drug abusers

3. Persons receiving contaminated blood or blood products by transfusion.
4. Heterosexual contact with persons having HTLV-III/LAV infection.
5. Children born to infected mothers.

F. Research of non-sexual relationships of AIDS patients indicates casual contact with saliva and tears does not result in transmission of the infection. Non-sexual person-to-person contact generally occurring among workers and clients of consumers in the work place does not pose a risk of transmission.

G. Symptoms

1. Enlarged lymph nodes
2. Fungal infection of the mouth (Thrush)
3. Fatigue and weight loss
4. An opportunistic infection likely to occur when the immune system is depressed such as Pneumocystis Carinii Pneumonia, or malignancies such as Kaposi ' s Sarcoma (a rare form of skin cancer).

.02 Hepatitis

A. Hepatitis is an inflammation of the liver. There are several types of infectious Hepatitis (A, B, non-A/non-B, and Delta), but Hepatitis B presents the greatest risk to workers in emergency services industries.

B. Hepatitis is transmitted by:

1. Sexual contact with an infected person.
2. Needle sharing.
3. Through introduction into the body of contaminated blood or blood products.

- C. The Hepatitis virus is not transmitted by casual contact such as shaking hands, eating food prepared by an infected person, or from contact with exposed surfaces; i.e., drinking fountains, toilets, phones, etc.
- D. Symptoms
  - 1. Flu-like symptoms
  - 2. Fatigue
  - 3. Mild fever
  - 4. Muscle and joint aches
  - 5. Nausea
  - 6. Vomiting and abdominal pain
  - 7. Jaundice
- E. Chronic Hepatitis can develop into cirrhosis or liver cancer, and may be fatal.

**99-103.00 PLAN AVAILABILITY**

- .01 The Sheriff' s Office will ensure that General Order No: 99-100.00, addressing bloodborne pathogens is distributed to all impacted employees.
- .02 The Sheriff' s Office will make the Order available to the Assistant Secretary and Director upon request for examination and/or copying.
- .03 As part of the annual review process, this policy shall be reviewed and updated (or more frequently, if required), to reflect new information/control techniques, which affect occupational exposure.

**99-104.00 EXPOSURE DETERMINATION**

- .01 Within the Patrol Division, enforcement personnel are at risk for exposure to bloodborne diseases by coming into contact with potentially infected blood, blood products, or other body fluids in the course of their duties as follows:

- A. While involved in a confrontation requiring physical contact in which blood or other body fluids are transferred.
- B. In assisting subjects during emergencies, (medical or of other nature), where blood, blood products, or other body fluids could possibly be transferred.
- C. Through transfer of body fluids by parenteral means; i.e., weapon, or through inadvertent puncture or cut by a sharp object such as might occur while searching a car.
- D. While collecting evidence such as blood stained clothing, or other body fluids.

**99-105.00 TRAINING**

- .01 The Office will provide training, at no cost to the employee, on a yearly basis to personnel impacted by this Order.
- .02 The training will include general information regarding Hepatitis B (HBV), Human Immunodeficiency Virus (HIV), and other life threatening diseases.
- .03 The training shall be provided to newly hired personnel prior to assignment to a position where the possibility of exposure to contaminated body fluids exist.
- .04 The Office will disseminate any new information concerning bloodborne diseases immediately and/or provide updated training.
- .05 Instructors utilized shall be knowledgeable in the subject matter as it relates to the work-place.
- .06 The training program shall minimally contain the following elements:
  - A. A copy of Occupational Safety and Health Administration 29 CFR 1910.1030, Occupational Exposure to Bloodborne Pathogens.
  - B. Ensuring that all members have a copy of General Order No: 99-100.00.

- C. A general explanation of the epidemiology and symptoms of bloodborne diseases.
- D. An explanation of the modes of transmission of bloodborne pathogens.
- E. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- F. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate work practices and personal protective equipment.
- G. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
- H. An explanation of the basis for selection of personal protective equipment.
- I. Information on the Hepatitis B Vaccine, including information on its effect, safety, and method of administration, benefits of vaccination, and those vaccinations will be at the expense of the office if exposure occurs while performing job duties.
- J. Information on the appropriate actions to take and persons to contact in an emergency involving possible contamination.
- K. An explanation of the procedure to follow if an exposure occurs, including the method of reporting the incident and the medical follow-up that will be made available.
- L. Information on the post-exposure evaluation and follow-up that the agency will provide for the employee following an exposure incident while performing job related duties.
- M. An explanation of the required signs, labels, and color-coding to be used on containers of blood, blood by-products, other body fluids, and other possibly contaminated articles.
- N. An opportunity for interactive questions and answers with the instructor conducting the training.

