

POLICE DEPARTMENT HANOVER PARK, ILLINOIS



DIRECTIVE: 525-S

REFERENCE STANDARDS: OSHA Regulations

SUBJECT: Contagious & Infectious Diseases, Contamination, Post-Exposure Evaluation And Follow-up

POLICY: Police Officers, Community Service Officers and Matrons are also faced with the possibility of coming into direct contact with contagious persons or with contaminated items from a contagious person or infectious material. It is there by order that these personnel will use Personal Protective Equipment and follow Universal Precautions to prevent contamination of police personnel. For the purpose of this directive, all body fluids, body wastes, body parts, and all items that could have body fluids on them will be considered as contaminated. All body fluids from another person that come in contact with police personnel's body fluid will be treated as contaminated and require a post-exposure evaluation.

PURPOSE: Police personnel must constantly be aware of the personal hazards presented by contagious diseases. This directive is developed for the express purpose of providing personnel with the maximum protection and guidance possible in order to eliminate or minimize the employee's risk of exposure. This directive will also cover the steps to be taken after an exposure when there was contamination to personnel by body fluids of another person.

I. PROCEDURES FOR PREVENTION OF CONTAGIOUS DISEASE

- A. All police personnel will wear protective gloves, supplied by the department, when handling persons where they may come in contact with body fluids. [1910.1030 (d) (3) (ix)]
 - 1. All used protective gloves will be disposed of in the manner required in this Directive.
 - 2. Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. [1910.1030 (d) (3) (ix) (A)]

POLICE OPERATIONS MANUAL

Dir #: 525-S

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VILLAGE OF HANOVER PARK

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Auth:

3. Disposable gloves will not be reused. [1910.1030 (d) (3) (ix) (B)]
- B. All police personnel will use pocket masks and/or air bags when performing C.P.R.
 1. All used protective masks and/or air bags will be disposed of or decontaminated in the manner required in this directive.
- C. After the proper removal of protective equipment, personnel will wash with a suitable antiseptic soap, antiseptic towlette or antiseptic hand cleaner that will be supplied by the department. [1910.1030 (d) (2) (v)] [1910.1030 (d) (2) (iv)]
- D. All protective equipment used outside of the station, upon completion of the assignment will be placed in a plastic bag and transported to the booking area of the station. There it will be decontaminated or placed in a Bio-hazard bag for disposal, as required. Bio-Hazard material for disposal shall be transported to the Fire Department Station #1 for disposal.
- E. Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping. The container shall have a Bio-hazard label applied. It shall be fluorescent orange or orange-red. Red bags or containers may be substituted for the labels. [1910.1030 (d) (2) (xiii)]
- F. Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed. [1910.1030 (d) (2) (vii)]
- G. Any area where regulated waste or regulated evidence (Appendix C) are stored, such as in refrigerators, cabinets, lockers, etc., shall have a Bio-hazard label applied. It shall be fluorescent orange or orange-red. Red bags or containers may be substituted for the labels. [1910.1030 (g) (1) (i) (a), (c) & (e)]
- H. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in areas where there is a reasonable likelihood of occupational exposure. Food and drinks shall not be kept in or on refrigerators, cabinets, counter or bench tops where there are infectious materials present. [1910.1030 (d) (2) (ix)] [1910.1030 (d) (2) (x)]
- I. Hepatitis B vaccination is available to all personnel determined to be at risk of exposure.
 1. Each new, at risk employee shall be offered the HBV vaccination within the first 10 working days of initial assignment. Such vaccination shall be at no cost to the employee and shall be administered by the municipal designated medical facility. [1910.1030 (f) (2) (i)]

2. Employees desiring anti-body testing shall have that opportunity prior to vaccination and every four years thereafter. If testing reveals the employee is immune or that the vaccine is contradicted for medical reasons or the new employee has previously received the complete HBV vaccination series, then vaccination is not required.
3. At risk personnel declining HBV vaccination must sign the Declination Statement (Appendix A) before they are permitted to work beyond the 10 day period. [1910.1030 (f) (2) (iv)]
4. Any at risk personnel that initially declined HBV vaccination may at a later date request and receive HBV vaccination at no cost to the employee. [1910.1030 (f) (2) (iii)]

