Louisville Metro Police Department

Standard Operating Procedures	SOP Number: 12.2
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Chapter: Special Response	Accreditation Standards: KACP: 29.1, 29.2, 29.3, 29.4
Subject: Exposure Control and Bloodborne Pathogens	

12.2 EXPOSURE CONTROL AND BLOODBORNE PATHOGENS (KACP 29.1a)

12.2.1 POLICY

Louisville Metro Police Department (LMPD) members must perform their duties in the safest and most effective manner possible. Life-endangering, communicable diseases threaten the safe performance of daily operations. In order to minimize a potential exposure and increase the understanding of the nature and potential risks of communicable diseases, the department will continuously provide members with up-to-date procedures and information on communicable diseases and will provide the proper safety equipment.

The Exposure Control Plan will meet all mandatory federal regulations. Its purpose is to eliminate or reduce a member's exposure to blood, bodily fluids, and other potentially infectious materials (OPIM). It will be available in each division/section/unit and accessible to all members on a 24-hour basis.

12.2.2 DEFINITIONS

Blood: Human blood, human blood components, and products made from human blood.

Bloodborne Pathogens: Pathogenic 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), Hepatitis C Virus (HCV), and human immunodeficiency virus (HIV).

Body Substance Isolation: Formerly known as "universal precautions." All individuals should be considered as possible exposure threats for bloodborne or airborne pathogens and should be approached and treated using the appropriate procedures and personal protective equipment (PPE).

Contaminated: The presence, or the reasonably anticipated presence, of blood or other potentially infectious materials (OPIM) on an item or surface.

Contaminated Clothing: Clothing that has been soiled with blood or other OPIM, or clothing that may contain sharps.

Contaminated Sharps: Any contaminated object that can penetrate the skin, including, but not limited to, needles, knives, broken glass, and the exposed ends of dental wires.

Decontamination: The use of physical or chemical means to remove, neutralize, 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.

Exposure Incident: A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood, or OPIM, that result from the performance of a member's duties. Non-intact skin includes skin with dermatitis, hangnails, cuts, abrasions, and chafing.

12.2.2 DEFINITIONS (CONTINUED)

HIV Post-Exposure Prophylaxis (PEP): A preventive medical treatment that, when administered immediately after exposure to an HIV-positive source, will significantly reduce the risk of contracting HIV.

Occupational Exposure: Reasonably anticipated eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood, or OPIM, that may result from the performance of a member's duties.

Other Potentially Infectious Materials (OPIM): The following human body fluids will be considered OPIM:

- Any bodily fluids such as semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, or saliva;
- Any unfixed tissue or organ (other than intact skin) from a human (living or dead);
- Any cell, tissue, or organ cultures containing pathogens;
- Any culture medium or other solution containing pathogens; or
- Any blood, tissues, or organs from experimental animals infected with HIV, HBV, HCV, or other pathogens.

Parenteral: Piercing mucous membranes or skin barriers through such events as needle sticks, human bites, cuts, and abrasions.

PEP Medication Lockbox: A secure medical cabinet located in each of the eight (8) patrol divisions that is used for the storage of PEP medication.

Personal Protective Equipment (PPE): Specialized clothing, or equipment, worn by a member for protection against a hazard. Generally, work clothes (e.g., uniforms, pants, shirts) are not intended to function as protection from a hazard and will not be considered PPE.

Regulated Waste: Liquid, or semi-liquid, blood or OPIM and/or contaminated items that are soaked or caked in blood or OPIM which, if handled or compressed, may release these materials, pathological and microbiological wastes containing blood or OPIM.

12.2.3 EXPOSURE DETERMINATION

The following chart serves as an assessment for all job classifications within the department for occupational exposure to bloodborne pathogens:

