



**Division of State Patrol
Policy and Procedure**

Number
15-13

Subject EXPOSURE CONTROL	
Author/Originator Bureau of Field Operations	Approved by <i>Anthony L. Burrell</i> Superintendent
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I. POLICY

It is the policy of the Division of State Patrol (DSP) that its troopers and inspectors render assistance to sick and injured persons when called upon to do so. Such assistance can develop as a result of motor vehicle crashes or medical emergencies not related to traffic crashes. Other duties, such as effecting custodial arrests and conducting searches of persons or vehicles, may be performed in the course of law enforcement activities.

II. BACKGROUND

During the performance of various duties, a trooper or inspector may come into contact with body fluids from an unknown source. As a matter of duty, it may be required to perform emergency medical procedures upon persons infected by communicable diseases. Diseases such as Human Immuno-Deficiency Virus (HIV), Tuberculosis and others are transferable among humans. It is, therefore, incumbent upon the DSP and its personnel to take protective measures.

The persons with whom DSP personnel come into contact with may or may not host communicable diseases. It is impossible to determine with certainty the type and communicability of certain diseases, especially through observation during periods of stress, such as at traffic crashes. Recommended procedures are forwarded with the intent that a common sense approach to prevention be made and that the concept of universal precautions be understood when confronting the possibility of contact with a substance which might serve as a transmission vehicle.

III. OBJECTIVE

It is the objective of this policy to assist the Division of State Patrol in developing effective measures for the protection of its trooper and inspector staff, the motoring public and the citizens we serve.

IV. GENERAL PROVISIONS

- A. The application of preventative measures begins with accurate information about the risks involved. The many types of diseases and their transmission media calls for the development of response measures capable of wholesale prevention. This is not always practical or possible.
- B. In consideration of the various ways troopers and inspectors can come into contact with communicable diseases, the following considerations are presented:
 - 1. Approach crash scenes, medical emergency situations and other activity where bodily fluids, such as blood, are present with the assumption that the fluid is contaminated and take the appropriate preventative measures. This is the body substance isolation concept.
 - 2. Do not engage in a guessing game regarding the probability of contamination based upon the people involved. The rule of thumb is that if you do not know for certain that the person involved is free of communicable disease, then adopt exposure control measures.
 - 3. Extraordinary care should be taken to avoid accidental wounds from sharp objects or instruments, since these objects may be contaminated with potentially infectious material. Vehicle and clothing searches should be conducted with due regard for hidden objects capable of producing wounds; e.g. hypodermic needles, bladed objects, etc. Similar care should be taken when carrying or handling such objects.
- C. Hepatitis B Vaccination:
 - 1. The opportunity for a vaccination is offered to all DSP sworn officers and enforcement cadets at no charge.
 - 2. The vaccination can be refused, and at a later date accepted at no cost to the individual. A signed waiver is required and kept on file.
 - 3. Arrangement for vaccinations will be coordinated through the normal chain-of-command of the DSP sworn officer or enforcement cadet.
 - 4. Records of vaccinations and exposure reports will be maintained at Division Headquarters.
- D. Training:
 - 1. Initial and follow-up training will be provided through the Wisconsin State Patrol Academy (WSPA).

2. Follow-up training will be conducted at the region/post level on an annual basis to discuss new developments, equipment updates, etc.
3. Training records will be maintained at the Academy.

V. EQUIPMENT ITEMS

- A. The following items are available to be carried by troopers and inspectors in their vehicle for the prevention of transmission of communicable diseases:
 1. The pocket mask with one-way air valve for the performance of mask to mouth resuscitation or cardio-pulmonary resuscitation (CPR).
 2. The Rescue Key facemask with one-way air valve for the performance of mask to mouth resuscitation or CPR.
 3. The bag valve mask with one-way valve for performance of mask to mouth resuscitation or CPR.
 4. Personal Protective Equipment (PPE), which includes disposable non-latex gloves, a vapor/mist/dust facemask, eye protection, gowns, and shoe covers.
 5. Waterless cleansing agent for field expedient use.
 6. Disposal bags for the collection of soiled items.
 7. Spit hoods for use in protecting officers from blood-borne or other pathogens.
- B. The use of these items is left to the discretion of individual troopers and inspectors for each particular situation:
 1. Decisions should be based upon the need for protection against the risk of transmission.
 2. The concept of body substance isolation applies.
 3. Protection should be taken based upon the presence, or potential presence, of body fluids.

VI. RECOMMENDED WORK PRACTICE

- A. Generally accepted, good hygiene practices are the best measure personnel can adopt to prevent the transmission of infectious disease. These practices include frequent, proper washing of hands and other exposed areas with soap and water, cleaning open wounds, and keeping any cuts, wounds or lesions covered with an appropriate bandage. These measures should be performed prior to reporting for duty.