II. TRAINING FOR AT RISK PERSONNEL

- A. Prior to offering the HBV vaccination, each employee will be trained on biohazards. Such training shall include:
 1. Contents of the Standards
 2. Epidemiology of bloodborne diseases
 3. This exposure control policy
 4. Types of controls available and use of protective equipment
 5. The Hepatitis B vaccination program
 6. Emergency procedures
 7. Post-exposure procedures
 8. Contaminated materials/clothing control, laundering, disposal procedures
- B. A record of all such training including dates, attendees, program content and instructors shall be maintained. All personnel will also be given updated annual training. Training records will be kept on file for three years from the date of the training.

III. UNIVERSAL PRECAUTIONS SHALL BE FOLLOWED BY ALL EMPLOYEES

- A. Employees shall utilize proper evidence collection and search techniques and exercise extreme care while searching hidden areas, such as dresser drawers, pockets and any area

that cannot be directly seen while searching. Needle sticks are a potential source of exposure. The use of puncture resistant search gloves is recommended.

- B. Employees shall wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials. [1910.1030 (d) (2) (vi)]
- C. All bodily fluids of another shall be considered contaminated or potentially infectious materials and protective procedures shall be followed when handling such material or assisting any individual.
- D. All personnel are required to report any exposure incident as soon as feasible and before handling another assignment.
- E. Any personnel involved in emergency first-aid procedures shall follow the guidelines for universal precautions and use all personal protective equipment as required. (Appendix B)
- F. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances. [1910.1030 (d) (2) (xi)]
- G. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited. [1910.1030 (d) (2) (xii)]
- H. The Buildings and Grounds Department will schedule periodic maintenance to ensure the police department worksite is maintained in a clean and sanitary condition. Police employees shall also ensure that the worksite is maintained in a clean and sanitary condition. To that end, when a police department employee becomes aware of the presence of potentially infectious or contaminated bodily fluids, the employee will take action to isolate the area as soon as is practical and contact the Buildings and Grounds Department to arrange for proper clean up. The on-duty police supervisor will be made aware of the situation and subsequent notification as soon as is practical. [1910.1030 (d) (4) (i)]

IV. EXPOSURE, POST-EXPOSURE EVALUATION AND FOLLOW-UP

- A. The exposed employee has the responsibility to immediately report to his/her supervisor of the exposure. The employee's supervisor will initiate all required sections of this order and forward all reports required by this order (Appendix E), in addition to other Village required reports, to the Village's Human Resources Department, through the proper chain of command.

- B. Following an employees report of an exposure incident, the employee may immediately have a medical evaluation and any follow-up evaluations recommended by the physician. All such reports shall be confidential. [1910.1030 (f) (3)]
- C. As required by O.S.H.A., regulation, medical records on all HBV and/or HIV, immune evaluations, and exposure records shall be maintained. These records will be maintained by the Human Resources Department for 30 years after the employee leaves the employment of the Village of Hanover Park. [1910.1030 (h) (1) (iv)]
- D. Exposure records shall include documentation of route of exposure, circumstances of exposure, identification and documentation of source individual if feasible, and medical monitoring of exposed employee. [1910.1030 (f) (3) (i)]
- E. The Village of Hanover Park Human Resources Department shall keep and maintain all such records in a strictly confidential manner. These records will not be disclosed or reported without the employee's express written consent to any person within or outside the workplace except as may be required by law. [1910.1030 (h) (1) (iii) (a) & (b)]
- F. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If the source individual is already known to be infected with HBV or HIV, then testing is not necessary for the known infection. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented. [1910.1030 (f) (3) (ii) (a)] Results of the source individual's testing shall be available to the exposed employee along with regulations concerning disclosure of the identity and infectious status of the source individual. [1910.1030 (f) (3) (ii) (c)]
- G. The exposed employee's blood shall be collected as soon as feasible and then tested after consent is obtained. The employee should consent to an immediate baseline blood collection, but may refuse to permit HIV serologic testing. In such case, the sample shall be preserved for at least 90 days to permit the employee to elect to have the baseline sample tested. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible. [1910.1030 (f) (3) (iii) (b)]
- H. When submitting an employee to post-exposure evaluation and treatment by a health care professional, the Human Resources Department shall provide the physician with a copy of the O.S.H.A. regulation and all information regarding the employee's duties, exposure and prior employment medical information on HIV and HBV procedures and medical records.
- I. The Human Resources Department shall provide the employee with a written copy of the health care professional's written opinion within 15 days of completion of the post-exposure evaluation. [1910.1030 (f) (5)]

