

ILLINOIS STATE POLICE DIRECTIVE OPS-009, BLOODBORNE PATHOGENS

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| RESCINDS: OPS-009, 2014-071, revised 10-01-2014. | REVISED: 12-20-2018 2018-035 |
| RELATED DOCUMENTS: PER-027, PER-029, PER-036 | RELATED CALEA STANDARDS: 22.3.1, 82.2.1 |

I. POLICY

The Illinois State Police (ISP) will comply with 29 CFR 1910.1030 by having properly trained employees help provide care for victims of crashes, crimes, or sudden illness, process arrestees and crime scenes, and when necessary, take precautions to avoid exposure to bloodborne pathogens or other potentially infectious materials (OPIMs).

II. AUTHORITY

OSHA Bloodborne Pathogens standard 29 CFR 1910.1030 as adopted by the Illinois Department of Labor.

III. DEFINITIONS

See Addendum 1 for the complete list of definitions.

IV. RESPONSIBILITIES

IV.A. The ISP Academy, in consultation with the Divisions, will:

IV.A.1. Provide yearly bloodborne pathogen and infectious disease training to include:

- IV.A.1.a. Universal precautions
- IV.A.1.b. Engineering and work practice controls
- IV.A.1.c. Proper use of issued personal protective equipment (PPE)

IV.A.2. Annually review precautions, controls, equipment, and training.

- IV.A.2.a. Revisions will be made as appropriate
- IV.A.2.b. Recommendations regarding PPE will be provided to the Division of Administration (DOA), Logistics Bureau, Supply Section

IV.B. The Division of Forensic Services (DFS) will specify work area procedures to be used by DFS personnel. The DFS will train crime scene and laboratory employees in appropriate work area procedures and in the use of specialized crime scene and laboratory equipment.

IV.C. The Quartermaster will provide PPE to the employee.

IV.C.1. Specialized crime scene and laboratory equipment may be issued by DFS.

IV.C.2. Equipment issued may be specific to the employee's job assignment and exposure.

IV.D. The appropriate Division will coordinate the administration and processing of payments for all employees receiving the Hepatitis B immunization.

NOTE: Each Division Colonel will appoint their own Hepatitis B Coordinator.

IV.D.1. Employees must contact their Division Hepatitis B Coordinator to facilitate the immunization.

IV.D.2. If the immunization is not prearranged through the Division Hepatitis B Coordinator, the employee will be responsible for individual payment of the immunization.

- IV.E. The Director will appoint an Agency Hepatitis B Coordinator, who will coordinate the maintenance of an accurate, confidential Hepatitis B records for each employee to include immunization and occupational exposure records. The Agency Hepatitis B Coordinator will:
 - IV.E.1. Work with Division Hepatitis B Coordinators to collect employee Hepatitis B immunization records;
 - IV.E.2. Work with the Public Safety Shared Services Center (PSSSC) to coordinate all appropriate paperwork required for any worker's compensation claims filed in response to an occupational exposure incident; and
 - IV.E.3. Obtain a written opinion from any health care professional who evaluates an employee when the employee is sent to a health care professional following an occupational exposure incident.

V. PROCEDURES

- V.A. Job classifications, tasks, and procedures in which employees may have occupational exposure to bloodborne pathogens are listed in Addendum 2.

V.B. Compliance Methods

The best preventive measures against the transmission of an infectious disease are good hygiene practices. The following precautionary practices are recommended:

- V.B.1. Universal precautions will be observed by employees to prevent contact with blood or OPIMs.
 - V.B.1.a. All contaminated material will be considered infectious despite the perceived status of the source individual.
 - V.B.1.b. Engineering and work practice controls will be used to eliminate or minimize exposure to employees.
 - V.B.1.c. PPE will be used when occupational exposure remains after institution of engineering and work practice controls.
 - V.B.1.d. Bandage all open wounds while at work. Change bandages that become wet or soiled. This action will help prevent an infectious disease being transferred by an infected person's blood or body fluids contacting an open wound.
- V.B.2. Employees should not blindly place hands in areas where there may be sharp objects that may puncture the skin.
 - V.B.2.a. Great care should be taken while searching arrestees and vehicles.
 - V.B.2.b. Flashlights or other suitable illumination devices should be used to illuminate any hidden area.
 - V.B.2.c. If hypodermic syringes or other sharp objects are found, employees should not bend, recap, remove, shear, or purposely break the item unless specifically required by the procedure.
 - V.B.2.c.1) If required, a one-handed technique or mechanical device, such as pliers, will be used.
 - V.B.2.c.2) Hypodermic syringes and other sharp objects should be properly secured in a puncture resistant safety container.
- V.B.3. Hand-washing facilities will be available at all work-sites.
 - V.B.3.a. Employees will wash hands and any other potentially contaminated skin area immediately (or as soon as possible) after removal of personal protective gloves.
 - V.B.3.b. Medically approved antiseptic hand cleanser or antiseptic towelettes are also suggested for disinfecting wounds and cleaning body surfaces.

- V.B.4. Employees incurring exposure to their skin or mucous membranes will wash or flush the affected areas with water as soon as possible following contact.
 - V.B.4.a. Away from a work-site, employees will use disinfectant/viricide issued for this purpose.
 - V.B.4.b. When antiseptic hand cleaners or disinfectant/viricide substances are used, hands will be thoroughly washed with soap and water as soon as possible.
 - V.B.4.c. Protective surgical masks are included with the PPE to safeguard employees against various airborne pathogens.
 - V.B.4.c.1) Personnel noting signs and symptoms of airborne infections should wear a protective mask.
 - V.B.4.c.2) A mask should also be applied to the suspected infected person(s), to protect others around them.
 - V.B.4.d. Employees should be aware of Methicillin-Resistant Staphylococcus Aureus (MRSA) or staph infection resistant to antibiotics.
 - V.B.4.d.1) Infections may appear as pimples, boils, or red swollen skin containing pus or other drainage.
 - V.B.4.d.2) Employees should take body substance isolation (BSI) precautions for suspected MRSA and follow universal engineering controls.
 - V.B.4.d.3) Employees should bandage seeping wounds and frequently hand wash.
- V.B.5. Disposition of contaminated equipment and evidence.
 - V.B.5.a. Disposal and decontamination of PPE will be as prescribed in department bloodborne pathogen training.
 - V.B.5.b. Handle potentially contaminated laundry as little as possible.
 - V.B.5.b.1) Place it in bags labeled "BIOHAZARD" at the location where it was used.
 - V.B.5.b.2) Employees handling potentially contaminated laundry will use PPE.
 - V.B.5.b.3) Potentially contaminated laundry will be taken to a commercial laundry or cleaning establishment for processing. Whenever contaminated laundry is wet and presents a reasonable likelihood of soaking through or leaking from the bag or container, the laundry will be placed and transported in bags or containers that prevent soak-through and/or leaking of fluids to the exterior.
 - V.B.5.b.4) An itemized receipt will be obtained and provided for reimbursement of costs.
 - V.B.5.c. All objects contaminated by blood or other bodily fluids will be removed as soon as possible.
 - V.B.5.d. All PPE will be removed before leaving the work area.
 - V.B.5.e. Bandages, wrappers, gloves, and other material to be disposed of may be left with another emergency agency at the scene for disposal or placed in a biohazard labeled bag and disposed of as biohazard waste.

NOTE: Materials should not be left at the scene.
 - V.B.5.f. Laboratory personnel will be provided appropriate puncture-resistant containers for sharp objects.
 - V.B.5.f.1) These containers will be leak-proof, closable, and properly labeled or color-coded according to the standard.
 - V.B.5.f.2) Officers will properly package sharp objects in a puncture resistant container.