12.2.3 EXPOSURE DETERMINATION (CONTINUED)

Job Classification	Risk Level for Occupational Exposure		
	High	Moderate	Low
Chief of Police		X	
Deputy Chief - Colonel		X	
Assistant Chief – Lieutenant Colonel		X	
Major		X	
Captain		X	
Lieutenant	X		
Sergeant	X		
Officer/Detective	X		
Special Police	X		
Part-Time Officer	X		
Recruit		X	
Academic Director			X
Administrative Assistant			X
Administrative Assistant S3			X
Administrative Clerk			X
Administrative Coordinator			X
Administrative Secretary			X
Administrative Specialist			X
Chaplain		X	
Civilian Investigator			X
Clerk Typist II			X
Compliance Coordinator			X
Crime Center Manager			X
Crime Center Supervisor			X
Crime Scene Unit (CSU) Technician I	X		
Crime Scene Unit (CSU) Technician Trainee	X		
Criminal Justice Specialist			X
Criminal Justice Supervisor			X
Curriculum Development Coordinator			X
Digital Forensics Specialist			X
Equity & Diversity Manager			X
Equity & Diversity Specialist			X
Executive Administrator			X
Executive Assistant			X
Firearms and Toolmark Examiner		X	
Firearms Instructor		X	

12.2.3 EXPOSURE DETERMINATION (CONTINUED)

Job Classification	Risk Level for Occupational Exposure		
	High	Moderate	Low
Grants Coordinator			X
Grant Writer			X
Group Violence Victimology Specialist			X
Firearm Technician		X	
Information Processing Technician			X
Information Processing Technician II			X
Information Systems Supervisor			X
Keeper I			X
Latent Fingerprint Technician		X	
Licensed Counselor – Police		X	
Licensed Psychologist – Police		X	
LMPD Service Center Technician			X
Management Assistant			X
Marketing Manager			X
National Integrated Ballistic Information Network (NIBIN) Technician		X	
Non-sworn Rotorcraft Pilot		X	
Open Records Specialist			X
Performance Analyst			X
Personnel Coordinator			X
Personnel Specialist			X
Photographer Technician			X
Police Data Analyst			X
Police Performance Auditor			X
Police Report Technician (PRT)		X	
Polygraph Technician			X
Property Room Clerk		X	
Property Room Clerk Trainee		X	
Property Room Supervisor		X	
Public Information Specialist			X
Records Manager			X
Records Supervisor I			X
Records Supervisor II			X
Statistical Research Analyst			X
Storage Equipment Operator		X	
Strategic Criminal Intelligence Analyst			X
Systems Analyst			X

12.2.3 EXPOSURE DETERMINATION (CONTINUED)

Job Classification	Risk Level for Occupational Exposure		
	High	Moderate	Low
Tactical Criminal Intelligence Analyst			X
Technology Program Manager			X
Tow-In Equipment Operator		X	
Traffic Control Officer II			X
Traffic Guard I, II, and III			X
Traffic Guard Supervisor			X
Training Academy Instructor	X		
Vehicle Impoundment Supervisor			X
Vehicle Impoundment Supervisor II			X
Victim Services Specialist I		X	
Victim Services Specialist II		X	
Victim Services Supervisor		X	
Video Forensics Specialist		X	
Videographer		X	
Word Processing Clerk			X

Departmental members can reasonably anticipate coming into contact with human blood and OPIM in the course of their duties. Incidents that involve a significant risk of exposure include, but are not limited to, the following situations:

- Responding to assaults
- Conducting corpse investigations
- Aiding injured/sick persons
- Responding to injury accidents
- Handling intoxicated persons
- Conducting crime scene searches
- Handling evidence
- Aiding in child birth
- Arresting and searching individuals
- Handling mental patients
- Serving search warrants

12.2.4 BODY SUBSTANCE ISOLATION

Body substance isolation, formerly known as “universal precautions,” will be observed in order to prevent contact with blood or OPIM. Departmental members will treat human blood, body fluids, and OPIM as if they are known to be infectious for bloodborne pathogens. Therefore, eating, drinking, smoking, applying cosmetics/lip

12.2.4 BODY SUBSTANCE ISOLATION (CONTINUED)

balm, or handling contact lenses are prohibited in areas where a reasonable likelihood of contamination is present (KACP 29.1d).

In circumstances where it is difficult, or impossible, to differentiate between fluid types, members will assume that the fluid is potentially infectious and use the appropriate level of PPE. When in doubt, members will use the maximum protection.

Under rare and extraordinary circumstances, a member may decline to use PPE. In such situations, it must be the member's professional judgment that the use of PPE would have prevented the delivery of healthcare or would have posed an increased hazard to their, or another's, safety. Exceptions to the use of PPE are limited.