- J. A Sharps Injury Log shall be maintained by the Human Resources Department. The Sharps Injury Log must identify the following information:
 - a. The type and brand of device involved in the incident
 - b. The location of the incident (ie. section or work area)
 - c. Description of the incident

V. CONTAMINATED CLOTHING AND EQUIPMENT

- A. Personnel whose clothing comes into contact with bodily fluids of an unknown nature as a result of work related activities shall be considered contaminated. This may include civilian clothing, uniforms, turn-out gear, duty equipment, or personal protective equipment.
- B. If a garment is penetrated by blood or other potentially infectious materials, the employee shall immediately or as soon as possible, and before responding to another assignment, report back to the police station's locker room and remove the garment and place it in a red bio-hazard bag for laundering by the Police Department. [1910.1030 (d) (4) (iv) (a) (2)] Contaminated equipment will be decontaminated and the officer will decontaminate him/her self. Disposable equipment will be secured in a separate bio-hazard bag. [1910.1030 (d) (3) (viii)]
 - 1. Soiled/contaminated laundry as described above shall be sent for laundering by services that are equipped to handle bio-hazardous laundering, by the department. [1910.1030 (d) (3) (iv)]
 - 2. Personnel involved in the bagging, transport of contaminated clothing shall wear protective gloves.
 - 3. Boots, leather goods, uniform jewelry, and other nondisposable equipment may be brushed-scrubbed with soap and hot water to remove contamination.
 - 4. Contaminated personnel will shower with a suitable antiseptic soap in the locker room shower after the above has been completed.
 - 5. All personnel at risk will store a complete uniform in their departmental locker, for them to change into should their duty uniform become contaminated.

HEPATITIS B VACCINATION

DECLINATION

I, _____, understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk, or acquiring Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccine series at no charge to me.

Signed: _____

Print Name: _____

Date: _____

Original to Employee Medical File; Copy to Employee

UNIVERSAL PRECAUTIONS TO PREVENT TRANSMISSION OF HIV (Taken in part from Scientific American Medicine, 9/90)

Because a medical history and physical examination cannot reliably identify all patients infected with HIV or other blood-born pathogens, blood and body fluid precautions should be consistently used for all patients, especially those in emergency-care setting in which the risk of blood exposure is increased and the infection status of the patient is usually not known.

1. Use appropriate barrier precautions to prevent skin and mucous membrane exposure when exposure to blood, body fluids containing blood or other body fluids to which universal precautions apply (see below) is anticipated. Wear gloves when touching blood or body fluids, mucous membranes, or non-intact skin of all patients; When handling items or surfaces soiled with blood or body fluids; and when performing venipuncture and other vascular access procedures. Change gloves after contact with each patient do not wash or disinfect gloves for reuse. Wear masks and protective eye wear or face shields during procedures that are likely to generate splashes of blood or other body fluids.
2. Wash hands and other skin surfaces immediately and thoroughly following contaminations with blood, body fluids containing blood, or other body fluids to which universal precautions apply. Wash hands immediately after gloves are removed.
3. Take care to prevent injuries when using needles, scalpels, and other sharp instruments or devices; when handling sharp instruments after procedures; when cleaning used instruments; and when disposing of used needles. Do not bend, break, or otherwise manipulate used needles by hand. Place used disposable syringes and needles, scalpel blades and other sharp items in puncture-resistant disposal containers, which should be located as close to the use area as is practical.
4. Although saliva has not been implicated in HIV transmission, the need for emergency mouth-to-mouth resuscitation should be minimized by using mouthpieces, resuscitation bags, or other ventilation devices available for use in areas in which the need for resuscitation is predictable.
5. Health-care workers with exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient-care equipment until the condition resolves.

