


POLICY 403.1	INFECTIOUS/COMMUNICABLE DISEASE EXPOSURE CONTROL PLAN	
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A. PURPOSE

1. The goal of the Exposure Control Plan (E.C.P.) is to provide safeguards to protect employees against health hazards from exposure to blood, airborne pathogens and certain bodily fluids containing bloodborne pathogens and to reduce the risk of exposure.
2. The Fort Lauderdale Police Department has enacted policies and procedures for all employees who are at risk from airborne/bloodborne pathogens, as defined by the Occupational Safety and Health Administration (O.S.H.A.) Applicable OSHA Standards, and the Ryan White Aids Act PL101-381.
3. Under these standards, the Exposure Control Plan (E.C.P.) shall identify those tasks and corresponding job classifications defined to be at risk of exposure, identify the procedures for the evaluation of circumstances involving an exposure incident and provide a schedule for implementation.
4. The Infectious Control Program (I.C.P.) shall serve as a guide for all personnel to minimize the risk of contracting and/or spreading infectious diseases.

B. PROGRAM MANAGEMENT

1. There are six categories of responsibility for the effective implementation of the "Exposure Control Plan." They are as follows:
 - a. Department Head
 - b. Department

- c. Infection Control Officer Risk Manager
 - d. Approved Healthcare Center (I.C.O.)
 - e. Supervisors
 - f. City Employees
2. The following section defines the role of each category of responsibility listed above.
- a. Department Head - The department head or his designee, shall have overall responsibility for enforcement and compliance with the plan and shall review or update the E.C.P. annually or whenever necessary.
 - b. Department Infection Control Officer (D.I.C.O. (the Training Unit Sergeant)) - The D.I.C.O. is designated by the department head. The D.I.C.O. assists the Infection Control Officer by investigating and reporting employee occupational exposures and assists the department head with enforcement and compliance as necessary. The D.I.C.O. shall serve as a member of the citywide Exposure Control Team.
 - c. Risk Manager (R.M.) - The Risk Manager shall maintain a list of job classifications with occupational exposure and update annually or as necessary, to reflect new or modified job tasks with occupational exposure. The Risk Manager shall serve as chairman of the citywide Exposure Control Team.
 - d. The approved Healthcare Center - The approved healthcare center shall be the designated Infection Control Officer (I.C.O.) for the evaluation of employee exposures in accordance with existing standards. The I.C.O. shall serve as a member of the citywide Exposure Control Program.

C. EXPOSURE DETERMINATION

1. Task and Procedures - The following tasks are reasonably anticipated to involve exposure to blood, body fluids, airborne pathogens or other potentially infectious/communicable diseases.
- a. Provision of emergency care to injured or ill patients by uniformed employees
 - b. Rescue of victims from hostile environments, fires and hazardous situations, contaminated atmospheres and oxygen deficient environments
 - c. Extrication of persons from vehicles, machinery, excavations and collapses, elevated areas or aquatic environments
 - d. Recovery and removal of bodies from any situation, incident or scene

- e. Response to Hazardous Materials emergencies involving potentially infectious substances
 - f. Law enforcement activities including arrests, stop and frisk situations and investigations
 - g. Contact with contaminated evidence and/or property
 - h. Fingerprinting suspects and other persons
2. Classification - The following classifications of employees are reasonably anticipated to have occupational exposure to blood, bodily fluids or other potentially infectious substances in the performance of their duties.

At-Risk Employees

- a. Dive Team members
- b. Forensics Technicians
- c. Evidence Personnel
- d. Homicide Detectives
- e. Traffic Homicide Investigators
- f. Organized Crime Detectives
- g. Prisoner intake/processing Personnel
- h. Fingerprint Technicians
- i. K-9 Officers
- j. Tactical Impact Unit
- k. Criminal Investigations Division Detectives
- l. Patrol Officers and Public Safety Aides
- m. Motor Officers
- n. Marine Unit Officers
- o. Code Enforcement Detectives

D. METHODS OF COMPLIANCE

1. General Methods - There are four methods that the Police Department addresses to effectively minimize employee exposure to airborne/bloodborne pathogens.

All four methods are contained in the department's Infectious Control Program (I.C.P.). They are as follows:

- a. Universal Precautions
- b. SOPs for Persons, Vehicles and Stations Exposed to Infectious/Communicable Diseases
- c. Personal Protective Equipment
- d. Housekeeping Procedures

Each area of concern is reviewed with the employee during orientation training, in-service continuing education training and through departmental Standard Operating Procedures.

2. Universal Precautions – It is mandatory for all at-risk Police Department employees to practice "Universal Precautions" to prevent contact with human blood and other potentially infectious material. In all circumstances, blood and bodily fluids are considered as potentially infectious and treated accordingly. The bodily fluids referred to are as follows:

- a. Semen
- b. *Pericardial Fluid
- c. Vaginal Secretions
- d. *Peritoneal Fluid
- e. *Cerebrospinal Fluid
- f. *Amniotic Fluid
- g. *Synovial Fluid
- h. Saliva
- i. *Pleural Fluid
- j. Feces
- k. Urine

*See Glossary: Body Fluids

3. Standard Operating Procedures for Persons, Vehicles and Stations Exposed to Infectious/Communicable Diseases - The Police Department utilizes specific controls to eliminate or minimize employee exposures. The controls for persons, vehicles and stations follow:

- a. Should an employee be exposed to an infectious disease via a sharps, the following procedures shall be followed:
- (1). Contact a Supervisor.
 - (2). Seek medical attention.
 - (3). The exposed employee shall determine if it is necessary to test the suspect or witness (if applicable). Testing may be conducted at Broward Health or other approved facilities. If the suspect/witness voluntarily submits to testing, a consent form will be completed and the test will be conducted. If the suspect/witness refuses to submit to testing, an Emergency Ex Parte Motion To Test For Infectious Diseases (Department Templates/Sergeant's copy room 1st floor/Property Control) needs to be completed and signed by a Duty Judge. However, if an Emergency Ex Parte Motion is sought, the exposed employee must also submit to testing in order to establish a "baseline". Determine if the medical facility will administer to the employee "The Cocktail" to combat infection. Ultimately the decision rests with the employee.
 - (4). If a sharps exposure occurs between the hours of 8:00 A.M. and 4:30 P.M., the sharps will be transported by a supervisor or designee directly to the Environmental Health Department at 2421 SW 6th Avenue, Room 240 (second floor), Fort Lauderdale, FL. The telephone number is (954) 467-4700 Ext. 4201 or 4202. If the sharps is evidence, an evidence form will be generated via the FileOnQ System and signed by an Environmental Health Department employee to maintain the chain of custody. This form will be turned into the FLPD Evidence Unit and the Evidence Unit supervisor shall be notified.
 - (5). If a sharps exposure occurs at any other time, the sharps will be transported and placed into the FLPD Evidence Unit's refrigerator. To place sharps into evidence, the following procedures shall be followed.
 - (a). The sharps will be placed into a sharps container which are available at Property Control and the write-up room. After the sharps is placed into the container, it shall be placed into a large yellow evidence envelope.
 - (b). The sharps evidence will then be entered into the FileOnQ System and a bar code should be generated for the evidence. When entering a sharps for infectious/communicable diseases, the below steps shall be followed.

- 1). During the evidence entering process, the “Submitted At” box shall read “Refrigerator”. The “Lab Analysis” box shall read “Env. Health Dept”.
 - 2). Once the entering process is complete, the sharps shall be taken to the overnight evidence locker area and placed into the refrigerator.
 - 3). The Evidence Unit’s supervisor shall be notified.
- (6). It will be the responsibility of the Evidence Unit to transport the sharps from the overnight refrigerator for testing, maintain the evidence’s chain of custody and obtain the sealed lab test results for the exposed employee. Once the results are obtained, the Evidence Unit will make the proper notification(s). The sealed results shall be delivered to the tested employee as soon as practical.
- b. Employee precautions to limit exposures to infectious/communicable diseases are as follows:
- (1). Proper disposal of contaminated waste, needles or sharps in accordance with established guidelines and Standard Operating Procedures as previously mentioned;
 - (2). Decontamination following any direct contact with bloody areas, bodily fluids or other potentially infectious materials;
 - (3). Proper handling and disposal of biohazardous waste generated by all emergency responses;
 - (4). Personal hygiene, utilizing disinfectant materials and germicidal products, immediately following all incidents and removal of personal protective equipment;
 - (5). Prohibiting eating, drinking, smoking or applications of cosmetics in areas where airborne/bloodborne pathogens are stored or present; and
 - (6). Minimization of procedures that may cause splashing, spraying, spilling or aerosolizing.
- c. Standard operating procedures for hand-washing and personal disinfecting:

Proper and frequent hand washing cannot be over emphasized.

On-scene hand washing should be performed as soon as possible upon removing the protective gloves.

- (1). Do NOT wash hands with gloves on in an attempt to remove contamination. Soap breaks down the glove integrity.
- (2). In addition to hand washing, the exposed portions of forearms and other body surfaces that contacted body fluids should be washed thoroughly.
- (3). Remove all rings and watches prior to hand washing. If the jewelry has been contaminated, wash them in 10% bleach to water solution.
- (4). When soap and water are not available the use of waterless anti-microbial hand cleaners is most desirable.

d. Standard operating procedures for equipment contamination, decontamination and/or replacement:

Regulated wastes are those items known or suspected to have come in contact with blood, body fluids or tissues. Such waste shall be disposed of in accordance with the procedures set forth in housekeeping below.

- (1). Uniforms and/or personal clothing that have come in contact with any of the above mentioned contaminants will be treated as regulated waste and removed, placed in red leak-proof bag and labeled with a "Biohazard label" as soon as possible.
- (2). All contaminated uniforms are to be turned in to Property Control where they will be destroyed. Replacement uniforms shall be issued.
- (3). Disposable equipment such as Personal Protective Equipment (PPE) shall never be reused.

Contaminated disposable equipment and PPE should be bagged and disposed as regulated waste.

- (4). Police equipment/uniform items, such as belts, badges, name plates, flashlights, handcuffs, weapons and batons, if necessary will be decontaminated. This could best be performed by wiping the equipment with a 10% bleach to water solution and/or using anti-microbial cleaning pads. Should the police equipment be so contaminated that the previous procedure could not be conducted a supervisor should be advised and the equipment placed in either a clear or white plastic bag and labeled for destruction.

e. Standard operating procedures for Biohazardous waste containers and storage area:

Regulated Waste includes items known or suspected to have come in contact with blood, body fluids or tissues.

- (1). Removal of biohazard waste
 - (a). Place in red bag with "BIOHAZARD" label.
 - (b). Place in containers labeled "BIOHAZARD WASTE".
- (2). Discard at designated biohazard waste sites.
 - (a). FLPD sally port
 - (b). ALL Fort Lauderdale Fire Stations
 - (c). All Hospital Emergency rooms

4. Protective Equipment:

- a. Personal protective equipment (P.P.E.) is provided for all employees at no cost to the employee and is readily accessible in all work areas and emergency vehicles. The equipment provided includes, but is not limited to, the following:

- (1). High risk/Hypoallergenic Gloves
- (2). Disposable gowns
- (3). Face Shields/masks
- (4). Safety Glasses/goggles
- (5). Pocket Masks/shields
- (6). Sharps container
- (7). Red "Biohazard" bag
- (8). Virosshield (non-physical barrier)

It shall be the officer's responsibility to insure the equipment is in the police vehicle and/or replaced after use.

- b. Reusable equipment shall be cleaned and disinfected. Disposable equipment is for single use only. All P.P.E. shall be inspected periodically and repaired or replaced to maintain maximum effectiveness. Protective body clothing is mandatory in all situations where occupational exposure is anticipated. Supervisory employees shall investigate and document incidents where the employee declined to use P.P.E. and determine whether changes can be instituted to prevent future occurrences.
- c. Cleaning and laundering of P.P.E. shall be provided at no cost to the employee.