**O. Training Records**

1. Maintenance of training records
2. The office will make available, upon request, documentation of training to the following for examination and/or copying:
  - a. OSHA/MOSH personnel
  - b. Affected employee
  - c. Affected member 's authorized representative

**99-106.00 UNIVERSAL PRECAUTIONS**

- .01 All employees shall use universal precautions to prevent contact with blood or other potentially infectious materials in the performance of job related duties.
- .02 All employees will consider body fluids to be potentially contaminated under circumstances in which differentiation between body fluids is difficult or impossible.

**99-107.00 CONTROLS**

- .01 Employees will not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses while in situations where there is a possibility of exposure to body fluids.
- .02 Employees will not keep food or drink in refrigerators/freezers, on shelves, in cabinets, or on counter tops where blood or other potentially infectious materials are stored.
- .03 Employees will perform actions involving blood or potentially infectious materials in such a manner as to minimize the chances of splashing, spraying, spattering, or otherwise distributing the material.
- .04 Employees will not bend, recap, shear, or break needles or other sharps, which are possibly contaminated.

- .05 Employees will not remove a needle from a syringe without the use of a mechanical tool such as a vice.
- .06 Employees will not report for work with exposed wounds or broken areas of skin. Band-Aids or other coverings will be used on such areas if not covered by clothing.
- .07 Physical Confrontations
  - A. Following a physical confrontation, deputies will advise the on-duty Shift Supervisor as soon as possible if:
    - 1. Any blood was present from the suspect during the conflict which could have been transferred to the deputy through skin wounds, or which found its way to other points of entry; i.e., eyes, mouth, ears.
    - 2. If any parenteral wound was sustained, such as by knife, needle, or bite wound.
  - B. Following physical confrontation deputies will, as soon as possible, remove any clothing or equipment to which blood was transferred from the suspect. Such clothing or equipment will be placed in a leak proof container labeled with a biohazard symbol.
  - C. Following a confrontation in which blood was transferred from body to body, the deputy will, as soon as possible:
    - 1. Wash any affected areas with soap and water, or flush eyes with eyewash or water. If no water is immediately available, antiseptic towlettes should be used to cleanse the area. If towlettes are used, the area will be washed with soap and water as soon as it is available.
  - D. If it is necessary to have physical contact with a subject who has open wounds or blood showing, the deputy will, if at all possible, use disposable latex gloves before doing so.
- .08 Conducting Searches: It is frequently necessary for enforcement personnel to search persons as well as property for weapons, evidence, or contraband. When making such searches, personnel will:

- A. Wear disposable latex gloves if conducting a strip search of a suspect. Searching the clothing of a suspect should be careful and deliberate. Deputies should attempt to feel articles for identification before placing hands in pockets for retrieval. If no weapon is apparent, have the suspect remove all articles from clothing.
- B. At times, deputies must search areas of property which cannot be readily observed; i.e., between car seats and backs. Personnel will not reach into such areas without taking precautions. When searching such areas, deputies will:
  - 1. Wear disposable latex gloves.
  - 2. Take action to make the area visible, if possible.
  - 3. Probe the area with an object such as a screwdriver and if articles are felt, use thongs to remove them.
  - 4. Use Kevlar cut/puncture resistant gloves.
- C. Personnel will immediately notify the on-duty shift Supervisor, if at any time during a search they suffer parenteral contact with any sharp object. The on-duty Shift Supervisor will ensure that Post Exposure Evaluation and Follow-up Procedures, as described in 117-17.00 are followed.

.09 Giving Medical Assistance: If it becomes necessary for personnel to render assistance, employees will:

- A. Wear disposable latex gloves if blood or other body fluids are apparent on the victim.
- B. Use disposable CPR micro-shields found in agency vehicles if CPR is necessary to prevent any mouth-to-mouth exchange of body fluids.

