

adopted 4/12/99

**MEXICO POLICE DEPARTMENT
32 MAIN STREET
MEXICO, MAINE 04257**

POLICE DEPARTMENT GENERAL ORDER

SUBJECT: INFECTIOUS DISEASES

NUMBER:

EFFECTIVE DATE: FEBRUARY 1999

REVIEW DATE: 02 / 00

**AMENDS / SUPERSEDES: POLICY / PROCEDURE
01/99**

**APPROVED: _____
Chief of Police**

INDEX WORDS: Human Immune Deficiency Virus (HIV) and immunization policy for Hepatitis "B" virus (HBV); Acquired Immunodeficiency Syndrome known as (AIDS); definitions; blood and body fluids; protective equipment; housekeeping; contaminated laundry; Hepatitis B vaccination; post-exposure evaluation & follow-up; hazards; recordkeeping; precautionary measures; reporting procedures.

- I. **POLICY:** It is the policy of the Mexico Police Department to provide, to the extent practicable when considering the risk involved, a reasonably safe and healthy work environment, given the various public safety and health duties performed by the police department.

It is also the obligation of all police employees to take all reasonable precautions to protect themselves, co-workers and the general public from infectious diseases, and to follow-up any town, state / federal procedures and guidelines.

Infectious diseases such as the HIV virus, also known as AIDS virus and Hepatitis "B" virus (HBV), and other blood-borne diseases are on the increase, thereby, posing an increased danger to police officers who are currently in a low to moderate risk group, unless acting as an EMT, Firefighter or Ambulance attendant, in which case the risk goes from low to moderate and high.

It shall be the policy of the Town of Mexico to offer an immunization program to police officers for Hepatitis B, following the criteria below:

- A. No employee is required to be immunized, but may be immunized in accordance with this policy on a voluntary basis.
- B. All employees who voluntarily choose to be immunized must read and sign an authorization and release form. A copy of the signed form will be kept in the employee's personal file.
- C. The department will bear the cost of all the immunization process and any necessary follow up tests. The department will not reimburse employees for immunizations received while working for other employers or prior to the revision of this policy.

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DEFINITIONS: UNDERSTANDING TERMS USED IN THIS POLICY.

Scope and Application: This section applies to all occupational exposure to blood or other potentially infectious materials.

Definitions: For purposes of this section, the following shall apply.

1. **BLOOD**: means human blood, human blood components, and products made from human blood.
2. **BLOODBORNE PATHOGENS**: means pathogens microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B virus (HBV) and human Immunodeficiency virus (HIV).
3. **CLINICAL LABORATORY**: means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.
4. **CONTAMINATED**: means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
5. **CONTAMINATED LAUNDRY**: means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.
6. **CONTAMINATED SHARPS**: means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, sharp metals, and exposed ends of dental wires.
7. **DECONTAMINATED**: means 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.
8. **EXPOSURE INCIDENT**: means 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 an employee's duties.
9. **HANDWASHING FACILITIES**: means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.
10. **OCCUPATIONAL EXPOSURE**: means reasonable 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.
11. **OTHER POTENTIALLY INFECTIOUS MATERIALS**: means
 - a. The following human body fluids; semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to defferentiate between body fluids;
 - b. Any unfixed tissue or organ (other than intact skin) from a human (living or dead);
 - c. HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV- containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

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12. **PARENTERAL**: means piercing mucous membrane or the skin barrier through such events as needlesticks, human bites, cuts and abrasions.
13. **PERSONAL PROTECTIVE EQUIPMENT**: is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.
14. **SOURCE INDIVIDUAL**: means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.
15. **STERILIZE**: means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
16. **UNIVERSAL PRECAUTIONS**: is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.
17. **WORK PRACTICE CONTROLS**: means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

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III. EXPOSURE CONTROL PLAN:

Each employer having an employee(s) with occupational exposure shall establish a written Exposure Control Plan designed to eliminate or minimize employee exposure. The Exposure Control Plan shall contain at least the following elements:

1. The exposure determination required by (II-10);
2. The schedule and method of implementation for paragraphs (III-B) Methods of Compliance, (IV-A) Hepatitis B Vaccination and (IV-B) Post-Exposure Evaluation and Follow-up, (V) Communication of Hazards to Employees, and (VI) Recordkeeping;
3. The procedure for the evaluation of circumstances surrounding exposure incidents as required by paragraph (III-A) of this standard;
4. Each employer shall ensure that a copy of the Exposure Control Plan is accessible to employees in accordance with 29 CFR 1910.20;
5. The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

A. EXPOSURE DETERMINATION: Each employer who has an employee(s) with occupational exposure as defined by paragraph (A) of this section shall prepare an exposure determination. This exposure determination shall contain the following;

1. A list of all job classifications in which all employees in whose job classification have occupational exposure;
2. A list of job classifications in which some employees have occupational exposure;
3. A list of all tasks and procedures or groups of closely related task and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with the provisions of this standard.
This exposure determination shall be made without regard to the use of personal protective equipment.