However, when such an exposure incident occurs, the member's immediate supervisor will complete the portion of the Exposure Report form (LMPD #04-08-0303) that documents why PPE was not used and suggest possible changes in policy that might prevent similar, future incidents.

12.2.5 PERSONAL PROTECTIVE EQUIPMENT (PPE)

Supply (KACP 29.1c)

The department will provide PPE to all members with a moderate, or high, occupational exposure and will repair, replace, and dispose of the PPE, as required, at no cost to the member. Commanding officers and supervisors will provide each member with a moderate, or high, occupational exposure with the required PPE and the necessary replacement items. The failure of a member to use PPE due to its unavailability is unacceptable. Each member with a moderate, or high, occupational exposure will have the following readily available:

- Nitrile (non-latex) gloves
- Outer garments
- Shoe covers
- Eye protection
- Biohazard tape
- Paper dust mask
- Plastic mouthpieces or other authorized barrier resuscitation devices (cardiopulmonary resuscitation (CPR) mask)
- Full-face negative pressure air purifying respirator
- Heavy-duty, utility-style leather gloves
- Puncture/cut resistant gloves
- Head cover
- Antiseptic wipes or hand cleaner
- Biohazard bag
- Sharps container
- Medical trauma kit
- Spit sock hood

12.2.5 PERSONAL PROTECTIVE EQUIPMENT (CONTINUED)

Medical Trauma Kit

The medical trauma kit is a compact kit that contains the items that are essential for the treatment of serious injuries which are encountered by law enforcement. The medical trauma kit is compact and should be stored in the glove box of the member's vehicle when not deployed, unless a tactical situation dictates otherwise. The medical trauma kit is packed in a heavyweight re-sealable bag, allowing for the easy replacement of individual kit items. Kit components can also be periodically inspected without damaging the integrity of the packaging.

Contents of the medical trauma kit include:

- Special Operations Forces (SOF) tactical tourniquet.
- Modular bandage, consisting of:
    - Three (3) meters of sterile four (4)-ply gauze.
    - Plastic occlusive sheet included in dressing pocket.
    - Transparent pressure cup that focuses pressure on the wound and acts as an eye cup for the treatment of eye injuries.
- One (1) pair of nitrile gloves.
- Two (2) EZ-Gauze.

If the contents are used and/or need to be replaced, the member will contact a Health and Safety Officer (HSO) for replacement.

Storage (KACP 29.4)

Members who are assigned PPE will store the equipment in a readily accessible area of their vehicle. Plastic mouthpieces or other authorized barrier resuscitation devices (CPR masks) and medical trauma kits will be stored in the glove box of the vehicle for easy access. If members work primarily in a building (e.g., Evidence and Property Unit (EPU) personnel), PPE will be stored in a readily accessible area at the workplace.

Inspection, Maintenance, and Replacement

Members are responsible for continually inspecting their issued PPE for damage (e.g., tears, rips, cracks, etc.). If an article of PPE is damaged or has been used, the member will notify their supervisor and respond to their division/section/unit for replacement. Each division/section/unit is responsible for ordering its own PPE and maintaining an adequate supply, as needed, for replacement. If a division/section/unit does not have an adequate supply of PPE or it is unavailable for replacement, members will obtain a replacement from the EPU. Replacement supplies for the medical trauma kit, plastic mouthpieces or other authorized barrier resuscitation devices (CPR masks), and spit sock hoods are available from an HSO.

12.2.5 PERSONAL PROTECTIVE EQUIPMENT (CONTINUED)

Use of PPE

The type and amount of PPE used will be considered appropriate only when it prevents the member from coming into contact with blood or OPIM, under normal conditions and durations of use. At a minimum, the following procedures should be followed:

- Disposable gloves, two (2) gloves on each hand (double glove), should be worn when handling any persons, clothing, equipment, or item contaminated with blood or OPIM. Nitrile gloves may leak and double gloving can prevent blood, or OPIM, from reaching the skin.
- Masks, in combination with eye protection, should be worn whenever the possibility of splashes, spray, spatter or droplets of blood, or OPIM, exists.
- Protective outer garments should be worn whenever the possibility of an exposure may occur, based upon the task to be performed.
- Shoe covers should be worn at scenes with gross contamination on the floor or ground.
- Head covers should be worn whenever the possibility of splashes, spray, spatter or droplets of blood, or OPIM, may come into contact with the head or scalp.
- Plastic mouthpieces or other authorized barrier resuscitation devices (CPR masks) should be used whenever a member performs CPR or rescue breathing.
- Biohazard bags should be used to dispose of used PPE and all waste products from cleaning and decontamination.
- Biohazard tape should be used to warn individuals when a scene or item (e.g., vehicle, room, house) is contaminated. When securing crime scenes, biohazard tape should only be used to rope off the contaminated area. Yellow police tape should be used to secure the perimeter.
- Members are responsible for properly disposing of any PPE that they have used. Used PPE should not be left at a crime scene, accident scene, or at any other location. Prior to reopening a crime scene or accident scene, personnel from the unit that is responsible for the investigation should check the scene and properly dispose of any used PPE.

Removal and Disposal of PPE

PPE should be removed, as soon as feasible, upon leaving the scene of contamination. If the PPE was contaminated, it should be placed in a leak-proof biohazard bag and closed (KACP 29.1f). The bag should be taken to the biohazard decontamination station, either at the member's division or at the EPU. If CSU personnel are available, the bag may be taken to the biohazard disposal container inside of the CSU.

Caution should be taken when removing contaminated PPE to prevent the spread of contamination to exposed skin and clothing. Clean nitrile gloves should be worn when removing or cleaning contaminated PPE.

12.2.6 HANDWASHING

Members should wash their hands for at least 15 seconds, with soap and hot water, upon removal of gloves and other PPE. Members should wash their hands, and any other exposed skin, with soap and hot water, or flush mucous membranes with water immediately, or as soon as possible, following the contact of such body areas

12.2.6 HANDWASHING (CONTINUED)

with blood or OPIM. Handwashing facilities are located in each division, Police Headquarters, the EPU, and the CSU office.

When handwashing is not feasible, an appropriate antiseptic hand cleanser, in conjunction with a clean cloth, paper towels, or antiseptic wipes, should be used (KACP 29.1c). Hands should then be washed with soap and hot running water as soon as practical.

12.2.7 DECONTAMINATION

All equipment (including the outside surfaces of police vehicles, handcuffs, batons, etc.) should be cleaned and decontaminated after contact with blood or OPIM. Decontamination should be performed as soon as practical. Work surfaces (e.g., processing areas) should be decontaminated with an appropriate disinfectant before and after use (KACP 29.1e).

All waste products from cleaning and decontamination should be placed in a biohazard bag, closed, and taken to the biohazard decontamination station at the member's division, the EPU, or the biohazard disposal container inside of the CSU, if CSU personnel are available.

Vehicles

Any vehicles, whether government or civilian, that contain blood or OPIM should be clearly marked with biohazard tape so as to inform anyone who will have contact with the vehicle of the necessity to use PPE. Biohazard tape may be obtained from the EPU. Whenever possible, officers should contact Emergency Medical Services (EMS) to treat, clean, and bandage a potentially contaminated prisoner prior to placing them in their vehicle, or before taking them into a police facility, in order to avoid contamination of these locations. This decision should be made after considering escape and public or officer health and safety risks.

The interior of police vehicles should be cleaned and decontaminated after transporting any person who may have contaminated the vehicle. Members should decontaminate the vehicle before transporting another person. Small amounts of blood and OPIM may be cleaned using antiseptic wipes. Larger areas of contamination should be cleaned by absorbing the contaminating substance with paper towels, then washing the area with hot soapy water, and lastly, using antiseptic spray or wipes on the affected area. All waste products used in cleaning and decontamination of a vehicle should be placed in a biohazard bag, closed, and taken to the biohazard decontamination station at the member's division, the EPU, or the biohazard disposal container inside of the CSU, if CSU personnel are available.

If a member's vehicle is severely contaminated, it should be clearly marked with biohazard tape. After receiving approval from the division/section/unit commander, the vehicle should be taken to a facility that is contracted by the department for complete detailing and decontamination.

If a member who is performing mechanical maintenance, or repairs, to a departmental vehicle discovers that a vehicle is contaminated, they should cease work immediately and notify the member who is responsible for

12.2.7 DECONTAMINATION (CONTINUED)

the vehicle that the vehicle must be decontaminated. Work on the vehicle should not be resumed until decontamination is complete.