.10 Supervisors will ensure members are fully informed and comply with the Bloodborne Pathogens Exposure Control Plan.

**99-108.00      STORAGE CONTAINERS AND LABELING**

- .01      Blood or other potentially infectious materials will be placed and secured in a biohazard container which prevents leakage during collection, handling, processing, storage, transport, and shipping.
- .02      Biohazard labels shall be affixed to containers, refrigerators, or freezers containing blood or other potentially infectious materials.
  - A.      Containers for storage, transport or shipping of biohazard material will be colored red, or secured with red tape, and labeled prior to being stored, transported or shipped.
- .03      If outside contamination of the primary container occurs or the specimen punctures the primary container, the primary container will be placed in a second puncture-resistant container, which prevents leakage during handling, processing, storage, transport, or shipping.
  - A.      The second container will be biohazard labeled and secured prior to being stored, transported or shipped.

**99-109.00      HAND WASHING FACILITIES**

- .01      The Office will provide the following hand washing facilities at the Sheriff's Office and Detention Center, which shall be readily accessible to all employees:
  - A.      Running water
  - B.      Soap
  - C.      Single use disposable towels

**99-110.00      CONTAMINATED EQUIPMENT**

- .01      Equipment, which comes into contact with blood or other potentially infectious material, shall be decontaminated as soon as possible (bleach in water 1-50 mixture).
  - A.      If the equipment is to be cleaned/decontaminated by a non-agency source, the employee will place the equipment in a biohazard container for transport.

1. If the equipment is too large for a biohazard container, a biohazard label will be affixed to the equipment until it is cleaned and disinfected.

## **99-111.00 CONTAMINATED SHARPS RECOVERY**

- .01 Recovery in General
  - A. All employees will use the utmost caution when conducting searches of suspect and suspect property. Searches should be conducted as though a contaminated sharp was present.
  - B. Any needle discovered during the course of duty shall be properly handled and safely disposed of by the discovering member.
  - C. Employees will handle needles or other possibly contaminated sharps as carefully as possible. All recovered sharps will be treated as possibly contaminated. Needles will be transported in pvc tubes. Other sharps too numerous or too large for the tubes may be transported in a puncture resistant container to be maintained at the Patrol Building. Biohazard labels will be attached to containers used for such transportation. Transportation containers will be disinfected after being utilized for a transport.
  - D. If multiple contaminated needles or other sharps are recovered, they will be placed in a puncture resistant container; i.e., made of metal.
  - E. A Biohazard label will be attached to the container.
  - F. Caps or lids will be secured with red tape to prevent accidental spillage.
- .02 Contaminated Sharps Recovered as Evidence
  - A. Contaminated needles or other sharps will be contained, as outlined in .01 above, with caps or lids secured with evidence tape, then placed into a agency evidence envelope, if possible.
  - B. The article will be entered into the agency evidence room in accordance with established procedure, along with a Maryland State Police Request for Laboratory Examination form, if necessary.

**.03 Disposing of Contaminated Sharps**

- A. Needles to be disposed of will be transported to the Health Department.
- B. Other sharps or equipment, which is reusable, will be decontaminated in a chlorine solution before further use.

**99-112.00 DISPOSITIONS OF OTHER CONTAMINATED ARTICLES**

**.01** Contaminated, disposable equipment will be placed in a leak resistant container and a biohazard label will be attached where it is clearly visible.

- A. The container will be given to a Detention Center Booking Officer for disposal.

**99-113.00 DISPOSITION OF BODY FLUIDS**

**.01 Body Fluids Recovered for Evidence**

- A. Body fluids, still in liquid form, will be placed in a clear, leak resistant container. A biohazard label will be attached and the container lid secured with red tape. Should the primary container become contaminated on the outside, or develop a leak, it will be placed into another container, also leak resistant.
- B. The container will be placed in an agency evidence envelope or other type opaque container. Biohazard and fragile labels will be attached to the container. If fluids must be shipped or transported outside the office, they will be placed in an appropriate shipping container; i.e., Styrofoam, and labeled with biohazard and fragile labels.