B. METHODS OF COMPLIANCE: Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

1. Engineering and Work Practice controls:

- a. Engineering and work practice controls shall be used to eliminate or minimize employee exposure;
- b. Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness;
- c. Employers shall provide hand washing facilities which are readily accessible to employees. Hands shall be washed with soap and running water as soon as feasible;
- d. Employers shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment;

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- e. Employers shall ensure that employees wash hands and other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials;
- f. Contaminated needles and other contaminated sharps shall not be bent, recapped or removed except as noted and immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed; These containers shall be:
 - Puncture resistant;
 - Labeled or color-coded;
 - Leakproof on the sides and bottom.
- g. Eating, drinking, smoking, applying cosmetics are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
- h. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present;
- i. Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary.

2. Personal Protective Equipment

- a. When there is occupational exposure, the employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouth-pieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used;
- b. The employer shall ensure that the employee uses appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker;
- c. The employer shall ensure that appropriate personal protective equipment, in the appropriate size, is readily accessible at the worksite or is issued to employees;
- d. The employer shall clean, launder, and dispose of personal protective equipment required, at no cost to the employee;
- e. If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as feasible, and all personal protective equipment shall be removed prior to leaving the work area;

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- f. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter or droplets of blood or other potentially infectious materials may be generated and eye, nose or mouth contamination can be reasonably anticipated.

3. Housekeeping

- a. Employers shall ensure that the worksite is maintained in a clean and sanitary condition;
- b. All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials with an appropriate disinfectant;
- c. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonably likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis;
- d. Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs or forceps;
- e. Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed;
- f. Contaminated sharps shall be discarded immediately into closable, puncture resistant, leakproof on sides and bottom, labeled or color-coded, maintained upright throughout use, replaced routinely and not to allowed to overfill (3/4), and easily accessible to personnel.

4. Contaminated laundry

- a. Contaminated laundry shall be handled as little as feasible with a minimum of agitation;
- b. Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded;
- c. Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or of leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior;
- d. The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.

IV. A. HEPATTIS B VACCINATION

The employer shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up, to all employees who have had an exposure incident.

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The employer shall ensure that all medical evaluations and procedures including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are:

1. Made available at no cost to the employee;
2. Made available to the employee at a reasonable time and place;
3. Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional;
4. Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place;
5. Hepatitis B vaccination shall be made available after the employee has received the training required and within ten (10) working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series;
6. The employer shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination and if the employee initially declines the vaccination, but at a later date while still covered under the standard decides to accept the vaccination, the employer shall make available hepatitis B vaccination at the time;
7. The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the statement in appendix A;
8. If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available.

B. POST-EXPOSURE EVALUATION AND FOLLOW-UP:

Following a report of an incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

- a. Documentation of the routine(s) of exposure, and the circumstances under which the exposure incident occurred;
- b. Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law.
 1. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and results documented;
 2. When the source individual is already known to be infected with HBV or HIV, testing the source individual's known HBV or HIV status need not be repeated.
 3. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations

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concerning disclosure of the identity and infectious status of the source individual;

4. The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within fifteen (15) days of the completion of the evaluation.

V. **COMMUNICATION OF HAZARDS:**

- A. Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood and other potentially infectious materials.
- B. Labels required by this section shall include the BIOHAZARD legend.
- C. These labels shall be fluorescent orange or orange-red with lettering or symbols in a contrasting color.

VI. **RECORDKEEPING:**

The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910 . 20. This record shall include:

- A. The name and social security number of the employee;
- B. A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations 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 as required;
- D. The employer's copy of the healthcare professional's written opinion as required;
- E. A copy of the information provided to the healthcare professional as required.

1. **Confidentiality**

The employer shall ensure that employee medical records required are:

- a. Kept confidential;
- b. Are not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law;
- c. The employer shall maintain the records required for at least the duration of employment plus thirty (30) years in accordance with 29 CFR 1910-20.