5. Housekeeping - Cleanliness and sanitation of facilities, vehicles and equipment shall be according to established maintenance schedules in compliance with the I.C.P. The following shall be properly decontaminated, removed or replaced upon contact with blood or other potentially infectious materials:
 - a. All medical equipment and environmental working surfaces;
 - b. All containers and receptacles, bins, pails and cans;
 - c. All reusable medical supplies or sharps;
 - d. All contaminated glassware shall be disposed of by mechanical means.
 - e. All regulated waste shall be disposed of in accordance with departmental biohazardous waste standard operating procedures and OSHA standards.

E. HEPATITIS "B" VACCINATION/TUBERCULOSIS, HIV AND POST EXPOSURE EVALUATION AND FOLLOW-UP

1. Hepatitis "B" Vaccination - The Police Department has implemented a vaccination program. This program is available at no cost and at a reasonable time and place to all at-risk employees identified in the "Exposure Determination" section of this policy.

Vaccinations will be made available after receipt of infectious diseases training and within ten working days of initial assignment.

All information concerning the Hepatitis "B" vaccinations will be distributed to employees prior to their inoculations. Employee participation is voluntary. An employee can decline to accept the vaccination until a later date and must sign an acknowledgement of declination. Booster doses will be available when necessary or required by the United States Public Health Service (U.S.P.H.S.)/O.S.H.A.

Titers testing, to identify immunity level, will be made available to personnel inoculated prior to employment with the City of Fort Lauderdale. If the results indicate insufficient antibodies, booster inoculations will be made available. The Training Unit will ensure personnel complete an immunization record form and the HB Vaccine Program Consent/Waiver form.

This program is supervised by the approved medical facility Physician and D.I.C.O. and coincides with the recommendations of the U.S.P.H.S.

2. Screenings-At-Risk employees shall be offered the Tuberculosis PPD examination if exposure occurs or upon request by the employee.
3. Post Exposure Evaluation and Follow-up - Following a report of an exposure incident, the City of Fort Lauderdale/FLPD shall make available to the employee a confidential medical evaluation and follow-up, via the D.I.C.O. and I.C.O., to include the following:

- a. Documentation of routes of exposure and circumstances of exposure;
 - b. Identification and documentation of source individual where possible or as required by law;
 - c. Results of the individual's test shall be available to the exposed employee and disclosure laws explained at that time;
 - d. The exposed employee's blood shall be tested as soon as possible after consent is obtained.
 - e. Post-exposure prophylaxis, counseling and evaluation shall be available where indicated.
 - f. The exposed employee will be provided with a schedule for follow-up testing by the approved medical facility physician. It will be the employee's responsibility to schedule the tests with an approved medical facility.
4. Healthcare Provider Information - The following documents shall be provided to the health care professional so they know what to do when treatment is required:
- a. A copy of the Bloodborne/Airborne Pathogens Standard;
 - b. A description of the exposure incident and the employee's duties;
 - c. The exposed employee's medical and vaccination record;
 - d. Documented routes of the employee's exposure and exposure circumstances;
 - e. Results of blood testing obtained from the potentially infected person.
5. Healthcare Professionals Written Opinion - After consultation, the healthcare professional shall provide a written confidential opinion evaluating the employee's situation. A copy shall be furnished to the exposed employee of the confidential written opinion that contains the following:
- a. Whether a Hepatitis "B" vaccination is indicated and was received;
 - b. Confirmation that the employee was informed of the results and confirmation that the employee has been told about any medical conditions requiring further evaluation or treatment.
6. Medical Record Keeping - To ensure availability of medical information for the City's C.I.C.O. and healthcare professional, the following records information will be maintained by the Risk Manager and the I.C.O.:
- a. Name of the employee;

- b. Social security number of employee;
- c. Copy of the employee's Hepatitis "B" vaccination status;
- d. Copies of the results of examinations, medical testing & follow-up procedures;
- e. Copy of the confidential information provided to the consulting healthcare professional.

F. LABELS AND SIGNS

1. All facilities and vehicles containing biohazardous waste shall be properly labeled in accordance with existing Florida Statutes and H.R.S. Regulations. All Police Department employees shall adhere to the biohazardous waste Standard Operating Procedures as mandated by this policy.
2. Containers - Only authorized containers/supplies can be utilized for storage and disposal of biohazardous waste.
3. Facilities - All facilities must comply with proper storage and placement of biohazardous waste.
4. The universal symbol for biohazardous materials is:



G. INFORMATION AND TRAINING DIVISION RESPONSIBILITY

In-Service Training Program - A comprehensive training program for all employees is mandatory for the welfare and safety of those exposed to bloodborne pathogens. Training on the Fort Lauderdale Police Department Infectious Disease Control Policy will occur as follows:

1. At-risk exposure employees will receive Infectious Disease Control (IDC) training during their department orientation. IDC training will occur once annually for all at-risk personnel after the initial orientation.
2. All other employees shall receive training on this policy during orientation. Further training will be given if existing tasks are modified or new tasks are required affecting the employees occupational exposure.

In-service training will teach employees how to eliminate or minimize exposures and provide a broad base of knowledge regarding the following topics:

- a. The bloodborne/airborne pathogen standard;
 - b. The epidemiology and symptoms of bloodborne diseases;
 - c. Modes of transmission of bloodborne pathogens;
 - d. Explanation of the Exposure Control Plan and how to obtain a copy;
 - e. Appropriate methods for recognition of tasks and activities that may involve exposure to blood and other infectious materials;
 - f. Review limitations of methods that prevent exposure such as, engineering controls, work practice controls and personal protective equipment;
 - g. Selection and use of P.P.E. including; types, usage, location, removal, handling, decontamination and disposal of biohazard waste;
 - h. Visual warnings of biohazards including; labels, signs & color coding;
 - i. Actions to take and persons to contact following an exposure to bloodborne and airborne pathogens;
 - j. Procedures to follow and incident reporting following an exposure;
 - k. Information on post-exposure evaluation and follow-up including consultation;
 - l. Exposure Control Procedures;
 - m. Information about hepatitis;
 - n. Familiarization with FLPD biohazardous waste disposal procedures;
 - o. Question and answer period.
3. Training Methods - Training methods for employees will consist of any one or combination of the following techniques:
- a. Classroom instruction with interaction
 - b. Videotaped programs
 - c. Training manuals and handouts
 - d. Employee review sessions
 - e. Updating of information and continuing education
4. Training Records - Records of training are maintained in the Training Unit files for three years and contain the following information:

- a. Dates of all training
 - b. Contents/summary of training sessions
 - c. Names and qualifications of instructors
 - d. Names and job titles of employees attending training
 - e. All training records will be maintained on file for the applicable retention period.
5. Medical Records - Medical records for each employee shall be maintained by the I.C.O. for all departments. These records shall include:
- a. Name and social security number;
 - b. Copy of Hepatitis "B" vaccination status including dates of vaccination and employee's eligibility;
 - c. Copy of examination results, medical tests and follow-up procedures for all infectious and communicable diseases;
 - d. Employer's copy of healthcare professionals written opinions;
 - e. Copy of information provided to healthcare professionals.
- ** Confidentiality pursuant to law
6. Availability - Each department will ensure availability upon request of all records required to maintain this plan including training records and medical records. These will be made available for examination or copying upon written consent of the employee.
7. Transfer of Records - The City will comply with all requirements involving transfer of records.

H. STANDARD OPERATING PROCEDURES FOR SUSPECTED EXPOSURE TO INFECTIOUS/COMMUNICABLE DISEASES VIA ARRESTS, VEHICLE ACCIDENTS OR INVESTIGATIONS

1. Arrests -Should an officer suspect he/she has been exposed to an infectious/communicable disease and/or contaminated by blood, body fluids or tissue from an arrestee, the following procedure shall be adhered to:
 - a. Notify a supervisor.
 - b. Notify a corrections supervisor.
 - c. Should the exposure occur via a sharp(s), follow the procedures as set forth in this policy.

- d. Officers with contaminated clothing from blood, bodily fluids or tissues should change their clothing as soon as practical. The contaminated clothing should be considered biohazard waste and treated accordingly.
- e. A supervisor, shall determine evidentiary value (if any) of clothing, etc. which may require evidence storage. The supervisor shall make a determination as to whether or not the clothing should be destroyed. If in doubt, the supervisor shall contact an Investigations supervisor for assistance.
- f. An employee who comes in contact with a person in such a way that significant exposure has occurred may request through court order that the person be tested for communicable diseases.
- g. The most critical time for the officer is the first 2 hours of exposure, they must be tested within this time frame and introduced to the “cocktail” if chosen by the officer, after recommendation from the physician. The test on the suspect’s blood can be conducted at a later time without losing any validity.
- h. The employee must seek immediate medical attention at an approved healthcare center. If they are closed, or the officer feels he is a high-risk exposure, the officer should only go to Broward Health Medical Center for treatment. BHMC is the only place where the officer can get the “cocktail” within the critical 2-hour time frame, if they choose the medication. At this time the officer will have the attending physician sign the Physicians Form so the court ordered can be signed by a judge.

2. Procedures For Court Ordered Testing

- a. A court order must be signed by the judge prior to testing the suspect.
- b. If the exposure occurs during regular business hours, the on-duty supervisor will contact the Legal Advisor to assist in processing the court order documentation. After hours court order packets can be obtained from the Patrol Division copy room.
- c. Once the supervisor or designee has a copy of the signed physician’s form it will be their responsibility to contact the on-duty judge, who shall be asked to sign a court order demanding medical facility test the blood for infectious/communicable diseases.
- d. The judge must sign a copy of the court order for each of the following:
 - (1). All personnel involved
 - (2). Arrestee
 - (3). Facility where blood is drawn

- e. The on-duty supervisor shall make arrangements to have blood drawn from the arrestee at the prisoner intake processing facility. If for some reason the drawing of the blood cannot be completed at the prisoner intake processing facility, the approved medical facility SHALL be notified so other arrangements can be made. UNDER NO CIRCUMSTANCES SHALL THE ARRESTEE BE REMOVED FROM THE PRISONER INTAKE PROCESSING FACILITY AND/OR FLPD CUSTODY UNTIL A BLOOD SAMPLE IS OBTAINED FROM THE ARRESTEE FOR TESTING PURPOSES.
- f. The arrestee's blood will be collected by qualified medical personnel and placed in two (2) Red Top separator tubes and the tubes sealed with evidence tape and placed in a red Hazardous Material bag. The bag will then be sealed with evidence tape and the arresting officer or designee will transport the blood to the approved medical facility for testing.
 - (1). If collected during normal business hours the blood shall be transported to Medworks for testing.
 - (2). If collected after normal business hours or on a holiday or weekend, the blood must be kept refrigerated and Medworks notified ASAP. Medworks will then arrange for the blood to be picked up and taken to a local lab for testing.
3. All employees who have been exposed to an infectious/communicable disease shall be periodically tested for such disease as deemed medically necessary by the attending physician.
4. All employees who have been exposed to an infectious/communicable disease shall complete the following forms:
 - a. Probable Cause Affidavit
 - b. Offense Report (Detail the Exposure)
 - c. Notice of Injury Report
 - d. Infectious/Communicable Disease Exposure Report
 - e. Evidence Form
 - f. Motion for Court Order
 - g. The Court Order
 - h. Physicians Certification
5. Routing of the forms;

- a. A **COPY** of the Offense Report, the Physician's Certification and the Infectious/Communicable Disease Exposure Report along with the **ORIGINAL** Notice of Injury Report shall be routed to Risk Management.
 - b. A **COPY** of the Offense Report and the signed Court Order along with the **ORIGINAL** Infectious/Communicable Disease Exposure Report and the Physician's Certification must be forwarded to the Dept. Infection Control Officer in the Training Division.
 - c. The **ORIGINAL** signed court order form is to be placed into Evidence.
 - d. A **COPY** of the Exposure Control Form shall be forwarded via department courier to the approved medical facility physician for review.
6. Vehicle Accidents - Should an officer suspect he/she has been exposed to infectious disease and or contaminated by blood, body fluids or tissue, the following procedure shall be adhered to:
- a. Notify a Supervisor
 - b. Officers with contaminated clothing from blood, body fluids or tissue should change their clothing as soon as practical. The contaminated clothing should be considered biohazard waste and treated accordingly. Circumstances shall dictate how clothing shall be handled, i.e. decontaminated, destroyed.
 - c. A supervisor shall determine evidentiary value (if any) of clothing, etc., which may require evidence storage and will make a determination as to whether or not the clothing should be destroyed.
 - d. When applicable, wash down the exposed area with soap and water and/or use antimicrobial cleansing agent.
 - e. Complete the following forms:
 - (1). Notice of Injury Form
 - (2). Infectious/Communicable Disease Exposure Report (Complete narrative to detail exposure)
 - (3). Supplemental Accident Reports shall detail how the employee was exposed.
 - f. Routing of the forms
 - (1). A **COPY** of the Infectious/Communicable Disease Exposure Report and the **ORIGINAL** Notice of Injury Report shall be routed to Risk Management.

