



# **BRAINTREE POLICE DEPARTMENT**

## **Policy and Procedure**

### **Unprotected Exposure**

#### **2019-67**

Date of Issue: 04/29/2019

Review Date :

Revised:

Issuing Authority:

Chief Paul Shastany

Certification Standards:

Accreditation Standards:

Optional Accreditation Standards:

This policy establishes infection control practices and procedures for all Braintree Police Department members in regards to unprotected exposure to disease. Unprotected exposure is best defined as exposure capable of transmitting an infectious disease dangerous to public health. The purpose of the policy is to reduce risks to department personnel that come about from exposure to potentially infectious sources while performing their duties.

As first responders, employees of the Braintree Police Department have an obligation to interact with sick or injured persons. These interactions may bring about contact with infectious fluids. Although this policy details procedures for contact with infection sources, priority should be given to immediate medical care and evaluation of potentially infected employees.

Reasonable efforts should be made to avoid cross-contamination with others. This includes wearing protective equipment, and avoiding touching any "unclean" surfaces before or during treatment.

Potential infectious materials are:

- Semen, vaginal secretions, cerebrospinal fluids, synovial fluid, peritoneal fluid, amniotic fluid, saliva, any other body fluid, and any unfixed tissue or organ from another person, living or dead.

Exposure procedures are utilized to protect from bloodborne pathogens, airborne pathogens and communicable diseases. All exposures should be documented and investigated by an officer designated by the Chief as Designated Infection Control Officer (DICO). Any officer exhibiting symptoms of sickness associated with exposure to any infectious material should report directly to the Shift Commander and should undergo immediate medical examination. The DICO should be notified prior to the end of shift via email and submission of the Unprotected Exposure Form.

The Braintree Police Department strongly recommends that all members of the department receive vaccinations against communicable diseases. Employees should assume that all surfaces are infectious and that all persons are potential carriers of communicable disease. Protective equipment such as disposable gloves, protective masks, and protective suits should be worn when coming into contact with any possible infection sources. Extra care should be given when handling any sharp objects such as blades or needles. Hypodermic needles should be disposed of in a sharps container for disposal.

Unprotected exposure may come from puncture wounds, blood to blood contact through open wounds, or mucous membrane contact. If unprotected exposure occurs, the affected area should be washed as soon as possible and treated by medical personnel. The Shift Commander and DICO should be notified and the Unprotected Exposure Form shall be filled out as soon as possible. If further treatment is required or investigation into the exposure requires transport to a medical facility, attempts should be made to transport the officer to the same medical facility as the party who may have infected him or her.

When reporting an unprotected exposure, attention should be given to the following information: circumstances of exposure, route of exposure, identification of the individual source, and an up to date record of the employee's vaccinations if available.

Whenever a receiving hospital or laboratory notifies the DICO that an employee has been diagnosed with an infectious disease, the DICO shall contact the affected employee immediately. Any employee requesting information about a patient relative to an infectious disease shall make that request to the DICO who will contact the receiving hospital or laboratory for follow up, and inform the employee of the results of the inquiry immediately. Contaminated clothing or equipment shall be collected for cleaning or disposal at the police station. If an employee believes his or her equipment to have infectious material on it, an outside agency may be contacted to collect and dispose of that equipment.

The DICO shall maintain records of all unprotected exposures and hospital/lab reports in such a manner as to protect the confidentiality of the injured/exposed employee. All

records shall be maintained for the length of employment of the exposed individual plus 10 years.

Braintree Police Department shall provide training on unprotected exposures as required by the Municipal Training Committee. Records of training shall be maintained for 3 years.



**MASSACHUSETTS  
DEPARTMENT OF PUBLIC HEALTH**  
(DO NOT SEND THE ORIGINAL FORM OR A COPY TO THE DEPARTMENT OF PUBLIC HEALTH)

**UNPROTECTED EXPOSURE FORM**

*(Please print or type)*

Today's Date / / / / /	Incident Date / / / / /	Receiving Facility
Transporting Ambulance Service		Ambulance Trip Report #
Address		Designated Infection Control Officer (DICO) <b>Sgt Brian Eng</b>
Telephone # for DICO <b>781-843-1212</b>		It is recommended the prehospital emergency care agencies <i>type or print</i> in the name <i>and telephone number</i> of the current DICO before <i>blank</i> forms are provided to their personnel.