Universal precautions are intended to supplement rather than replace recommendations for routine infection control, such as hand washing and use of gloves to prevent gross microbial contamination of hands. In addition, implementation of universal precautions does not eliminate the need for other category or disease-specific isolation precautions, such as enteric precautions for infectious diarrhea or isolation for pulmonary tuberculosis. Universal precautions are not intended to change waste management programs undertaken in accordance with state and local regulations.

BODY FLUIDS TO WHICH UNIVERSAL PRECAUTIONS APPLY

Universal precautions apply to blood and other body fluids containing visible blood. Blood is the single most important source of HIV hepatitis B virus, and other blood-borne pathogens in the occupational setting. Universal precautions also apply to tissues, semen, vaginal secretions, and the following fluids: cerebrospinal, synovial, pleural peritoneal, pericardial and amniotic.

Universal precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine, and vomitus unless they contain visible blood. Universal precautions also do not apply to human breast milk, although gloves may be worn by health-care workers in situations in which exposure to breast milk might be frequent. In addition, universal precautions do not apply to saliva. Gloves need not be worn when feeding patients or wiping saliva from skin, although special precautions are recommended for dentistry, in which contamination of saliva with blood is predictable. The risk of transmission of HIV, as well as hepatitis B virus, from these fluids and materials is extremely low or nonexistent.

NOTE: These universal precautions were developed for medical personnel and have been shown here to give Hanover Park Police Department personnel more of an understanding on the precautions that need to be taken when dealing with body fluids. Personnel are advised that gloves are required in situations as indicated in these precautions, and that this department recommends the use of gloves for contact with any body fluids of another person.

BLOODBORNE PATHOGENS COVERED BY
29 CFR PART 1910.1030\
OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS

These regulations involve the handling of human body fluids which would include blood, semen, vaginal secretion, cerebral spinal fluid, synovial (joint) fluid, pleural (chest cavity) fluid, pericardial (heart cavity) fluid, peritoneal (abdominal cavity) fluid, amniotic (birth) fluid, saliva with dental procedures, and body fluid that is contaminated with blood or a combination of the above fluids. These substances are considered "regulated waste".

Urine, breast milk, tears, saliva, feces, sputum, and vomitus are some other fluids that have been shown to carry viruses and are regulated, but are not mentioned in the regulations.

EXAMPLES OF RECOMMENDED PERSONAL PROTECTIVE EQUIPMENT FOR WORKER PROTECTION AGAINST HIV AND HBV TRANSMISSION (1) IN PREHOSPITAL SETTINGS.

Guidelines for Prevention of Transmission of HIV and HBV to Health Care and Public Safety Workers. Reprinted from DHHS (NIOSH) Centers for Disease Control, 1987, HHS Publications No. 89-107, Table 4, Page 28.