- (2). A **COPY** of the Notice of Injury Report and the **ORIGINAL** Infectious/Communicable Disease Exposure Report shall be forwarded to the Dept. Infection Control Officer, along with the Supplemental Accident Report detailing the suspected exposure.
 - (3). A **COPY** of the Exposure Control Form will be forwarded via department courier to the approved medical facility physician for review.
7. Investigations - An officer that suspects he/she has been exposed to an infectious disease and/or contaminated by blood, body fluids or tissue during an investigation shall adhere to the following procedures:
 - a. Notify a Supervisor.
 - b. Officers with contaminated clothing from blood, body fluids or tissue should change their clothing as soon as practical. The contaminated clothing should be considered biohazard waste and treated accordingly.
 - c. When applicable, wash down the exposed area with soap and water and/or use antimicrobial cleansing pads
 - d. Complete the following forms:
 - (1). Offense Report (Detail the Exposure)
 - (2). Notice of Injury Form
 - (3). Infectious/Communicable Disease Exposure Report
 - e. Routing of the form
 - (1). A **COPY** of the Offense Report and the Infectious/Communicable Disease Exposure Report along with the **ORIGINAL** Notice of Injury Report shall be routed to Risk Management.
 - (2). A **COPY** of the Notice of Injury Report and the **ORIGINAL** Infectious/Communicable Disease Exposure Report shall be forwarded to the Department Infection Control Officer.
 - (3). A **COPY** of the Exposure Control Form will be forwarded via department courier to the approved medical facility physician for review.

I. INSTRUCTIONS FOR COURT ORDERED TESTING

These instructions have been created to assist Department personnel who have experienced an infectious-disease exposure incident where testing of the source individual is necessary.

1. The Infectious Disease Control Court Order Packet will be stored in the file cabinet at the patrol division copy-room office.
2. The Infectious Disease Control Court Order Packet should contain the following three (3) items:
 - a. 1 Physician Certification Form
 - b. 1 Ex Parte Motion Order (Signed by the Legal Advisor)
 - c. 1 Blank Court Order Form

NOTE: One Infectious Disease Control Court Order Packet will cover all Officers involved in a single incident.

3. Treatment Options/Physician Certifications
 - a. All personnel requiring non-emergency care will seek treatment from the approved medical facility and have the Physicians Certification Form signed by the approved medical facility physician.
 - b. All personnel requiring emergency care will have the physician's certificate signed by the attending emergency room physician.
 - c. Typical approved medical facility hours of operation
 - (1). M-F 8AM to 9PM
 - (2). SAT 9AM to 3PM
 - (3). SUN 9AM to 1PM

NOTE: After hours and on weekends blood shall be labeled, placed into the Evidence refrigerator, and then taken to the approved medical facility the next regular business day.

4. Emergency Ex-Parte Motion And Court Order
 - a. The Ex-Parte Motion Order should be completed and reviewed by a supervisor.
 - b. The completed Ex-Parte Motion Order should be copied and;
 - (1). During Normal Courthouse Business Hours:

This document should be taken to Room (640) at the County Courthouse for assignment to the duty judge.
 - (2). After Business Hours:

A Sergeant will contact the BSO communications supervisor at FLPD so that arrangements can be made to have the Court Order Form signed by the Duty Judge.

- c. The Original and three (3) copies of the completed court order need to be signed by the Duty Judge.
- d. The Original signed Court Order Form is to be placed into evidence.
- e. The three (3) remaining Court Order Forms are to be forwarded to the arrestee/source individual, BSO intake and the approved medical facility.
- f. A copy of the Physician Certification Form, the Ex Parte Motion Order (Signed by the Legal Advisor), the Court Order, the Offense Report (Detail the Exposure), Notice of Injury Form and Infectious/Communicable Disease Exposure Report must be forwarded to the Infectious Disease Control Officer in the Training Division.

APPENDIX A

GLOSSARY - DEFINITION OF TERMS

A

AIDS

(Acquired Immune Deficiency Syndrome) A medical syndrome marked by opportunistic infections and cancers and most frequently occurring as a result of infection with human immunodeficiency virus (HIV). In cases of HIV infection, opportunistic infections and cancers are caused when HIV destroys the ability of the immune system to eliminate the infectious agents and cancers from the human body. AIDS is defined according to standards developed by the Centers for Disease Control in Atlanta.

AIDS Related Complex (ARC)

An outdated term used to describe symptoms of HIV infection in patients who have not developed AIDS. Symptoms include fatigue, diarrhea, night sweats and enlarged lymph nodes. ARC is not included in the Centers for Disease Control classification of HIV infection.

Airborne Pathogens

Disease causing microorganisms spread by droplets expelled into the air typically through a productive cough or sneeze.

Antibody

A component of the immune system, which eliminates or counteracts a foreign substance (antigen) in the body.

Antigen

A foreign substance which stimulates the production of antibodies in the immune system.

Asymptomatic

Without symptoms.

B

Bacteria

Microorganisms that produce disease in a suitable host. As bacteria reproduce, they produce toxins that are harmful to the host. Bacteria can multiply outside the host on other surfaces.

Biohazard Materials

Items to be disposed of that have been contaminated with human waste, human tissue, blood or body fluids for which special handling precautions are necessary. Also known as medical waste.