**.02 Disposing of Body Fluids**

- A. Body fluids may be decontaminated by using a chlorine dilution, then disposed of with an absorbing agent.

**99-114.00 PERSONAL PROTECTIVE EQUIPMENT**

.01 The Office will compile a personal protective kit for use when personnel are exposed to body fluids in the performance of their duties. A kit will be placed in each agency vehicle and in the Identification Room. The kit will consist of:

A. One pair of goggles

1. Employees will wear goggles with side shields when splashes, spray, or droplets of blood or other potentially infectious body fluids may be generated and eye contamination is reasonably anticipated.
2. Goggles will be disinfected and washed as soon as possible after coming into contact with body fluids, excepting disposable goggles, which will be incinerated.

B. One disposable facemask

1. Employees will wear a disposable (single use) face mask when splashes, spray, spatter or droplets of blood or other potentially infectious body materials may be generated and nose or mouth contamination is reasonably anticipated.
2. Disposable facemasks will be replaced as soon as possible when contaminated or damaged.
3. Disposable facemasks will not be washed or decontaminated after exposure to potentially infectious materials.

C. One pair of disposable latex gloves

1. Employees will wear disposable latex gloves when:
  - a. It is reasonably anticipated that hand contact may be made with blood or other potentially infectious materials.
  - b. Handling or touching contaminated items or surfaces, or items/surfaces, which are possibly contaminated.
2. Gloves will be disposed of as soon as possible when contaminated or damaged, in accordance with 11-712.00.
3. Gloves will not be washed or decontaminated for further use after contamination.

4. Employees will not wear utility gloves; (i.e., cotton), as protection against bloodborne pathogens.
- E. One CPR micro shield
  1. Each micro shield will be decontaminated and disposed of after its initial use in giving CPR. Use of the micro shield will protect against stomach fluids from the victim.
- F. One packet of absorbent material: To be used if it becomes necessary to clean up body fluids or other potential infectious liquid materials.
- G. One pour bottle of chlorine dilution: To be used in decontamination; 1 part chlorine bleach to 50 parts water.
- H. Four disposable towels
- I. Two disinfectant towelettes
- J. While disposable coveralls will not be placed in each kit, they will be maintained at the Office if needed; i.e., if a deputy must enter an environment where a great deal of blood or other body fluids are present. Coveralls will not be used again after contamination, and will be replaced if torn.

.02 Employees will use protective equipment when blood or potentially infectious materials are present, if at all possible, except under the following rare and extraordinary circumstances:

- A. If in the employee ' s professional judgment, the use of the equipment would prevent the delivery of public safety services.
- B. In the employee ' s professional judgment, the use of the equipment would pose an increased hazard to the safety of the employee or others.

.03 If an employee does not use protective equipment in an appropriate situation; the circumstances will be documented on an Incident Report. The report will be forwarded to the employee ' s supervisor, prior to the end of the shift, who will endorse it and forward it through the chain of command to the Patrol Lieutenant for final review.

**99-115.00 EQUIPMENT CLEANING AND DISPOSAL**

- .01 Cleaning or disposal of protective equipment shall be provided by the Office.
- .02 If protective equipment is penetrated by blood or other potentially infectious material, the employee will remove the equipment as soon as possible.
- .03 Employees will remove all protective equipment before leaving the contaminated scene.
  - A. The latex disposable gloves will be the last article of protective equipment removed.
- .04 After removal of the protective equipment, all items will be placed in a biohazard container for disposal by incineration, in accordance with 11-712.00.
- .05 The Office will repair protective equipment, as soon as possible.

**99-116.00 HOUSEKEEPING**

- .01 Any work surface coming into contact with blood or other potentially infectious materials will be decontaminated as soon as possible.
- .02 All bins, pails, cans, or similar receptacles intended for reuse and which come in contact with contaminated articles will be decontaminated immediately after use.
- .03 If potentially infectious materials are discovered in the community, universal precautions will be used as warranted and practical.
  - A. As soon as practical, a perimeter will be formed to limit access into the potentially infected area using barrier tape or rope.
  - B. The HAZMAT team may be requested to respond for clean up, decontamination, and disposal as required.
- .04 Agency employees are responsible for collection of any protective equipment they use; i.e., gloves, mask, medical supplies, etc.