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VII. TRAINING / INFORMATION / RECORDKEEPING:

Employers shall ensure that all employees with occupational exposure participate in a training program which must be provided at no cost to the employee and during working hours.

Training shall be provided within ninety (90) days after the effective date of the standard; at the time of initial assignment to tasks where occupational exposure may take place; at least annually thereafter, with respect to the provisions of the standard which were not included; and shall be conducted by a person knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

The training program shall contain at a minimum the following elements:

- a. An accessible copy of the regulatory text of this standard and an explanation of its contents;
- b. A general explanation of the epidemiology and symptoms of bloodborne diseases;
- c. An explanation of the modes of transmission of bloodborne pathogens;
- d. An explanation of the exposure control plan;
- 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, work practices and personal protective equipment;
- g. An explanation of the basis for selection of personal protective equipment
- h. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated and that the vaccine and vaccination will be offered free of charge;
- i. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
- j. An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;
- k. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
- l. An explanation of the signs and labels and/or color coding required;
- m. An opportunity for interactive questions and answers with the person conducting the training session.

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1. The employer shall maintain the records required for at least the duration of employment plus thirty (30) years in accordance with CFR, and shall include the following information.
 - a. The dates of the training sessions;
 - b. The contents or a summary of the training sessions;
 - c. The names and qualifications of persons conducting the training;
 - d. The names and job titles of all persons attending the training sessions;
 - e. Training records shall be maintained for three (3) years from the date on which the training occurred.

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MEXICO POLICE DEPARTMENT

BLOODBORNE PATHOGENS

I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THE INFECTIOUS
DISEASE / BLOODBORNE PATHOGENS STANDARD ALONG WITH THE POLICY
AND PROCEDURES AND INSTRUCTIONS AND CONFIRM THAT I WILL COMPLY
WITH ALL OF THESE STANDARDS.

DATE: _____

SIGNATURE OF EMPLOYEE

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BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

FACILITY: MEXICO POLICE DEPARTMENT

DATE: FEBRUARY 09, 1999

APPROVED: _____
Chief of Police

In accordance with the OSHA Bloodborne Pathogens standard, 29 CFR 1910.1030, the following exposure control plan has been developed: and shall be followed by members of the Mexico Police Department.

PURPOSE: This EXPOSURE CONTROL PLAN for the MEXICO POLICE DEPARTMENT serves to educate, advise, and where possible, to establish procedures to manage the issues of infectious diseases. It is not intended to supersede the requirements detailed in the Infectious Diseases Standard. This plan shall be reviewed at least on an annual basis and updated when necessary.

The greatest fear confronting law enforcement officers and is the unknown person with AIDS or other infectious diseased person and our professional contact with them.

Each officer in the department shall read, understand, and follow the guidelines and precautionary measures set by the plan.

SCOPE: This plan covers all employees who could be "reasonably anticipated", as the result of performing their job duties, to "face contact with blood" and other potentially infectious materials.

I. EXPOSURE DETERMINATION:

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious diseases/materials. This exposure determination is required to list all job classifications, without regard to the use of personal protective equipment.

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**EXPOSURE DETERMINATION AS APPLIED TO THE
MEXICO POLICE DEPARTMENT**

JOB CLASSIFICATION	TASK / PROCEDURES CHIEF & ALL OFFICERS
1. Chief	Crime Scenes / Suicide / Death
2. Sergeant	Arrest / Prisoners
3. Patrolman	Accidents / Assaults
	Medical Assistance
	Lock-up / Call-in

II. PROCEDURES:

Universal precautions , treating body fluids / materials as infectious , will be observed at the MEXICO POLICE , FIRE and HIGHWAY DEPARTMENTS in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious materials will be considered infectious regardless of the perceived status of the source individual.

A. HANDLING OF ARRESTS / PRISONERS:

1. All officers making arrests and handling prisoners are cautioned to use gloves when dealing with the persons who are under arrest or prisoners in custody.
2. Medical attention must be given to all arrestees upon sign of injury , and the handling officer must take the correct action to be in compliance with Policy and Procedures of the Mexico Police.
3. The greatest fear confronting law officers is the unknown person with AIDS or other infectious diseased person and our professional contact with them. As an individual or as a police officer you may not disclose information about a person with AIDS.