Body Fluids

Fluids that the body makes, including, but not limited to, blood, semen, mucus, feces, urine, vaginal secretions, breast milk, **amniotic fluid**- (clear fluid or "waters" that surround the fetus in the mother's uterus during pregnancy), **Cerebrospinal Fluid** - (a clear, watery fluid that circulates and surrounds the spinal cord and the protective coverings called the meninges), **Pericardial Fluid** - (The fluid contained in a membrane bag that surrounds the heart), **Peritoneal Fluid** - (a lubricating fluid that allows the organs in the abdominal cavity to glide smoothly over each other and over the abdominal wall), **Pleural Fluid** - (a fluid that lubricates the outside of the lung and the inside of the chest cavity), **Synovial Fluid** - (a clear sticky liquid resembling egg white, that lubricates a joint or a tendon), and other fluids that may contain concentrated HIV, HBV or other pathogens.

C

Chronic

Of long duration; continuing; lingering.

Communicable Disease

A disease that can be transmitted from one person to another through direct or indirect contact. Also known as a contagious disease.

Contaminated

Having come in contact with body fluids. Also, a substance or process that poses a threat to life, health or the environment.

Cutaneous

Of or affecting the skin.

D

Decontamination

The physical or chemical process of reducing and preventing the spread of contamination from persons and equipment.

Direct Transmission

The passage of a disease from one person to another through direct contact with infected blood or other body fluids.

Disease

An alteration of health with a characteristic set of symptoms and signs that affect the entire body or specific organs. Diseases have a variety of causes. They are known as infectious diseases when they are due to pathogenic microorganisms such as bacteria, viruses or fungi.

Disease Transmission

The process of passing a disease from one person to another.

Disinfection

The process used to inactivate virtually all recognized pathogenic microorganisms but not necessarily all microbial forms such as bacterial endospores. Disinfection is NOT the same as sterilization.

E

Environmental Surfaces

Interior person care areas, both stationary and in vehicles, and other surfaces not designed for intrusive contact with the person or contact with mucosal tissue.

Exposure

Contact with an infectious agent, such as body fluids, through inhalation, percutaneous inoculation or contact with an open wound, nonintact skin or mucous membrane.

Eyewear

See splash resistant eyewear

F

Fluid Resistant Clothing

Clothing that provides a barrier against splashing or spraying of body fluids or other potentially infectious materials.

G

Medical Gloves

Gloves that are designed to provide a barrier against body fluids and that meet the requirements of ASTM D 3578, Standard Specification for Rubber Examination Gloves (Non-Sterile)

H

HBV

Abbreviation for hepatitis B virus.

Health Care Worker (HCW)

A person whose work involves medical care and direct contact with body fluids, including paramedics, EMT's firefighters and other personnel.

HIV

Abbreviation for human immunodeficiency.

I

Immunization

The process or procedure by which a person is rendered immune.

Indirect Transmission

The passage of a disease from one person to another by means of a medium without direct person-to-person contact. For example, indirect transmission occurs when the disease-producing organism is spread from an infected individual onto food or onto an object and then from the food or object to another person.

Infection Control

Efforts designed to prevent infection from occurring in a patient or healthcare worker. The OSHA Final Rule uses the term exposure control.

Infection Control Officer

The person within a health care agency who is responsible for coordinating efforts surrounding the investigation of an occupational exposure.

Infectious Disease

An illness or disease resulting from invasion of a host by disease producing organisms such as bacteria, viruses, fungi or parasites. An infectious disease is not necessarily communicable.

L

Leak Proof Bags

Bags that are sufficiently sturdy to prevent tearing or breaking and that can be sealed securely to prevent leakage. Leak proof bags that are used for biohazard materials are red in color and/or display the universal biohazard symbol.

M

Medical Waste

Items to be disposed of that have been contaminated with human waste, blood or body fluids; or human waste, human tissue, blood or blood fluids for which special handling precautions are necessary. Also known as biohazard materials.

Mucocutaneous

Coming in contact with mucous membranes.

N

Needle stick

A parenteral exposure with a contaminated or noncontaminated needle.

O

OSHA

Occupational Safety and Health Administration

Occupational Exposure

Reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may occur during an employee's routine performance of duties. This definition includes incidental exposures that are neither reasonably nor routinely expected and that the worker is not required to incur in the normal course of employment.

Other Potentially Infectious Materials

The following body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva from a dental procedure and any other body fluid that is visible contaminated with blood.

P

Pathogen

An agent that causes disease especially a microorganism such as a bacterium.

Percutaneous

Piercing the skin with a sharp object.

R

Regulated Waste

Contaminated medical waste or biohazard waste that is to be disposed of according to state or local laws.

Ryan White Act

Addresses the issue of notification. This act allows the receiving health care facility to release the source individual's communicable disease status when a responder has experienced an exposure to either a bloodborne or airborne communicable disease. Subtitle B of this act covers step-by-step procedures that the responder and "designated officer" should follow to obtain information on the source individual.

S

Sharps

Any objects that can penetrate the skin including, but not limited to, needles, scalpels and broken capillary tubes.

Sharps Containers

Containers designed to store sharp objects after use. Sharps containers must be closable, puncture resistant, disposable, leak proof on the sides and bottom and either red in color or displaying the universal biohazard symbol.

Source Individual

Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to an employee.

Splash Resistant Eyewear

Safety glasses, prescription eyewear, goggles or chin length face shields that, when properly worn, provide limited protection against splashes, spray, splatter, droplets or aerosols of body fluids or other potentially infectious materials.

Sterilization

The destruction of all microorganisms in or about an object, as by steam, chemical agents, high velocity, electron bombardment or ultraviolet light radiation.

Subcutaneous

Beneath the skin. A drug given subcutaneously is injected into the tissue under the skin.

U

Universal Precautions

A method of exposure control in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.

V

Virus

A microorganism that resides in a living host. Viruses cannot reproduce outside a living cell; therefore, they cannot multiply on objects.

W

Window Phase

The time lapse between exposure to a disease and a positive test for the disease (seroconversion). The time lapse may vary from one person to the next depending on individual immune systems.