**99-117.00 POST-EXPOSURE EVALUATION AND FOLLOW-UP**

- .01 If an employee is involved in an exposure incident as defined in 11-701.10, they will, by the end of their tour of duty, complete Bloodborne Pathogen Exposure form, and submit it to the on-duty shift Supervisor to be forwarded to the Shift Lieutenant.
- .02 If the incident occurs while the employee is in the performance of his/her duties, and the person in question has been transported to the hospital for treatment, the hospital is obligated, upon request, to furnish the Office with the information if the person's blood shows positive for an infectious disease, (providing a blood test is done by the hospital as a matter of treatment), Health General of the Annotated Code 18-213. A formal request for such information to the hospital will be made by the Patrol Supervisor after a completed, Bloodborne Pathogen Exposure Incident Form, has been received.

If an employee has reason to believe he has been exposed to any infected bodily fluid, the employee shall immediately obtain full identity information of the suspected source individual. The suspected source individual will be requested to give consent for a blood test. If the suspected source individual refuses consent and circumstances do not allow detention, complete Request for Blood Sample Form, and document the suspected source individuals' refusal. Request for Blood Sample Form will be forwarded, via the chain of command, to the Shift Lieutenant within 48 hours.

The Shift Lieutenant will, as soon as possible, request a Court Order for suspected source individual to be tested.

- .03 The Office will provide post-exposure evaluation and follow-up to all employees who have had an exposure incident.
- .04 The Office will ensure all applicable medical evaluations and vaccination procedures are:
  - A. Made available at no cost to the employee.
  - B. Made available to the employee at a reasonable time and place.

- C. Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed health care professional.

.05 The Office will ensure that laboratory tests used to determine if a bloodborne pathogen has been contracted by an employee is conducted by an accredited laboratory at no cost to the employee.

.06 Medical Evaluations and Follow-Up

- A. Following a report of an exposure incident, the agency will immediately make available a confidential medical evaluation and follow-up to the exposed employee.
- B. The Office will ensure that the health care professional evaluating the employee after an exposure incident is provided the following information.
  1. A copy of OSHA 29 CFR PART 1910.1030, Occupational Exposure to Bloodborne Pathogens.
  2. A description of the exposed member ' s duties related to the exposure incident.
  3. Documentation of the route(s) of exposure and circumstances under which the exposure occurred.
  4. Result of the source individual ' s blood testing.
  5. All medical records relevant to the appropriate treatment of the employee.

**99-118.00 SOURCE INDIVIDUAL ' S BLOOD TEST**

The Shift Lieutenant will ensure that:

.01 The source individual ' s blood is tested as soon as feasible and after consent is obtained in order to determine HBV or HIV infection.

.02 A request is made of the source individual to voluntarily submit to a blood test.

- .03 The blood sample may be drawn voluntarily, or a Court Order may be sought by the Shift Lieutenant for a blood sample.
- .04 If the source individual is already known to be infected with HBV or HIV, testing of the source individual shall not be required.
- .05 The result of the source individual 's blood test or previously established status shall be made available to the exposed employee.
- .06 The employee will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

**99-119.00 EXPOSED EMPLOYEE 'S BLOOD TEST**

- .01 The exposed employee 's blood shall be collected as soon as feasible and tested after consent is obtained.
- .02 If the employee consents to blood collection, but does not give consent for HIV Serological Testing at that time, the sample shall be preserved, by the Detention Center Medical Staff, for a minimum of 90 days. If the employee consents to having the sample tested within that 90-day period, the test shall be completed as soon as possible.

**99-120.00 HEALTH CARE PROFESSIONAL 'S OPINION**

- .01 The Office will obtain and provide the employee with a copy of the evaluating health care professional 's written opinion within 15 days of the completion of the evaluation. The original of the medical report will be maintained by the Sheriff in a secured area.
- .02 The health care professional 's written opinion will be limited to whether Hepatitis B vaccination is indicated for the employee and if the vaccination has been received. If the employee was exposed to infectious material, appropriate vaccinations will be offered at the Office 's expense.
- .03 The health care professional 's written opinion for post-exposure evaluation and follow-up will be limited to the following information:
  - A. That the employee has been informed of the result of the evaluation.