III. PROCEDURES:

For the purpose of day to day contact with the officers in the field , Patrolman Colin Campbell shall act as the Infectious Disease Control Officers. The duties for which he will be responsible include:

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1. Keeping issued prevention kits updated and resupplied as needed. Bleach solutions shall be changed every six (6) months;

NOTE: Pure bleach and additional bottles are in the evidence room. Keep away from the public , and do not use product in excess in order to prevent burns / rashes.

2. Resupply all necessary disposable gloves and other protection which may be necessary , to include the checking of Cardio-Pulmonary Resuscitation (CPR) masks located in the cruisers.

Individual officers who use the masks are responsible for advising the control officer by direct method or in written report.

3. He shall act as liaison officer between Med-Care , the Hospital and the Department.

The control officer shall immediately report to the chief any violations in respect to Policy and Procedures and failure to comply with safety requirements.

IV. GUIDELINES FOR SAFETY: UNIVERSAL PRECAUTIONS WILL BE USED

- A. Cardio-pulmonary resuscitation (CPR) masks, located in the cruisers, shall be checked by each officer at the start of a shift. Any use shall be reported, and the mask taken to the hospital for cleaning. One-way valves for replacement are available. Officers are cautioned NOT to clean the masks themselves.
- B. Before touching any body, when at unattended deaths, officers shall use their latex gloves. Deaths / Suicides where blood is present is an automatic use of gloves and mask, and / or other available protective clothing. The obvious presence of blood shall mean wearing the protective gear and shoe coverings.
- C. Combative / assaultive prisoners, after handcuffing, may be masked to prevent spitting on the officers.
- D. When conducting searches of vehicles, on drug raids searching for drugs and related materials, or any other place where unable to see possible danger, Med-Armor gloves must be worn. While searching suspects you shall use latex and Med gloves as a precaution.
- E. Gloves shall be worn during finger printing of all persons who are under arrest or who request that prints be taken. NOTE: Sergeants at the Rumford Police Department usually take finger prints, however we may have to take prints when necessary.

V. POST EXPOSURE EVALUATION / FOLLOW-UP:

Any employee who has an occupational exposure must report the exposure in writing and must be provided with appropriate medical treatment. The standard requires that several items be provided for the medical evaluation:

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1. A copy of the standard;
2. A copy of the employee's duties as they relate to the incident;
3. Report of the route of exposure and circumstances for this incident;
4. The employee's medical records including vaccination information;
5. Source blood test results if available.

A copy of the medical evaluation must be provided to the employee within fifteen (15) days of the evaluation. The medical opinion is limited to; the hepatitis B vaccination recommendation, confirmation the employee has been informed of the evaluation results, and recommendation for follow-up treatment.

- A. Skin - immediately wash any contaminated or exposed skin with a germicidal soap and rinse well with water. Apply a 1: 10 solution of household bleach and water; allow to stay on affected area at least one (1) minute; re-wash with soap and water.
CAUTION: DO NOT USE STRAIGHT BLEACH AS IT CAN CAUSE EXTREME BURNING AND IRRITATION TO YOUR SKIN. BLEACH MIXED PROPERLY WITH TEN (10) PARTS WATER WILL KILL THE AIDS VIRUS.

- B. Clothing - all clothing, that comes in contact with human blood will be laundered at:

ROY'S LAUNDROMAT
MEXICO SHOPPING PLAZA (OPEN 7 DAYS A WEEK)

Remove all blood stained clothing, place in the RED plastic bag, and tie securely. The bags are marked / tagged "CONTAINS POSSIBLE BIOHAZARDOUS MATERIALS". Clothing shall then be evaluated by medical personnel as to the feasibility of cleaning or destroying.

Any clothing that is blood covered / damaged and is not worth laundering will be put in a RED tagged bag and given to Ptl. Campbell or the Chief for disposal.

CAUTION: DO NOT ATTEMPT TO DRY CLEAN OR WASH ANY BLOOD STAINED UNIFORM.

- C. Evidence - physical evidence found at a crime scene could be contaminated with blood or body fluid and should be handled only while wearing protective gloves, using the same guidelines as previously described. To prevent leakage of wet fluids or blood, double bag and transport as soon as possible. Use caution in handling sharp objects and when searching areas hidden from view.

- D. Biohazard Waste - all waste shall be properly packaged, to prevent spill or leakage, and labeled in accordance with 29 CFR 1910.1200 (Hazard Communication Standard). Needles / sharps must not be sheared, bent, broken, recapped, or otherwise manipulated by hand. All sharps shall be disposed of in puncture-proof containers manufactured specifically for this purpose.

