POLICY

To establish guidelines to be followed when a member is exposed to the body fluids of any individual.

DEFINITIONS

Communicable disease – those infectious diseases that are transmitted through direct or indirect (including airborne) contact with an infected individual including, but not limited to, body fluids. Diseases deemed to be communicable include, but are not limited to, Acquired Immunodeficiency Syndrome (AIDS), Tetanus, Hepatitis B (HBV) and Hepatitis C (HCV).

Exposure Incident – a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of a member’s duties.

Parenteral contact – the piercing of mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

Universal Precautions - the approach that assumes that all human blood and body fluids are potentially infectious for HIV, HBV, HCV and other blood borne pathogens.

PROCEDURE

MEMBER

When any member has an exposure incident as defined above, the following guidelines should be followed:

All policy and procedures that relate to medical information and records are subject to restrictions under HIPAA.

1. Upon having specific eye, mouth, mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials while in the line of duty, immediately:
   a. Perform applicable first aid; clean the wound, flush the eyes or other mucous membranes, etc.
   b. Report the contact to a supervisor
   c. Receive the appropriate medical treatment at a local hospital. If you refuse medical treatment, sign out against medical advice (A.M.A.)
   d. Prepare an Incident Report under an “Exposure incident” complaint number, documenting the circumstances surrounding the incident (cross reference this report with the incident complaint number).
   e. Complete Initial Report of Injury form and submit to a supervisor.
   f. If you have contact with blood or other potentially infectious materials while in the line of duty but this contact does not constitute an “Exposure Incident,” document the contact in
a supplementary report or as part of the arrest records created during the incident. Do not utilize an “Exposure Incident” complaint number.

2. Seek post-exposure evaluation from personal physician.
   a. Bring copies of the following records to the physician:
      1) Injury-Physicians Report (form PP-131a, form can be obtained from supervisor)
      2) Pertinent health records, i.e., HBV vaccination status (provided by member)
   b. Upon return to work, provide supervisor with the health care provider’s written opinion that is limited to:
      1) That the employee has been informed of the results of the evaluation
      2) That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment
      3) That the employee is released to perform their normal duties and/or any restrictions
      4) All other findings/diagnoses shall remain confidential and not be included in the written report.

SUPERVISOR

1. Require member to be medically treated at a local hospital or sign out against medical advice.
2. Identify the source individual if feasible
   a. Obtain consent and have the source individual’s blood tested at a local hospital as soon as possible. If they are already known to be infected with HIV, HBV, or HCV, new testing need not be performed for the known infection(s).
   b. If the source individual refuses to submit to a test for the presence of HIV, HBV or HCV and disclose the results to the exposed member, assist the exposed member in drafting a sworn affidavit in compliance with Wisconsin State Statute 146.025 (2)(a)
      1) The affidavit must certify that the member was significantly exposed to the individual and that at the time of exposure, the affected member was using the recommended universal precautions
      2) Arrange for the exposed member to meet with a representative from the district Attorney’s office in order for the exposed member to make an official request for the testing of the source individual. The affidavit must be provided to the D.A.’s representative at the time of the request.
3. Arrange for hospital personnel to inform the exposed member of the source individual’s test results. Remind member of the disclosure laws and regulations concerning the source’s identity and infection status.
4. Obtain consent and have exposed member’s blood collected and tested as soon as possible.
5. If the exposed member consents to a baseline blood collection but does not consent to HIV serological testing, the employee’s blood samples must be taken and preserved for 90 days of the exposure incident. If, within the 90 days of the exposure incident, the member agrees to have the baseline sample tested, such testing shall be conducted as soon as feasible.
   a. Hospital personnel will collect the blood and once the blood is collected, it must be inventoried and placed in a Department refrigerator
   b. The Inventory Record must reflect when the blood sample can be destroyed.
6. Complete all applicable sections of a Supervisor Review of Injury or Illness describing the incident in detail and include a statement as to how the member’s duties relate to the incident.
8. Forward all reports including a copy of the member’s sworn affidavit, post-exposure evaluation and the health care provider’s written opinion to the Shift Commander.

SHIFT COMMANDER

1. Review reports and forms on the incident submitted by the supervisor.
2. Forward a copy of the Initial Report of Injury Form and all related reports to the Chief’s Office.
   a. Forward the original Initial Report of Injury Form to the Support Services Division.
CHIEF’S OFFICE

Maintain a separate employee medical record containing the following confidential information:

1. Employee’s name & Social Security number
2. Employee vaccination status: dates of vaccinations, waivers, employee’s ability to be vaccinated, etc.
3. Employee exposure records: Initial Report of Injury Form, related supplementary reports, affidavits, examination results & post exposure follow-up information – Health care provider’s written opinion
4. A copy of any records provided to health care professionals in reference to an exposure incident
5. A record of any related training, summary/course description, names and qualifications of instructor and a list of those in attendance
6. These records must remain confidential and maintained for the duration of employment plus thirty years.

TRAINING UNIT

1. Train Department personnel on a yearly basis and new members prior to actual assignment concerning the Department’s entire exposure control plan, which consists of Procedures 115, 116 and 117. Furthermore, this training shall include, but not be limited to:
   a. A general explanation of blood borne diseases
   b. An explanation of the modes of transmission of blood borne pathogens and what to do if an exposure incident occurs
   c. An explanation of how to recognize events that may involve exposure to blood and other potentially infectious materials
   d. An explanation of the basis for selecting personal protective equipment including information on the types, selection, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment
   e. An explanation of the use and limitations of safe work practices, engineering controls, and personal protective equipment
   f. Information on hepatitis B vaccination such as safety, benefits, and availability
   g. Information on post-exposure evaluation and follow up required in the event of an exposure and information on emergencies that relate to blood or other potentially infectious materials, follow up procedures, and medical counseling
   h. An explanation of information on warning signs, labels and color coding
   i. An explanation of the Department’s exposure control plan
   j. An explanation on use of the Department’s decontamination/disposal equipment
   k. An explanation of Wisconsin State Statutes concerning the testing of source individuals for the HIV virus.

RELATED STATE STATUTES

§146.025(2)(a) 7.a. – Testing of Individuals for HIV Virus

RELATED PROCEDURES

Table of Contents
102 – Line of duty Injury
115 – Communicable Disease Prevention
117 – Hepatitis B Vaccination
212 – Reporting of Major, Unusual or Noteworthy Occurrences
905 – Prisoners Requiring Medical Treatment
1201- Property Inventory-Excluding Motor Vehicles