



Department Procedure

PROCEDURE TITLE

PROCEDURE NUMBER

REVISION

Exposure to Blood or Other Potentially Infectious Materials

OPS 7120

3

POLICY

The policy of the Police Department is to ensure the proper treatment of Department Members who have been exposed to blood or other potentially infectious materials (OPIM) while performing their duties. In compliance with the Division of Public Employee Safety & Health Bureau (PESH) [\[See Appendix H\]](#) regulations, the Department also maintains an Exposure Control Plan. [\[See Exposure Control Plan\]](#)

PURPOSE

To establish procedures for investigating and reporting exposure incidents and for obtaining treatment for members.

DEFINITIONS

Designated Officer: the Chief Police Surgeon, who acts as the confidential liaison between Members of the Department and the medical facility [\[See Definition\]](#) treating a source individual.

Note: The HIV Health Care Services Program is a federal regulation that mandates medical facilities to evaluate requests and disclose information relevant to the exposure of emergency response employees to specified airborne and blood borne infectious diseases. Disclosure may be made only to Designated Officers.

Exposure incident: having *specific contact* [\[See Definition\]](#) with blood or other potentially infectious materials [\[See Definition\]](#) from a source individual [\[See Definition\]](#), resulting from the performance of a member's duties.

Medical facility: any facility that receives victims of emergencies who are transported to the facility by emergency response employees. (Public Health and Welfare Law)

Other potentially infectious materials (OPIM): include

- a. body fluids,
- b. tissue or organs, other than intact skin.

Source individual: any person whose blood or other potentially infectious material may be a source of exposure to a Member of the Department. The source individual may be an aided case, arrested person, Department Member or any contacted individual.

Note: A source individual must have been *transported* to the medical facility, by an emergency response employee, for treatment, in order to mandate a medical facility to disclose information about a source individual. If the source individual is not in need of, or is refusing medical attention, an Emergency Ambulance Bureau (EAB) Supervisor shall attempt to get written consent from the source individual using PDCN Form 366, Informed Consent to Perform an HIV Related Test.

Specific contact: contact made with a member's eye, mouth, nose, or non-intact skin. Specific contact may be direct or by a piercing of the skin by a needle stick, human bite, or a possible contaminated sharp object.

ISSUING AUTHORITY

SIGNATURE

EFFECTIVE DATE

PAGE

Commissioner

Thomas C. Krumpter

06/29/2015

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SCOPE	All Members of the Department.
SOURCES	NYS Sanitary Code. Title 42, US Code, Public Health and Welfare Law, §300ff. (HIV Health Care Services Program)
RULES	No new rules within this procedure.
REPLACES	OPS 7120 Revision 2, dated 06/21/2010.
PROCEDURE	A. Initial Actions
Member of the Department	1. <i>Suspects</i> he is involved in an exposure incident. [See Definition] 2. <i>Notifies</i> the Desk Officer of the precinct of occurrence [See Glossary] immediately, with available details. Note: An incident which occurs within Headquarters should be reported to the Records Bureau Desk Officer.
Desk Officer	3. <i>Determines</i> that an exposure incident has occurred by <i>conferring</i> with an EAB Supervisor if necessary. 4. <i>Notifies</i> the EAB Medical Control with available details, including the following: a. Department Members involved in the incident, b. nature of the exposure for each member, c. location of the source individual.
Medical Control Desk Personnel	5. <i>Assigns</i> an exposure number to the incident. 6. <i>Prepares</i> PDCN Form 420, Exposure Report, Parts A and B. 7. <i>Immediately notifies</i> an EAB Supervisor that an exposure incident has occurred. 8. <i>Ensures</i> that PDCN Form 420 is delivered to the EAB investigating supervisor.
Desk Officer	B. Investigation of Exposure Incidents
Investigating Supervisor	1. <i>Assigns</i> a supervisor to investigate the incident. 2. <i>Investigates</i> the incident and <i>initiates</i> the Aided Case - Department Member procedure. [See OPS 1111] 3. <i>Directs</i> the affected member to respond, as soon as possible, to the Nassau University Medical Center (NUMC) for the following: a. evaluation, b. treatment, c. to have blood drawn, when appropriate.
Member of the Department	4. <i>Responds</i> to NUMC as follows: [See Section C] a. Occupational Health Clinic if during normal business hours, or b. Emergency Room if after normal business hours.
EAB Supervisor	5. <i>Determines</i> the location of the source individual.