It is not sufficient to just drop your used gloves and paper towels in a red bag and leave them. The procedure will be:

1. Put on gloves;
2. Place soiled rags / towels, etc..., in bag;
3. Clean contaminated surfaces and objects with bleach kits, followed with soap and water;
4. Remove gloves and drop into bag;
5. Tie bag and place in box provided.

OBSERVE CRIME SCENE RULES: DO NOT TOUCH ANYTHING. Those who must come in

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contact with any blood or body fluid shall wear the issued protective masks, gloves, boots, and, if needed coveralls.

IF THERE ARE ANY QUESTIONS AS TO THE REMOVAL OR PACKAGING FOR TRANSPORTING TO THE CRIME LAB , call 1-207-624-7017.

VI. TRAINING AND EDUCATION:

Training for all employees will be conducted prior to initial assignment to tasks where occupational exposure may occur, at no cost to the employee, and additional training will be given when changes or modification of tasks occur, and/or when new procedures are added. Training for employees will include the following and an explanation of:

1. The OSHA standard for Bloodborne Pathogens;
2. Epidemiology and symptomatology of bloodborne diseases;
3. Modes of transmission of bloodborne pathogens;
4. This Exposure Control Plan, (i.e. points of the plan, lines of responsibility, how the plan will be implemented etc.);
5. Procedures which might cause exposure to blood or other potentially infectious materials at this facility;
6. Control methods which will be used at the facility to control exposure to blood or other potentially infectious materials;
7. Personal protective equipment available at this facility and who should be contacted;
8. Post Exposure evaluation and follow-up;
9. Signs and labels used at this facility;
10. Hepatitis B vaccine program at this facility.

VII. HBV VACCINATION:

All employees will be encouraged to receive the HBV vaccination series. This will be made available AT NO COST TO THE EMPLOYEE within 10 working days of initial assignment. The vaccination series will be completed in accordance with manufacturer's recommendations.

All employees who voluntarily choose to be immunized must read and sign an authorization and release form. A copy of the signed form will be kept in the employee's personal file.

If an employee chooses not to receive HBV vaccination, the employee must sign the letter of declination waiver attached to this document.

Employees who initially decline vaccination may request it at any future date. Vaccination will be given according to standard medical practice.

VIII. REPORTING PROCEDURES: Any occurring blood-borne exposure must be reported in writing, using an "Employees Report", and the shift supervisor notified. Ptl. Campbell will be contacted in the absence of the chief.

XI. DISCIPLINE: Officers who have received training on bloodborne pathogens, and fail to comply with Policies and Procedures may be subject to severe disciplinary action, to include retraining.

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**INFECTIOUS DISEASE CONTROL WAIVER
MEXICO POLICE DEPARTMENT**

NAMED: _____
PLEASE PRINT FULL NAME

"I UNDERSTAND THAT DUE TO MY OCCUPATIONAL EXPOSURE TO BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIAL, I MAY BE AT RISK OF ACQUIRING HEPATITIS B VIRUS {HBV} INFECTION. I HAVE BEEN GIVEN THE OPPORTUNITY TO BE VACCINATED WITH HEPATITIS B VACCINE, AT NO CHARGE TO MYSELF. HOWEVER, I DECLINE THE HEPATITIS B VACCINATION AT THIS TIME. I UNDERSTAND THAT 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."

NAMED: _____
SIGNATURE OF EMPLOYEE

DATE: _____

WITNESSED: _____

NOTE: This document must be kept in employees file for 30 days.
Standard appendix "A" 29 CFR 1910 . 1030 OSHA 12/06/91.

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MEXICO, MAINE 04257**

**BLOOD / BODY FLUID EXPOSURE
INCIDENT REPORT**

DATE: _____ TIME: _____

EMPLOYEE NO: _____ NAME: _____

SOC. SEC. NO: _____ JOB TITLE: _____

DATE OF EXPOSURE: _____ TIME OF EXPOSURE: _____

LENGTH EXPOSED: _____ (MINS.) INCIDENT: _____

TYPE(S) OF BODY FLUID: (Check all that apply)