- B. That the employee has been informed of any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
- .04 All other findings or diagnoses shall remain confidential and shall not be included in the health care professional 's written opinion.

**99-121.00 WORKMEN 'S COMPENSATION**

- .01 In the event an employee comes into contact with material that is potentially infectious while in the performance of his/her job duties, the employee will complete a worker 's compensation form before ending the tour of duty and submit it to the Shift Lieutenant.
- .02 In the event an employee contacts contaminated material and is infected in the performance of his/her job duties, and is deemed unfit for duty by a physician, a workmen 's compensation form will be filed by the office in accordance with Maryland Annotated Code Labor and Employment, Title 9.

**99-122.00 MEDICAL RECORDS**

- .01 The Office will establish and maintain accurate records for each employee with an occupational exposure. The record shall include:
  - A. Name and social security number of employee.
  - B. Copy of the employee 's hepatitis vaccination along with dates or signed waivers, and any medical records relative to the employee 's ability to receive vaccination.
  - C. A copy of all results of examinations, medical testing, and follow-up procedures.
  - D. The employer 's copy of the health care professional 's written opinion.
  - E. A copy of the information provided to the health care professional.

.05 Confidentiality: The Office shall ensure that employee medical records as required by CFR 1910.1030 are:

- A. Kept confidential, and;
- B. Are not disclosed or reported without the employee 's express written consent to any person within or outside the work place except as required by CFR 1910 or as may be required by law.

.06 Maintenance of Medical Records: The Office shall maintain the records for at least the duration of employment plus 30 years in accordance with 29 CFR 1910. Records of exposure incidents will be maintained by the Sheriff in a secure location

**99-123.00 AVAILABILITY OF HEPATITIS B VACCINATIONS**

.01 The Sheriff 's Office will make a Hepatitis B Vaccination available to all employees who are at risk of occupational exposure. Such vaccinations will be made available within ten (10) days of assignment to such a position, unless:

- A. The employee has previously received the complete Hepatitis B vaccination series, or;
- B. Antibody testing has revealed that the employee is immune, or;
- C. The vaccine is contraindicated for medical reasons.

.02 The Office will not make participation in a pre-screening program a prerequisite for receiving the Hepatitis B vaccination.

.03 If an employee initially declines a Hepatitis B vaccination, but at a later date, while still covered under this Order decides to accept a vaccination, the Office will make a vaccination available.

.04 If a routine booster of Hepatitis B vaccine is recommended by the U. S. Public Health Service at a future date, such booster shall be made available.

.05 Vaccinations are voluntary. If an employee, covered under this Order, declines to accept the Hepatitis B vaccination, he/she will be required to sign Waiver of Vaccination Form.

**99-124.00 FORMS INVENTORY**

- .01 The following forms will be placed in packets and kept in the Patrol Duty Officer ' s office.
  - A. Two (2) copies of OSHA Occupational Exposure Standard (29 CFR Part 1910.1030, Occupational Exposure to Bloodborne Pathogens, copy attached).
    - 1. One (1) issued to employee and one (1) mailed to the health care professional.
  - B. A.C.S.O. Post Exposure Evaluation and Follow-Up checklist, (copy attached).
  - C. A.C.S.O. Bloodborne Pathogens HIV/HBV Evaluation, Health Care Professional ' s Written Opinion Form, (copy attached).
  - D. Worker ' s Compensation Form
  - E. A.C.S.O. Bloodborne Pathogens Exposure Incident Form.
  - F. Pre-addressed, postage paid, envelope for health care professional ' s return of written opinion form.
  - G. A.C.S.O. Address Label
  - H. One (1) 9 x 12 Envelope to mail documents to health care professional
- .02 All mailed correspondence will be mailed certified and return receipt requested.
- .03 The envelope, containing the forms, will be used to hold case file documentation and returned to the Shift Lieutenant when complete.
- .04 The packets will be used after any suspected exposure incident.
- .05 The on-duty shift Supervisor will ensure the forms are completed and mailed as soon as possible after the suspected exposure incident.

By Order Of:

Craig A. Robertson, Sheriff