Work Practice Controls

Procedures that reduce the likelihood of exposure altering the manner in which a task is performed.

APPENDIX B

FORMS

The following forms are applicable to this policy:

- a. Informed Consent Form
- b. Employee Education Form
- c. Exposure Report Form
- d. History Form
- e. Declination Statement
- f. Physician Certification
- g. Emergency Motion to Test
- h. Ex-Parte Motion Order

**HEPATITIS B
INFORMED CONSENT**

I have received training about Hepatitis B and the vaccine available. I had an opportunity to ask questions. I understand and accept the responsibility of receiving the vaccination and am knowledgeable of the risk which might occur if not vaccinated.

EMPLOYEE INFORMATION:

Employee's Name (print) Social Security Number

Employee's Signature Date Witness to Signature Date

PERSON ADMINISTERING VACCINE COMPLETE:

VACCINATION RECORD:

WHERE RECEIVED / VERIFIED BY

Date of 1st Injection _____

Date of 2nd Injection _____

Date of 3rd Injection _____

DOCUMENTATION OF EMPLOYEE EDUCATION

EMPLOYEE:

CATEGORY ASSIGNMENT:

ORIENTATION TO INFECTION CONTROL PROGRAM

CONDUCTED BY:

DATE:

EMPLOYEE SIGNATURE: _____

ORIENTATION TO POLICY/PROCEDURE

CONDUCTED BY:

DATE:

EMPLOYEE SIGNATURE: _____

ORIENTATION TO PERSONAL PROTECTIVE ATTIRE

CONDUCTED BY:

DATE:

EMPLOYEE SIGNATURE: _____

DISCUSSED BENEFITS AND RISKS OF VACCINATION

CONDUCTED BY:

DATE:

EMPLOYEE SIGNATURE: _____

EDUCATION REGARDING BLOODBORNE DISEASES

CONDUCTED BY:

DATE:

EMPLOYEE SIGNATURE: _____

HEPATITIS B INOCULATION

HISTORY

I have received the Fort Lauderdale Police Department training on Hepatitis B and the vaccine available. Previous to my employment with the City of Fort Lauderdale, I received the series of inoculations to prevent Hepatitis B.

A formalized copy of my shot records will be forwarded to the FLPD Training Unit as soon as possible.

EMPLOYEE INFORMATION

EMPLOYEE'S NAME

SOCIAL SECURITY NUMBER

EMPLOYEE'S SIGNATURE

WITNESS TO SIGNATURE DATE

INOCULATION HISTORY

Date of inoculation(s)

#1 _____

#2 _____

#3 _____

Administered by (name/title) _____

Location received at _____

Address _____

Contact phone number _____

HEPATITIS - B VACCINE
DECLINATION STATEMENT

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee's Name

Social Security Number

Employee's Signature Date

Witness to Signature Date

FLPD OFFENSE NO. _____

DATE: _____

TIME: _____

PHYSICIAN CERTIFICATION

1. My name is: _____
2. I am a licensed medical physician licensed to practice medicine in the State of Florida.
3. Based upon the facts of this case as related to me, and to the best of my knowledge and belief, it is my professional medical judgment that there has been a significant exposure to Officer(s):

of either a communicable or infectious disease. Therefore, it is medically necessary to obtain a blood sample to test for such diseases to determine the course of treatment for Officer(s):

_____, MD
Signature

_____, MD
Print Name

Address

City, State and Zip

Telephone: (954) _____

IN THE CIRCUIT COURT OF THE SEVENTEENTH
JUDICIAL CIRCUIT, IN AND FOR BROWARD
COUNTY, FLORIDA

CITY OF FORT LAUDERDALE,)	FT. LAUDERDALE POLICE DEPARTMENT
)	CASE NUMBER: _____
)	CRIMINAL CASE NUMBER: _____
)	(If Known/Applicable)
vs.)	JUDGE:
)	
)	
)	
_____,)	
)	
Respondent)	
)	

EMERGENCY EX PARTE MOTION TO TEST FOR INFECTIOUS DISEASES

COMES NOW the Petitioner, City of Fort Lauderdale, on behalf of Officer(s)

_____,
of the Fort Lauderdale Police Department and states:

1. (a) On _____, 201__, at approximately _____AM/PM,
Officer(s) _____ was/were attempting
to: **(check one)**

- arrest the Respondent/Suspect, identified as _____,
at _____,
in Fort Lauderdale, Broward County, Florida.
- treat the Respondent/Victim, identified as _____,
at _____,
in Fort Lauderdale, Broward County, Florida.

(b) During this incident, blood and/or other bodily fluids of _____
_____ came into contact with the mouth or body of Officer(s)

_____. The officer(s): **(check one)**

arrested and charged the Respondent/Suspect with _____
_____ in violation of _____, Florida Statutes.

the Respondent/Victim was transported to _____
_____.

2. The factual basis for this Motion is as follows:

3. A Court Order is requested pursuant to §381.004(2)(h)(7) and 384.287, Florida Statutes, that will allow for the drawing and testing of a blood sample from the Respondent, _____, for HIV, communicable and infectious diseases.

4. The Petitioner has demonstrated a compelling need for the testing and disclosure of the results which cannot be accommodated by other means.

5. The Petitioner will follow all mandates and procedures required by Chapters 381 and 384, Florida Statutes, that includes and addresses inter alia the privacy and counseling interests of the individuals.

6. Attached is a copy of a physician certification from the City of Fort Lauderdale's Health Care Provider or other appropriate medical personnel which states the nature of Officer(s) _____ injuries could result in the transmission of a communicable, infectious or sexually transmitted disease.