- V.B.5.g. Regulated waste, other than sharp objects, will be placed in bags labeled "BIOHAZARD" and disposed of as regulated, contaminated waste.
 - V.B.5.g.1) Unless it is a free-flowing liquid, biohazard waste may be disposed of in the same manner as regulated waste.
 - V.B.5.g.2) If it is a free-flowing liquid, contact a First Responder Instructor or the Emergency Medical Services (EMS) Training Coordinator at the Academy for proper disposal instructions.
- V.B.5.h. Evidence will be packaged to prohibit leakage of potentially infectious materials.
 - V.B.5.h.1) Potentially infectious evidence will be labeled "BIOHAZARD."
 - V.B.5.h.2) Warning labels will be affixed to containers of regulated waste such as refrigerators and freezers containing blood and other potentially infectious materials.
 - V.B.5.h.3) Red bags or red containers may be substituted for labels.
- V.B.5.i. Contaminated department vehicles and other equipment should be disinfected by a generally accepted method approved for use by the Department including soap and water, a solution of one (1) part household bleach combined with nine (9) parts water, or other recommended disinfectant.
 - V.B.5.i.1) If transporting a prisoner, especially one who may have an open cut or lesion, the officer may elect to place a rubber or plastic sheet on the squad car seat before transport.
 - V.B.5.i.2) A First Responder Instructor or the EMS Coordinator should be consulted if there are any questions.
- V.B.6. In work areas where there is a reasonable likelihood of exposure to blood or OPIMs, employees will not eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages will not be kept in refrigerators, freezers, shelves, cabinets, or counter or bench-tops where blood or OPIMs are present.
- V.B.7. Pipetting/suctioning by mouth of blood or OPIM is prohibited.
- V.B.8. All procedures will be conducted in a way that will minimize splashing, spraying, spattering, and generation of droplets of blood or OPIMs.
- V.B.9. All spills will be immediately contained and cleaned up by personnel properly trained and equipped to work with potentially infectious materials.
- V.C. Exposure Incidents
 - V.C.1. Whenever an exposure incident occurs in the course of employment, the employee will report it to the immediate on-duty supervisor and complete the appropriate documentation as described within ISP Directive PER-029, "Workers' Compensation."
 - V.C.2. The employee's supervisor will:
 - V.C.2.a. Arrange for any necessary medical treatment or consultation.
 - V.C.2.a.1) If exposure to Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), or other potentially infectious disease is suspected, an immediate blood test will be conducted with the employee's consent, followed by further tests at six weeks, three months, six months, and 12 months following an incident at no cost to the employee.
 - V.C.2.a.2) The source individual's blood will be tested as soon as feasible and after consent is obtained in order to determine HIV, HBV, or other potentially infectious disease infectivity. If necessary, a court order

can be obtained for a blood draw of a subject to test for HIV if an officer is exposed.

V.C.2.b. Report the exposure incident to the designated workers' compensation administrator (TriStar at 855-495-1554), obtain a workers' compensation case number, and ensure that the proper paperwork as described within ISP Directive PER-029, "Workers' Compensation," is completed.

V.C.2.c. Complete an Incident Report, ISP 5-178 (this document is available in the ISP Document Library at <http://maphome/documentlibrary/>) using the appropriate reporting medium (paper, ISP report software), documenting the exposure incident. On this form the supervisor will also evaluate the incident and make recommendations for corrective action such as:

- V.C.2.c.1) Retraining or additional training
- V.C.2.c.2) Additional PPE, replacement of PPE, or improvement of PPE
- V.C.2.c.3) Changes in procedures, packaging, or policy

V.C.2.d. The supervisor will forward all documentation to the PSSSC with a copy of the form/report being routed through the chain-of-command. This action is for the purpose of filing workers' compensation claims.

V.C.2.e. The PSSSC will forward a copy of all appropriate paperwork to the Agency Hepatitis B Coordinator for the purpose of keeping an employee's confidential exposure record with their Hepatitis B vaccination record.

V.D. Interaction with Health Care Professionals

V.D.1. A written opinion will be obtained by the Agency Hepatitis B Coordinator from the health care professional who evaluates an employee when the employee is sent to a health care professional following an exposure incident.