Uniforms (KACP 29.1f)

All members with a moderate, or high, occupational exposure risk level are required to maintain a complete change of clothes in their vehicles or at their assigned division/section/unit.

Contaminated clothing should be removed as soon as practical. If the clothing cannot be removed at the scene, the member should immediately go to their division/section/unit to remove it. The member should wash any affected areas of the body with soap and water. The member should place the contaminated items in a biohazard bag, close the bag, and label it with their name and a brief description of the contents. They should then deliver the bag to the EPU for laundering or disposal. Contaminated clothing will not be taken home under any circumstances.

Evidence

Any evidence that is contaminated with body fluids should be dried, bagged, and marked as a possible hazard. Any item that is not yet dry should be collected by the CSU or transported to the CSU office to be dried prior to being placed in the EPU. Wet items should be transported in leak-proof containers to prevent leak-through contamination. Needles and other sharps should be placed in a puncture-resistant container when being collected for evidentiary purposes (KACP 29.1c).

12.2.8 SHARPS

All sharp instruments, such as knives, razors, needles, and broken glass, should be considered contaminated. Leather gloves should be worn when searching for, or handling, sharp instruments. Nitrile gloves should be worn under the leather gloves when blood, or other body fluid, is present. Members should not place their hands in areas where sharp instruments might be hidden. An initial visual search of the area should be conducted.

When lighting is inadequate, a flashlight should be used to illuminate dark areas. When searching suspects, a member may ask the suspect to remove such objects from their person. Broken glass, which may be contaminated, should not be picked up by hand, but by mechanical means such as tongs, forceps, or a brush and dustpan. Needles should not be recapped, bent, broken, removed from a disposable syringe, or otherwise manipulated by hand. The shearing or breaking of contaminated needles is prohibited. A puncture-resistant container should be used when collecting needles and other sharps for evidentiary or disposal purposes (KACP 29.1c).

12.2.9 REGULATED WASTE

Storage (KACP 29.3d)

Warning labels should be affixed to secured containers (e.g., refrigerators, freezers) of regulated waste. Furthermore, a biohazard label should be affixed to evidence or other property contaminated with human blood or OPIM. The label should be affixed as close as possible to the item in such a manner as to prevent loss or unintentional removal. On evidence envelopes, the label should be affixed to the face along the right-front edge.

Food and drink will not be stored in the same location (e.g., refrigerators, shelves) as blood or OPIM.

Disposal

The EPU, as well as divisions/sections/units equipped with decontamination stations, is responsible for the disposal of regulated waste.

Contaminated sharps should be placed in containers that are (KACP 29.1c):

- Closable;
- Puncture resistant;
- Leak-proof on the sides and bottom; and
- Appropriately labeled (KACP 29.3a).

Other regulated waste should be placed in containers that are:

- Closable;
- Constructed to contain all contents and prevent leakage of fluids during handling, storage, transporting, or shipping; and
- Appropriately labeled (KACP 29.3a).

12.2.10 HEPATITIS B VACCINATIONS

Within ten (10) working days of initial assignment to a job classification, the department will make the Hepatitis B vaccination series available to members who have a moderate, or high, occupational exposure risk level. This will exclude members who have received the complete Hepatitis B vaccination series and whose antibody testing has revealed that the member is immune. If a vaccine is contraindicated for medical reasons, members may decline the vaccination (KACP 29.1c).

Pre-vaccination screening for antibody status is not required for participation. However, it is available at no cost to the member. The vaccination series will be available even if the member declines prescreening.

Members who decline to accept the Hepatitis B vaccination will sign the Hepatitis B Vaccination Declination form (LMPD #04-07-0301).

12.2.10 HEPATITIS B VACCINATIONS (CONTINUED)

If a member initially declines the Hepatitis B vaccination, but at a later date, while still covered by this policy, decides to accept the vaccination, the department will make the Hepatitis B vaccination available at that time. Concentra Occupational Health Centers, located at 901 West Broadway, should be contacted at (502) 584-2257 to begin participation.