WHEREFORE, the Petitioner, City of Fort Lauderdale on behalf of Officer(s) _____, prays for this Court based upon the authority of §381.004 and §384.287, Florida Statutes, to:

(a) Order any medical personnel [as defined in §381.004(2)(h)(10), Florida Statutes] or the medical provider for Broward County, or a designated authorized representative of the Department of Health, or the medical provider for the City of Fort Lauderdale, to draw and test a blood sample and take additional blood samples for screening purposes if needed for:

1. Human Immunodeficiency virus
2. Hepatitis and other communicable or infectious diseases
3. All sexually transmitted diseases

(b) Order that the screening be conducted at _____

_____. (§384.287(4), Florida Statutes)

(c) Order that all due process requirements as mandated by Chapters 381 and 384, Florida Statutes, be performed; and

(d) Order that the Department of Health or its designee, or other appropriate medical personnel upon the due process requirements of Chapters 381 and 384, Florida Statutes, being met, disclose to Officer(s) _____

_____ and Respondent

_____ the results of the aforementioned tests.

Print Name:
FLPD Authorized Supervisor
Acting on Behalf of Above Employee(s)
Pursuant to the Authority of F.S. 384.287(2).

cc: Respondent

In accordance with the Americans with Disabilities Act of 1990, persons needing special accommodations to participate in this proceeding contact the ADA Coordinator, 17th Judicial Circuit court, 201 SE 6th Street, Fort Lauderdale 33301, phone (954) 831-7721 (voice) (954) 831-7017 (TDD). The address can be used in court filings.

IN THE CIRCUIT COURT OF THE SEVENTEENTH
JUDICIAL CIRCUIT, IN AND FOR BROWARD
COUNTY, FLORIDA

DEPARTMENT FORT LAUDERDALE POLICE
CITY OF FORT LAUDERDALE,)
)
)
)
Petitioner)
)
vs.)
)
)
)
_____,)
)
Respondent)
)

CASE NUMBER: _____
CRIMINAL CASE NUMBER: _____
(If Known/Applicable)
JUDGE:

ORDER ON EX PARTE MOTION TO TEST FOR INFECTIOUS DISEASES

THIS CAUSE having come on to be heard before the Honorable _____
_____ and the Court having reviewed the Motion and being
otherwise duly advised in the premises, hereby orders:

1. The medical provider for Broward County, or a designated authorized
representative of the Department of Health or the medical provider for the City of Fort
Lauderdale, shall draw and test a blood sample, and take additional blood samples from _____
_____ if needed, to test for:

- a. Human Immunodeficiency Virus
- b. Hepatitis and other communicable or infectious diseases
- c. All sexually transmitted diseases

2. That all due process requirements mandated by Chapters 381 and 384, Florida Statutes be followed.

3. That the Department of Health, or its designee or other appropriate medical provider, upon the due process requirements of Chapters 381 and 384, Florida Statutes being met, disclose to Officer(s) _____

_____ and
Respondent _____ the results
of the aforementioned tests.

ORDERED AND ADJUDGED that City's Ex Parte Motion to Test for Infectious Diseases is hereby **GRANTED**.

DONE AND ORDERED in chambers at Fort Lauderdale, Broward County, Florida, this _____ day of _____, 201__.

CIRCUIT/COUNTY JUDGE

cc: Officer _____
Officer _____
Respondent _____
Broward County Jail
City of Fort Lauderdale Police Department's Records Division
Broward County Medical Examiner

**FORT LAUDERDALE POLICE DEPARTMENT
INFECTIOUS/COMMUNICABLE DISEASE EXPOSURE REPORT**

EMPLOYEE INFORMATION

Date _____ District ____ Shift ____ Vehicle _____ O.R.# _____

Name _____ Contact Phone _____

Did employee seek medical attention: Yes ____ No ____ Hospital _____
(name of)

What protective equipment did you have on? (be as specific as possible)

Gloves () Gown () Eye Shield () Mask () Other _____

INCIDENT INFORMATION

Location _____

Arrestee/

Victim's Name _____ Age ____ Sex ____ Race

Type of Exposure	Site of Exposure	Exposure Type	Disease
Mouth to mouth <input type="radio"/>	Head <input type="radio"/>	Blood <input type="radio"/>	A.I.D.S./H.I.V. <input type="radio"/>
Needle stick <input type="radio"/>	Face <input type="radio"/>	Feces <input type="radio"/>	Diphtheria <input type="radio"/>
Sharps cut <input type="radio"/>	Mouth <input type="radio"/>	Urine <input type="radio"/>	Hepatitis <input type="radio"/>
Blood to blood <input type="radio"/>	Back <input type="radio"/>	Tears <input type="radio"/>	Legionaries <input type="radio"/>
Mucus to blood <input type="radio"/>	Chest <input type="radio"/>	Saliva <input type="radio"/>	Malaria <input type="radio"/>
Blood to mucus <input type="radio"/>	Abdomen <input type="radio"/>	Vomitus <input type="radio"/>	Measles <input type="radio"/>
Airborne cough <input type="radio"/>	Extremity <input type="radio"/>	Sputum <input type="radio"/>	Meningitis <input type="radio"/>
Vomitus <input type="radio"/>	Neck <input type="radio"/>	Sweat <input type="radio"/>	MERCER <input type="radio"/>
Bite <input type="radio"/>	Shoulder <input type="radio"/>	Other _____ <input type="radio"/>	Rabies <input type="radio"/>
Other <input type="radio"/>	Pelvis <input type="radio"/>		Rubella <input type="radio"/>
<u>Act of Exposure</u> <input type="radio"/>	Hip <input type="radio"/>		Syphilis <input type="radio"/>
<input type="radio"/>	Buttocks <input type="radio"/>		T.B. <input type="radio"/>
Arrest <input type="radio"/>	Genitalia <input type="radio"/>		Typhoid <input type="radio"/>
Investigation <input type="radio"/>	Multiple <input type="radio"/>		Other _____ <input type="radio"/>
Bandaging <input type="radio"/>	Other _____ <input type="radio"/>		
Restraining <input type="radio"/>		Did you receive the Hepatitis B vaccine? Yo No	
C.P.R. <input type="radio"/>		Where _____	
Other _____ <input type="radio"/>			

Narrative: Describe all pertinent information relating to incident including exactly how transmission occurred

Signature _____ Date _____

cc: (1) Authorized Medical Facility, (2) Employee, (3) FLPD Training Division/DICO, (4) F.O.P. Office, and (5) Risk Management

HEPATITIS - B VACCINE
DECLINATION STATEMENT

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee's Name

Social Security Number

Employee's Signature

Date

Witness to Signature

Date