V.D.2. Health care professionals will be instructed to only disclose the following information in their written opinion to the Division:

- V.D.2.a. Whether the Hepatitis B vaccine was indicated.
- V.D.2.b. Whether the employee received the vaccine.
- V.D.2.c. Whether the employee was informed of the results of the evaluation.
- V.D.2.d. Whether the employee was told about any medical conditions resulting from exposure to blood or OPIMs. The written opinion to the employer will not reference any personal medical information.

V.E. Training

Training for all employees will be conducted before initial assignment to tasks where occupational exposure may occur.

V.E.1. The Academy will maintain a current lesson plan for instructors and students that reflects Illinois Department of Labor requirements and department needs. The Academy will maintain instructor qualifications and will include the training in the Cadet Basic Curriculum.

V.E.2. Other new or transferred employees will receive the training before commencing their duties.

- V.E.2.a. Supervisors are responsible for arranging this training.
- V.E.2.b. Supervisors will coordinate with the Academy to locate available training and instructors.

V.E.3. All affected employees will receive annual bloodborne pathogen refresher training once each year. This training may be conducted with the required First Responder Medical Update Training.

V.F. Hepatitis B Prevention

- V.F.1. All employees identified as having occupational exposure will be offered the Hepatitis B vaccine at no cost to the employee.
 - V.F.1.a. The vaccine will be offered within ten working days of their initial assignment unless the employee has previously received the vaccine or provides proof of immunity.
 - V.F.1.b. Employees desiring the Hepatitis B vaccine should contact, through their chain-of-command, the Division Hepatitis B Coordinator to facilitate this process.
- V.F.2. Employees who decline the vaccine will sign the Hepatitis B Vaccine Declination form ISP 2-374 (this form is available from the Hepatitis B Coordinator) and forward it through their chain of command to the Agency Hepatitis B Coordinator.
- V.F.3. Hepatitis B antibody testing will not be provided for an employee who has not reported an exposure incident.
- V.F.4. The Division Hepatitis B Coordinator will coordinate administration of the vaccine to include the processing of payments for all employees. The Division Hepatitis B Coordinator will forward a copy of all Hepatitis B Vaccine records to the Agency Hepatitis B Coordinator.
- V.F.5. The Academy will ensure Cadets receive the immunization offer and, if requested, provide the three-series vaccination during basic training. The Academy Hepatitis B Coordinator will coordinate the Hepatitis B immunizations. The Academy Hepatitis B Coordinator will forward a copy of all Hepatitis B Vaccine records to the Agency Hepatitis B Coordinator.

V.G. Records

- V.G.1. The Academy will maintain records of persons trained, the dates of the training sessions, the contents of the sessions, the names and qualifications of persons conducting the training, and the names and job titles of persons attending training. Training records will be retained as a part of the employee's permanent training record.
- V.G.2. The Agency Hepatitis B Coordinator will maintain a record for each employee. Each individual employee record will consist of the employee's Hepatitis B vaccination status and the report of and the pertinent medical documentation from each reported exposure incident.
- V.G.3. All medical records will be kept confidential and will not be disclosed without the employee's express written consent except as may be required by law.
- V.G.4. The records will be retained for at least the duration of employment plus 30 years.

| Indicates new or revised items.

-End of Directive-

**ILLINOIS STATE POLICE DIRECTIVE
OPS-009, BLOODBORNE PATHOGENS
ADDENDUM 1, DEFINITIONS**

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| RESCINDS: OPS-009, Addendum 1, 2014-071, revised 10-01-2014. | REVISED: 12-20-2018 2018-035 |
| RELATED DOCUMENTS: PER-027, PER-029, PER-036 | RELATED CALEA STANDARDS: 22.3.1, 82.2.1 |