Patient Information		Rescuer Information	
Name		Name	
Incident Location		Address <b>282 Union St.</b>	
Incident Type <input type="checkbox"/> Medical <input type="checkbox"/> Trauma		City/State/Zip <b>Braintree, MA 02184</b>	
Transportation <input type="checkbox"/> Emergency <input type="checkbox"/> Routine		Day Phone <b>781-843-1212</b>	Evening Phone
Check box(es) which best indicate your exposure. <i>Explain in detail in the spaces provided below.</i>		Profession	Department/ <i>Employer</i> <b>Braintree Police Dept.</b>
Exposure Route: <input type="checkbox"/> Needlestick <input type="checkbox"/> Open cut <input type="checkbox"/> Bite <input type="checkbox"/> Puncture <input type="checkbox"/> Mouth <input type="checkbox"/> Eye <input type="checkbox"/> Other:			
Exposure Type: <input type="checkbox"/> Blood <input type="checkbox"/> Sputum <input type="checkbox"/> Saliva <input type="checkbox"/> Other:			
Precautions: <input type="checkbox"/> Mask <input type="checkbox"/> Eye Wear <input type="checkbox"/> Gown <input type="checkbox"/> Exam gloves <input type="checkbox"/> Gloves <input type="checkbox"/> Other: _____ (latex, nitrile, vinyl)                      (work type)			
Cleaning <input type="checkbox"/> Hand Washing <input type="checkbox"/> Washing Contaminated Skin <input type="checkbox"/> Other: _____			

Describe the nature of the unprotected exposure *in detail*: (attach additional pages if needed)

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Describe the steps taken by the rescuer to minimize the exposure:

**You must provide the information on this form to the facility that received the patient from whom you received the exposure.** I understand that in the case of certain exposures (e.g. needlestick with a bloody needle) it is crucial for the exposed rescuer to seek immediate medical evaluation for treatment that might reduce the risk of infection. Completion of the Unprotected Exposure Form may be done during or after the medical evaluation.

I further understand that I will be informed of an unprotected exposure, only if the patient is diagnosed as having a bloodborne infectious disease dangerous to the public health, as defined in 105 CMR 172.001 and if, in the view of medical personnel, my documented exposure is capable of transmitting that disease.

Rescuer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Form Received By: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT SEND THE ORIGINAL FORM OR A COPY TO THE DEPARTMENT OF PUBLIC HEALTH Rev. 05/26/2004**  
(Side 1 of 2) (Instructions and Information on Reverse)

***(COPY BOTH SIDES!)***

Massachusetts Department of Public Health  
Unprotected Exposure Form

An Unprotected Exposure Form should be completed for any pre-hospital emergency care provider (e.g. - an EMT, firefighter, police officer, or corrections officer) who believes he or she may have had an unprotected exposure to a patient's blood or bodily fluids in the course of attending, assisting, or transporting a person to a health care facility as part of his/her professional duties. It is the responsibility of each care provider to complete and file a form with the receiving facility.

If you believe you may have had an unprotected exposure, you must provide the information on this form to the facility which received the patient. Ambulance crew members or other emergency care providers having an unprotected exposure must complete a form on arrival and leave it at the health care facility with the patient. Other individuals shall file their own forms with the receiving facility within 24 hours of the unprotected exposure.

The health care facility will review the information which you provide and will determine if you have sustained an unprotected exposure as defined in DPH regulations. If the patient to whom you were exposed is diagnosed as having a bloodborne infectious disease dangerous to the public health, and if you sustained an unprotected exposure which, in the opinion of the health care facility, is capable of transmitting such a disease, the facility shall provide oral notification within forty-eight (48) hours of the diagnosis and written notification within seventy-two (72) hours of the diagnosis. This notice shall be given to the designated infection control officer for your agency who will be listed on the unprotected exposure form. Upon notification, the designated infection control officer shall notify you. The notice shall include the appropriate precautions and actions which you should take, the identity of the disease to which you were exposed, necessary precautions to prevent the transmission of the disease to others, and instructions to contact a physician for medical follow-up. **NOTE: The health care facility's determination that you have had an unprotected exposure does not necessarily indicate that you have contracted an infectious disease.** The report from the health care facility to the designated infection control officer to you is confidential and is governed by M.G.L. c.111, §111C and DPH regulations, 105 CMR 170.000, 171.000, and 172.000.

**INSTRUCTIONS**

- ◆ PLEASE PRINT CLEARLY.
- ◆ Complete all information on the form.
- ◆ In the shaded area check all that apply:
  - ⇒ the exposure route to you of a patient's blood or bodily fluids
  - ⇒ the type of the patient's bodily fluid to which you were exposed
  - ⇒ universal precautions you used (even if they were breached)
  - ⇒ post incident cleaning you performed
  - ⇒ if you checked "Other," explain in the spaces following
- ◆ In the blank narrative sections explain fully the exposure and any treatment you have obtained. Use additional blank sheets, if necessary, and staple to the form. The more accurately you explain the circumstances, the easier it will be for facility personnel to evaluate your exposure.
- ◆ EMTs must also leave a copy of the ambulance trip record at the receiving facility.
- ◆ Each EMT and other pre-hospital emergency medical health care provider who has sustained an unprotected exposure must file his/her own form. This form shall be submitted to the receiving health care facility upon patient arrival or within 24 hours.
- ◆ Transportation or treatment of the patient must not be delayed in order to complete the form.