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EAB Supervisor

6. *Responds* to the source individual's location to arrange for a blood test, as follows:
 - a. *responds immediately*, if the source individual is still present at a medical facility,
 - b. *responds* as soon as possible, if the source individual is not at a medical facility.
7. Obtains **written** consent for a blood test, using [PDCN Form 366, Informed Consent to Perform an HIV Related Test](#), from the source individual.
8. If the source individual is **unable** to consent to a blood test for **any** reason,
 - a. *prepares* PDCN Form 372, Request For Evaluation Of Member Exposure To Infectious Disease, omitting questions 2 and 3, **and**
 - b. *makes* notification to the CSO.
9. If the source individual **does** consent to a blood test,
 - a. *arranges* the blood test, **and**
 - b. *ensures* delivery of the blood sample for analysis to the Shared Services Lab at NUMC.
10. If the source individual **does not** consent to a blood test **or** a blood sample **can not** be obtained,
 - a. and a medical facility **is** involved:
 - (1) *prepares* PDCN Form 372, omitting questions 2 and 3,
 - b. and **no** medical facility is involved:
 - (1) *reports* details on PDCN Form 420, **and**
 - (2) *takes* no further action regarding the source individual.
11. If non-department emergency response employees are **also** involved with a source individual, *notifies* the following persons of the occurrence and his findings:
 - a. supervisor at Fire Communications for fire department and volunteer ambulance personnel,
 - b. supervisor in another police agency for other police officers.
12. *Completes* his preliminary investigation and *completes* PDCN Form 420.
13. Immediately *transmits*, by fax machine, the following reports to the CSO:
 - a. PDCN Form 420,
 - b. PDCN Form 366, when applicable,
 - c. PDCN Form 372, when applicable.
14. *Forwards* the following reports to the Commanding Officer of EAB:
 - a. PDCN Form 420,
 - b. PDCN Form 366, when applicable,
 - c. PDCN Form 372, when applicable.

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EAB Commanding Officer

Chief Surgeon/Designated Officer

EAB Commanding Officer

EAB Supervisor

15. *Reviews* the preliminary investigation, **and**
 - a. *forwards* the reports to the MAO,
 - b. *confirms* the receipt of reports by the CSO.
16. *Reviews* the reports to ensure there has been an exposure incident.
17. If the source individual is **unable** to consent to a blood test for **any** reason,
 - a. *maintains* contact with the medical facility **daily for 30 days**, and
 - b. *notifies* the EAB Supervisor via Medical Control, when a source individual **is** able to consent to a blood test.
18. *Completes* PDCN Form 372, when applicable, **and**
 - a. *forwards* the original, by certified mail with return receipt, to the appropriate medical facility,
 - b. *maintains* a copy.
19. If no reply is received from the medical facility within 10 days, *contacts* the facility to ascertain the status of the request.
20. *Advises* the affected member when he:
 - a. determines there was no exposure incident, **or**
 - b. receives a **negative finding** from the medical facility.**[End of Procedure]**
21. *Advises* the affected member of the appropriate medical procedures to be followed when he:
 - a. determines there was an exposure incident, **or**
 - b. receives a finding, other than negative, from a medical facility, **or**
 - c. receives a notification that a diagnosis is unavailable, **or**
 - d. receives a notification that no diagnosis can be made, **or**
 - e. receives a report of the blood test from the Department of Health.
22. *Provides* the affected member with a written medical opinion within 15 days of the exposure incident.
23. *Appeals* to the Department of Health for further evaluation when he receives a finding of insufficient data for determination.
24. *Advises* the affected member of any results, after appeal, and *advises* him of the appropriate medical procedures to be followed.
25. *Notifies* the Commanding Officer of EAB when an appeal results in insufficient data for determination.
26. *Assigns* the EAB Supervisor to arrange another blood test, when an appeal results in insufficient data for determination.
27. *Arranges* for a blood test when assigned. **[Go to step B.5]**

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EAB Supervisor

28. If notified by the Chief Surgeon that a source individual **is** able to consent to a blood test, **[Go to step B.5]**.

Member of the Department

C. Procedures for NUMC Treatment

1. *Receives* an immediate examination, including blood work, to determine the extent of exposure.
2. *Receives* a Hepatitis B Immune Globulin injection, followed by Hepatitis B Vaccine, if determined appropriate by the attending physician.
3. *Accepts* or *declines* HIV prophylaxis regimen, if determined appropriate by the attending physician.

Note: The physician will explain the benefits and side effects of the treatment and must document the consent or refusal on a consent form.

4. If the HIV prophylaxis regimen is elected, *receives* a 5-day supply of HIV prophylaxis medications and a prescription.
5. *Fills* the prescription in the NUMC pharmacy Dynamic Care Building-basement.
6. *Has* appropriate baseline studies performed for the suspected disease.
7. *Receives* counseling and *contacts* the Infectious Disease Office at NUMC on the next business day, if the exposure was to HIV. **[See Appendix L]**
8. *Receives* follow-up care at the Occupational Health Clinic **[See Appendix L], and**
 - a. *makes* an appointment to be seen before the 6th post-exposure day,
 - b. *receives* additional medication needed to complete the recommended course of care,
 - c. *receives* follow-up lab tests.
9. *Reports* all test results to the CSO.