- A. Blood - human blood, human blood components, and products made from human blood.
- B. Bloodborne Pathogens - pathogenic microorganisms present in human blood that can cause disease in humans. These pathogens include (but are not limited to) Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).
- C. Body Substance Isolation (BSI) - *all* exposures to body fluids, under any circumstances, are potentially infectious and personnel must use caution to isolate the body from the potentially infectious substance through any available method, including the use of personal protective equipment.
- D. Contaminated - presence or reasonably anticipated presence of blood or other potentially infectious materials.
- E. Contaminated Laundry - laundry soiled with blood or other potentially infectious materials or that may contain sharp objects.
- F. Decontamination - using physical and/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.
- G. Exposure Incident - a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from an employee's duties.
- H. Hand-washing Facilities - a facility providing an adequate supply of running potable water, soap, and single use towels or hot air drying machines.
- I. Occupational Exposure - reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
- J. Other Potentially Infectious Material (OPIM):
 - 1. Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva, and any body fluid contaminated with blood; all body fluids in situations where it is difficult or impossible to differentiate between body fluids
 - 2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead)
 - 3. 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
- K. Personal Protective Equipment (PPE) - specialized clothing or equipment such as protective gloves made of latex or non-latex material (The Division of Forensic Services recommends gloves made of nitrile as the safest substance for gloves) providing a protective barrier which will not allow fluids to contact skin. Glasses, goggles, or a protective vision shield and face mask 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 PPE. Protective garments re-issued with PPE equipment.
- L. Regulated Waste - liquid or semi-liquid blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharp objects, and pathological and microbiological wastes containing blood or other potentially infectious materials.

- M. Sterilize - the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
- N. Universal Engineering Controls - engineering and work practice controls are the primary methods used to control the transmission of HBV and HIV by reducing employee exposure in the workplace by removing the hazard or isolating the worker from exposure. For example, placing needles in special protected containers, good housekeeping, proper clean up using disinfectants, and proper hand-washing facilities are engineering controls.
- O. Universal Precautions - the approach to infection control that treats all human blood and certain human body fluids as if known to be infectious for HIV, HBV, and other bloodborne pathogens.
- P. Work Practice Controls - 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).

-End of Addendum-

**ILLINOIS STATE POLICE DIRECTIVE
OPS-009, BLOODBORNE PATHOGENS
ADDENDUM 2, JOB CLASSIFICATIONS**

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| RESCINDS: OPS-009, Addendum 1, 2014-071, revised 10-01-2014. | REVISED: 12-20-2018 2018-035 |
| RELATED DOCUMENTS: PER-027, PER-029, PER-036 | RELATED CALEA STANDARDS: 22.3.1, 82.2.1 |

- A. Job classifications in which all employees have occupational exposure to bloodborne pathogens:
1. All sworn personnel, including Inspectors and Internal Security Investigators
 2. Personnel assigned to the Division of Forensic Services (DFS) designated by the Colonel of DFS
 3. Truck Weight Inspectors
- B. Code job classifications in which some employees have occupational exposure to bloodborne pathogens:
1. Personnel assigned to the DFS designated by the Colonel of DFS (i.e. Forensic Scientists, Evidence Technicians)
 2. Employees of the Office of Inspection and Audits assigned to field audit/review activities
 3. Other employees with occupational exposure as determined by the employee's Colonel
- C. Tasks and procedures (or groups of tasks and procedures) in which occupational exposure occurs include but are not limited to:
1. Evidence collection, storage, transport, inspection, or analysis
 2. Handling contaminated equipment, clothing, or materials
 3. Laboratory tests of human blood or evidence contaminated with human blood, blood products, or other potentially infectious material
 4. Handling, processing, and analyzing body parts and fluids
 5. Autoclaving
 6. Handling and analyzing contaminated fingerprints and documents
 7. Handling pipettes and other such equipment
 8. Centrifuging
 9. Handling, collecting, and emptying garbage
 10. Blood spatter test
 11. Cleaning spills
 12. Cleaning and decontaminating work areas, vehicles, equipment, clothing, and other materials
 13. Providing First Responder services
 14. Processing prisoners
 15. Rescue operations
 16. Crowd control details
 17. Physical training and defensive tactics training
 18. Image enhancement

| Indicates new or revised items.

-End of Addendum-