12.2.11 INFESTATIONS

Bed Bugs

There may be instances where members will encounter scenes with bed bug infestations. In such cases, members will use complete PPE covering their shoes, extremities, and torso. After exiting the exposed environment and before getting in their vehicle, members will remove the PPE, place it in a biohazard bag, and seal the bag. The member will discard the bag into an outside trash receptacle. Members should be careful when leaning over suspects, patients, and/or other items, as bed bugs crawl. Members should not sit on upholstered furniture and never place equipment on anything upholstered. If anything must be brought into the scene, members should use a plastic lining on the surface of a chair or table before placing items down. Before getting into their vehicle, members will check the crevices of anything brought into the environment, especially phones, computers, equipment, clothing, and shoes. Members should wipe down or spray exposed items with alcohol or other disinfectant, which kills live bed bugs on contact. Alcohol does not kill bed bug eggs, but as bed bugs only move by crawling, and eggs do not crawl, they are not an issue for contamination.

For all incidents of bed bug infestations, members will have MetroSafe immediately page an LMPD HSO as soon as they suspect that bed bugs may be present.

Fleas

Fleas are blood-sucking parasitic insects that live on pets, livestock, and humans. They are small, one (1) to four (4) millimeters (mm) in length, and blackish-brown in color. Although wingless, fleas are still capable of taking giant leaps, jumping to a height of several meters. Adult fleas feed on only blood and are capable of living long periods without feeding. The flea injects allergenic saliva after piercing the skin with its mandibles. The bites, which are usually felt immediately, become increasingly irritated and may remain sore and/or itchy for as long as a week. Itching may be generalized or just at the site of the bite.

Flea bites usually occur around the ankles and lower leg area. Other common locations for flea bites are around the waist, in the armpits, in the creases of the elbows, and behind the knees. A flea bite appears as a small single growth that is flat, firm, and surrounded by a single red halo. The growth blanches when pressure is applied. Flea bites may show signs of bleeding. The area of skin affected may increase over time or the rash may spread to a different area.

There may be instances where members encounter scenes with flea infestations. In such cases, members will use complete PPE covering their shoes, extremities, and torso. After exiting the exposed environment and before getting in their vehicle, members will remove the PPE, place it in a biohazard bag, and seal the bag.

12.2.11 INFESTATIONS (CONTINUED)

The member will discard the bag into an outside trash receptacle. Members should be careful when leaning over suspects, patients, and/or other items because fleas can jump. Members should not sit on upholstered furniture and never place equipment on anything upholstered. If anything must be brought into the scene, members will use a plastic lining on the surface of a chair or table before placing items down. Before getting into their vehicle, members will check the crevices of anything brought into the environment, especially phones, computers, equipment, clothing, and shoes.

For all incidents of flea infestations or bites, members will have MetroSafe immediately page an LMPD HSO as soon as they suspect that fleas may be present.

12.2.12 LINE-OF-DUTY EXPOSURE INCIDENTS

Departmental members who have had a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood, or OPIM, will be considered to have been exposed to a communicable disease.

Member's Responsibilities

When a member has been exposed to another person's blood, living or deceased, or OPIM in the above listed manner, they should:

- Immediately report the exposure to their supervisor so that contact can be quickly made with an LMPD HSO and the departmental physician.
- Report to the nearest patrol division in order to obtain a single dose of the PEP medication and complete the LMPD HIV Post-Exposure Prophylaxis Information and Consent form (LMPD #16-0002).
- Discuss the nature of the exposure and the risks and benefits of the PEP medication with the departmental physician, or available medical provider, in order to determine whether the PEP medications are recommended. If the member is a female, she should inform the physician if there is a chance that she may be pregnant.
- Report to the University of Louisville Hospital's Emergency Room (ER) and notify the triage personnel that they are there for a post-exposure evaluation.

The member's supervisor is responsible for completing the Exposure Report form (LMPD #04-08-0303), the Workers' Compensation – First Report of Injury or Illness form (IA-1), and an Administrative Incident Report (AIR) (refer to SOP 3.1) by the end of their shift.

Supervisor's Responsibilities

When an exposure occurs, the supervisor should:

- Notify MetroSafe that an exposure has occurred.
- Request that MetroSafe notify the on-call HSO and departmental physician.
- Arrange for the member's transportation to the nearest patrol division in order to obtain a single dose of the PEP medication under the departmental physician's guidance.