- B. A reusable facemask with one-way valve airway is recommended for performance of mask to mouth resuscitation in conjunction with CPR or otherwise.
1. The mask should be cleaned and disinfected after each use.
 2. Wash and scrub the mask in warm soapy water, then rinse in clean water.
 3. Submerge for 10 minutes in a solution of one-quarter cup of bleach to one gallon of water.
 4. Rinse again and allow to dry.
 5. The one-way valve should be discarded and replaced after use on a patient.
 6. The Rescue Key and bag valve mask should be properly disposed of and replaced with a new item.
- C. If during the course of duty, an exposure incident occurs, the following procedure should be adhered to. (An exposure incident means a specific eye, mouth, other mucus membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties).
1. Open wounds received during altercations should be attended by medical personnel as soon as possible.
 2. Bites may or may not penetrate the skin. Bites should be immediately attended by the following actions:
 - a. Encourage the wound to bleed by applying pressure and "milking the wound."
 - b. Wash the area thoroughly with soap and water.
 - c. Seek medical attention at the nearest facility.
 3. If soap and water are not available, a waterless, disinfectant type of soap or 70% isopropyl (rubbing) alcohol can be used to disinfect the wound. However, washing with hot, soapy water is the best procedure and should be accomplished when possible.
 4. Follow POST EXPOSURE PROCEDURES in Section VII of this policy.
- D. Division-approved and issued disposable non-latex gloves should be worn where circumstances permit and when working around or with materials that may be vehicles for the transmission of diseases. This is especially true when open breaks in the skin of the hands (cuts, abrasions, lesions) exist.

1. Proper hand washing after contact with soiled areas or transmittal media is required.
 2. To help ensure the prevention of virus transmission, soiled gloves and soiled, disposable cloths/paper towels shall be placed in a biohazard bag for disposal.
- E. In the event that a trooper or inspector's uniform or other clothing becomes soiled with bodily fluids or transmitting media:
1. Change of clothes should be made as soon as possible.
 2. Soiled clothing should be laundered or dry-cleaned as soon as practical.
 - a. As a precaution, keep the clothing in a biohazard bag.
 - b. Laundering includes hot, soapy water and bleach for color-safe items.
 - c. Lysol is an effective disinfectant for sensitive color clothing items.
 - d. When using commercial dry-cleaning facilities, advise the proprietor of the presence of blood or other types of bodily fluids. The chemicals applied during the cleaning process are sufficient to destroy the virus.
 3. Good common sense must prevail concerning the need to change uniform or clothing after soiling by transmitting media.
 4. Should body fluids penetrate the clothing and make contact with the skin, a shower or bath with hot, soapy water is required.
- F. Personnel having contact with dried transmittal media on materials or evidence should handle these items as if contaminated and wear appropriate personal protective equipment. The proper washing of hands with hot, soapy water is recommended after handling.
- G. If it is necessary to clean large areas, such as vehicle interiors, the following process is recommended:
1. Put on Division-approved and issued non-latex disposable gloves.
 2. Wash the area with hot, soapy water to remove the organic material (blood or bodily fluid).

3. Disinfect with a solution of bleach in water. The recommended ratio is one-quarter cup of bleach to a gallon of water.
 4. Wash hands in hot, soapy water after completing task and removing gloves.
- H. Soiled, disposable items, such as paper towels, cloths and gloves, must be disposed of by placing in a plastic bag, sealing it and labeling, “biological waste,” “medical waste,” or “biohazard.” Arrangements for proper disposal of the bag must be made by troopers or inspectors through local medical or other facilities able to dispose of contaminated items.

VII. POST-EXPOSURE PROCEDURE

- A. Employees who have contact with a suspected carrier of infectious disease or with a bodily fluid, or believe that they have been exposed to a communicable disease and that transmission is possible, shall notify their respective Post Headquarters management by radio, phone, or Mobile Data Computer (MDC) message immediately and follow up with written reports to the Region Commander as soon as possible.
1. In the event of an exposure incident, attempt to have the individual examined for medical assessment and evaluation. This assessment and evaluation may include testing for HIV, Hepatitis, Tetanus, or other communicable diseases.
 - a. Currently, the law prevents the HIV testing of a person without their consent.
 - b. Testing itself may not yield immediate conclusions applicable to the employee.
 2. Consultation with a physician is recommended. The doctor should assess the exposure to determine its significance. Regarding HIV at this time, this step is taken to determine the need to access any suspected carrier’s medical records for previous antibody test results.
 - a. A baseline blood draw for the trooper or inspector is encouraged.
 - b. Negative initial test results may require additional tests be performed at 12-week intervals for one year.
 - c. Positive test results may require follow-up procedures of a more sensitive nature, and counseling.
 - d. For occupational health purposes, the initial procedure and each of the follow-up procedures should be documented by written reports to the Region Commander.
 - e. Billing for the above consultations/tests should be submitted as a Worker’s Compensation claim.

B. Reports:

1. An Employee Work or Illness Report (DOA-6058) shall be completed and forwarded within 24 hours of the incident.
2. A memorandum documenting the circumstances of the exposure will be prepared and forwarded with the Employee's First Report of Injury.
3. When consultation with a physician occurs, the Determination of Exposure to Blood/Body Fluid form (SBD 10781) should be completed by the physician. An electronic version or photocopy of the form should be forwarded to region/post payroll/benefits coordinator or, for personnel assigned to the Central Headquarters, to Wisconsin Department of Transportation, Division of Business Management, Risk Management, upon completion and again after follow-up with the physician.
4. An Application for Leave of Absence with Pay due to Injury (Hazardous Duty Application Form DOA-15309) shall be submitted within 14 days when applicable.
5. Reports required for Worker's Compensation are to be completed and forwarded as necessary in the same manner as described in VII. B. 3. above.

VII. REFERENCES

Ch. 252.13 Wis Stats, Blood Tests for HIV

Ch. 252.14 Wis Stats, Health Care Provider defined

Ch. 252.15 Wis Stats, Restrictions on Use of Test for HIV or an Antibody to HIV

Ch. 940.291 Wis Stats, Law Enforcement Officer Failure to Render Aid

DSP Policy and Procedure 6-1, Crash Investigation

<https://wigov.sharepoint.com/sites/dot/Pages/Facilities/WorkersCompForms.aspx>