BLOOD _____ SALIVA / SPUTUM _____ AMNIOTIC FLUID _____ URINE _____ FECES _____

CEREBROSPINAL FLUID _____ SYNOVIAL FLUID _____ WOUND DISCHARGE (PUS) _____

TYPE 1: MUCOUS MEMBRANE

EYE _____ MOUTH _____ NOSE _____ OTHER _____

TYPE 2: SKIN EXPOSURE

NEEDLE STICK _____ (CONTAMINATED _____ NON-CONTAMINATED _____) ECZEMA _____

PUNCTURE / INCISION _____ LACERATION / ABRASION _____ PIERCED EAR _____

OPEN SORE / LESION _____ EXPOSURE TO INTACT SKIN _____ (SEE FOLLOW-UP #3)

TYPE 3: CLOTHING

SOAKED THROUGH _____ DROPS / SPRAY _____ DRIED / CAKED _____ DILUTED _____

FOLLOW-UP ACTIVITIES:

1. If type 1 or 2 exists: Employee shall go for medical follow-up, complete both sides of this form and first report of injury report.
2. If type 2 exists: (NON-CONTAMINATED NEEDLE ONLY) Complete both sides of this form and first report of injury report (NO EXPOSURE ISSUE).
3. If type 3 exists only: (NO ASSOCIATED TYPE 1 OR 2 EXPOSURE) Complete both sides of this form and file it, review work practices to prevent a re-occurrence, and change contaminated clothes or wash as appropriate.

**MEXICO POLICE DEPARTMENT
32 MAIN STREET
MEXICO, MAINE 04257**

POST-INCIDENT INVESTIGATION

P.P.E. USED BY EXPOSED EMPLOYEE (Check all that apply)

GLOVES___ GOGGLES___ MASK___ GOWN___ JUMPSUIT___

LAB COAT___ TURNOUT GEAR___ POCKET MASK / RESUSCITATOR___

BRIEF DESCRIPTION OF EXPOSURE CIRCUMSTANCES:

PREPARER'S CONCLUSIONS:

CARELESS ERROR___ TRAINING FAILURE___ EQUIPMENT FAILURE___

UNAVOIDABLE SITUATION___

ACTION'S TAKEN:

EMPLOYEE COUNSELED / RETRAINED BY___ DATE___

EMPLOYEE / MEDICAL FOLLOW-UP SENT TO___ DATE___

MEDICAL FACILITY NAME & ADDRESS:

PAPERWORK SENT TO MEDICAL FACILITY:

COPY OF THIS FORM___ EMPLOYEE'S WRITTEN INCIDENT FORM___

EMPLOYEE'S JOB DESCRIPTION___ COPY OF STANDARD (1910 . 1030)___

EMP. RELEVANT MEDICAL RECORDS/VACCINATION STATUS___ DATE___

HEALTHCARE PROFESSIONAL'S WRITTEN OPINION___ DATE___

COPY / PROFESSIONAL'S OPINION GIVEN TO EMPLOYEE___ DATE___

REPORT CLOSED / FILED___ DATE___

PERSON COMPLETING THIS REPORT:

PRINT NAME

SIGNATURE

DATE:

CHIEF JAMES THERIAULT

PATROLMAN COLIN CAMPBELL

SERGEANT ROBERT GALLANT

PATROLMAN ANDREW COLLORA

MEXICO POLICE DEPARTMENT

INTER-OFFICE MEMORANDUM

DATE : Friday, February 19, 1999

TO: TOWN MANAGER/ SELECTMEN

FROM : CHIEF THERIAULT

SUBJECT : INFECTIOUS DISEASE CONTROL POLICY

TOWN MANAGER,

PLEASE FIND THE INFECTIOUS DISEASE CONTROL POLICY INCLOSED. I AM SUBMITTING THIS POLICY FOR YOUR REVIEW AND HOPEFULLY , WE CAN ADOPT THIS POLICY. THIS IS A STATE MANDATED POLICY THAT OUR I.D.C. OFFICER , COLIN CAMPBELL WORK LONG AND HARD TO PUT TOGETHER. AT THIS POINT, HE IS JUST THE POLICE DEPARTMENT'S I.D.C. OFFICER, BUT IF NEEDED, HE COULD COVER THE WHOLE TOWN. PLEASE REVIEW AND GET BACK TO ME.

CHIEF OF POLICE

James Theriault

DATE ADOPTED 4-12-99

SIGNED,

Arthur Bordeaux
ARTHUR BORDEAU

ROLAND ARSENAULT

Louise Waterhouse
LOUISE WATERHOUSE

Robert Lyons
ROBERT LYONS

BRIAN ELLIOTT
SELECTMEN, TOWN OF MEXICO