12.2.12 LINE-OF-DUTY EXPOSURE INCIDENTS (CONTINUED)

- Notify the on-duty supervisor of the nearest patrol division to make arrangements for access to the PEP medication lockbox.
- After the PEP medication has been obtained, arrange for the member's transportation to the University of Louisville Hospital's ER for further exposure testing and treatment.
- Document on the Exposure Report form whether identification of the source individual is known, whether the source individual is in custody (no criminal charges placed, individual escaped, etc.), and whether the individual provided consent to have their blood drawn for testing. When the source individual's consent is not required by law, the source individual's blood, if available, should be tested and the results will be documented. If the source individual is already known to be infected with HBV, HCV, or HIV, further testing need not be repeated.
- If the source individual refuses to give consent for a blood draw, request assistance from the HSO with applying for a court order. In cases where the source individual is under arrest, it is best to take them to the University of Louisville Hospital before booking. Once in the custody of the Louisville Metro Department of Corrections (LMDC), a court order must be obtained and delivered to LMDC personnel directing them to transport the subject for testing.
- Arrange for the source individual's transportation to the University of Louisville Hospital if the source individual is to be tested. The University of Louisville Hospital is the preferred location for the blood draw because of its ability to have HIV test results completed within one (1) hour.
- Request that the source individual allow their test results to be shared, for medical reasons, with the professionals who are treating the member, including the departmental physician and the HSO. Decisions for medical treatment are based largely on the source individual's test results. The HSO will inform the member of the test results.
- Verify that medical treatment is offered to the member and source individual, if needed.
- If the exposure is a result of contact with a corpse, the supervisor will immediately contact the Jefferson County Coroner's Office at (502) 574-6262 and the Office of the State Medical Examiner at (502) 852-5587. Arrangements must be made to obtain blood samples for medical testing. It is critical that the sample is obtained from a corpse prior to an autopsy being performed.
- Complete the Exposure Report form, the Workers' Compensation form, and an AIR (refer to SOP 3.1) by the end of their shift for a member under their command.
- Review and complete the above forms and forward them through the appropriate chain of command. The original Exposure Report form and the original Workers' Compensation form will be sent to Police Human Resources (HR). The AIR will be submitted pursuant to SOP 3.1. Copies of all the forms will be sent to the HSO and Police HR. Police HR will place the forms in the member's personnel file and the file should be destroyed one (1) year after the member separates from the department. Police HR will also forward a copy of the forms to Metro HR, who is responsible for maintaining and archiving the forms.

Treatment

After discussing the exposure evaluation, the source individual's test results, and risks of treatment with the HSO and the departmental physician, the member may choose to accept or decline the recommended medical treatment. All medical counseling services will be provided at no expense to the member.

Upon arrival at a patrol division, the following steps will be taken:

12.2.12 LINE-OF-DUTY EXPOSURE INCIDENTS (CONTINUED)

- Obtain a single dose of the PEP medication and discuss the exposure with the departmental physician or available medical provider.
- After consultation, the officer will elect to either accept or decline the medical recommendations regarding the self-administration of the PEP medication and complete the LMPD HIV Post-Exposure Prophylaxis Information and Consent form.
- In some situations, the member may obtain the PEP medication directly from an LMPD HSO Paramedic under standing medical orders from the departmental physician.
- The member will then register themselves as a patient at the University of Louisville Hospital's ER, as instructed by hospital personnel.
- The member will complete the Authorization for Release of Medical Records Relating to a Possible Occupational Exposure form (LMPD #13-0004) so that pertinent information regarding medical treatment can be shared with the HSO, departmental physician, and other treatment facilities, as needed.
- If needed, the member will receive an initial, five (5)-day supply of medication along with any additional treatment and counseling that is required.
- The medical provider or the HSO will provide the member with the information needed to schedule a future appointment at an infectious disease or health clinic contracted by the department within five (5) days of the ER visit. The purpose of the appointment is to determine the necessity for continuing medication and, if needed, additional treatment and counseling.
- If the source individual tests positive for an infectious disease, the member will be referred to Concentra Occupational Health Centers, or their primary care physician, for baseline blood drawing, additional treatment, counseling, and scheduling follow-up appointments. If needed, the HSO will contact Concentra Occupational Health Centers, or the member's primary care physician, in order to alert them to the exposure and the member's need for an upcoming appointment.
- If the source individual tests negative for infectious diseases, the member will be referred to Concentra Occupational Health Centers, or their primary care physician, for baseline blood drawing, additional treatment, counseling, and scheduling follow-up appointments.
- If the source individual tests positive for Hepatitis B, the decision to provide the Hepatitis B vaccination will be based on whether the member has previously received the vaccine and whether the member's blood work indicates the presence of HBV antibodies.

Responsibilities of the Department

The department will provide the healthcare professional who is evaluating a member after an exposure incident with the following:

- A copy of the Occupational Safety and Health Administration (OSHA) standard on bloodborne pathogens.
- A description of the exposed member's duties as they relate to the exposure incident.
- The route of exposure and circumstances under which the exposure occurred.
- The results of the source individual's blood testing, if available.
- All medical records relevant to the appropriate treatment of the member, including the member's vaccination status. The department is responsible for maintaining medical records on each member regarding the status of their vaccinations.

12.2.12 LINE-OF-DUTY EXPOSURE INCIDENTS (CONTINUED)

Following an actual exposure incident, the department will obtain and provide the member with the Healthcare Professional's Written Opinion, a written report addressing the confidential medical evaluation and follow-up. The departmental physician, or a physician who is contracted with the department, will complete the report and forward it to Concentra Occupational Health Centers. The report will include the following:

- The route of exposure and the circumstances under which the exposure occurred.
- Identification, documentation, and test results of the source individual. The member will not disclose the identity or infectious status of the source individual.
- Results of the member's baseline blood tests that were conducted at Concentra Occupational Health Centers, if such testing was performed.
- Copies of all documents provided to the healthcare professionals who are evaluating the member.

This report will indicate that the member was informed of the results of the evaluation and any medical conditions resulting from the exposure that may require further evaluation or treatment. All other findings and diagnoses will remain confidential and will not be included in the report.

12.2.13 RECORD KEEPING

Police HR will establish and maintain an accurate medical record for each member with a moderate, or high, occupational exposure risk level. This record will include:

- The name, date of birth (DOB), and Social Security Number (SSN) of the member.
- A copy of the member's Hepatitis B vaccination status, including dates of all Hepatitis B vaccinations or a copy of the Hepatitis B Vaccination Declination form (LMPD #04-07-0301), and any medical records relative to the member's ability to receive the vaccination.
- A copy of the results of examinations, medical testing, and follow-up procedures to any exposure incidents.
- The department's copy of the Healthcare Professional's Written Opinion.
- A copy of the information provided to the healthcare professional.

A member's medical records are kept confidential and not disclosed or reported, without the member's expressed, written consent, to any person within or outside of the department, except as required by this policy or as may be required by law. Medical records are maintained in accordance with federal, state, and local regulations.

12.2.14 TRAINING AND TRAINING RECORDS (KACP 29.1b, 29.2a, 29.3c)

Training will be provided to all members with a moderate, or high, occupational exposure risk level prior to them being placed in an environment with the likelihood of exposure. Additional training will be conducted on an annual basis, thereafter, or as modifications to procedures or equipment demand. The training program will be in accordance with federal, state, and local laws and ordinances. Training records will be retained pursuant to applicable records retention schedules.

Louisville Metro Police Department

Standard Operating Procedures	SOP Number: 12.2
	Effective Date: 09/16/04 Prv. Rev. Date: 06/05/22 Revised Date: 09/07/23
Chapter: Special Response	Accreditation Standards: KACP: 29.1, 29.2, 29.3, 29.4
Subject: Exposure Control and Bloodborne Pathogens	

12.2.15 REVIEW AND EVALUATION OF EXPOSURE INCIDENTS

The OSHA liaison is responsible for evaluating all Exposure Report forms (LMPD #04-08-0303). The evaluation of the circumstances surrounding the exposure incident will include, but is not limited to, a review of the following:

- Failure of controls at the time of the exposure
- Engineering and work practice controls
- PPE used
- Training deficiencies
- Applicable policies

The Exposure Control Plan will be reviewed annually, or as needed, to reflect revisions to job classifications or modifications to procedures and equipment.