<u>Task of Activity</u>	<u>Disposable Gloves</u>	<u>Gown</u>	<u>Mask</u>	<u>Protective Eyewear</u>
Bleeding control w/ spurting blood	Yes	Yes	Yes	Yes
Bleeding control w/ minimal bleeding	Yes	No	No	No
Blood drawing	At certain times	No	No	No
Starting an I.V.	Yes	No	No	No
Endotracheal intubation	Yes (*Unless splashing is likely)	No	No*	No*
Oral/nasal suctioning manually cleaning air	Yes(5)	No (*Unless splashing is likely)	No*	No*
Handling & cleaning instruments w/microbial contaminations	Yes	No* (*Unless soiling is likely)	No	No
Measuring blood pressure	No	No	No	No
Measuring temperature	No	No	No	No
Giving an injection	No	No	No	No

- (1) The example provided in this table is based on application of universal precautions. Universal precautions are intended to supplement rather than replace recommendations for routine infection control, such as handwashing and using gloves to prevent gross microbial contamination of hands (e.g. contact with urine or feces)
- (2) Defined as setting where delivery of emergency health care takes place away from a hospital or other health care facility.
- (3) Refers to protective masks to prevent exposure of mucous membranes to blood or other potentially contaminated body fluids. The use of resuscitation devices, some of which are also referred to as "masks".

- (4) For Clarification see Appendix A., p. 33 & Appendix B, p. 38 of the above mentioned publication. (Note: this is not covered in this order)
- (5) While not clearly necessary to prevent HIV or HBV transmission unless blood is present, gloves are recommend to prevent transmission of other agents (e.g. Herpes simplex).

INTERGOVERNMENTAL RISK
MANAGEMENT AGENCY
Four Westbrook Corporate Center, Suite 940
Westchester, IL 60154
(708) 562-0300



SUPERVISOR'S INVESTIGATION REPORT

PLEASE FAX OR MAIL (708) 562-0900 ACCIDENT REPORT FORM TO IRMA WITHIN 5 WORKING DAYS

This report shall be completed in ink by the supervisor of the injured, **no later than the end of the injured person's work shift**. The report shall then be forwarded to your claims coordinator **within 24 hours**, along with the completed form IC45.

Any additional information, including a completed wage statement (if applicable), should follow as soon as possible. This completed form shall then be forwarded to IRMA the **same day** the claims coordinator receives it.

The unsafe acts of persons and the unsafe conditions that cause accidents can be corrected only when they are known specifically. It is your responsibility to find them, name them and to state the remedy for them in this report.

NAME OF IRMA MEMBER (MUNICIPALITY)		DATE & TIME OF ACCIDENT / / AM PM	
DATE INJURED PERSON REPORTED ACCIDENT AND TO WHOM			
LOCATION OF ACCIDENT (The name or number of building, store, dept., floor, etc.)			
NAME OF INJURED EMPLOYEE / PHONE NUMBER		INJURED EMPLOYEE'S DEPARTMENT	
INJURED EMPLOYEE'S JOB			
INJURED PERSON STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> CONTRACT <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> MISC.			
TIME IN JOB <input type="checkbox"/> IN TRAINING <input type="checkbox"/> UNDER 6 MONTHS <input type="checkbox"/> 6 MONTHS TO 1 YEAR <input type="checkbox"/> 1 TO 5 YEARS <input type="checkbox"/> OVER 5 YEAR			
DATE OF HIRE / /		AVERAGE NUMBER OF HOURS WORKED PER WEEK	
HOURLY RATE			
DESCRIBE THE INJURY			
DESCRIBE THE ACCIDENT (State what the injured was doing and the circumstances leading to the accident)			
WAS EMPLOYEE REQUESTED TO GO TO A MEDICAL MANAGEMENT NETWORK FACILITY FOR TREATMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF RESTRICTED, IS LIGHT DUTY AVAILABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IS EMPLOYEE STILL TREATING WITH A MEDICAL MANAGEMENT NETWORK FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, NAME & ADDRESS OF TREATING DOCTOR:	
DID/WILL INJURED PERSON MISS MORE THAN 3 WORKDAYS DUE TO THIS ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
# OF WORK DAYS INJURED PERSON MISSED :		DATE STARTED LOSING TIME: / /	
ANY WITNESSES TO THIS INJURY/ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, WITNESS NAME _____		TITLE/JOB DESCRIPTION _____ PHONE # _____	
WITNESS NAME _____		TITLE/JOB DESCRIPTION _____ PHONE # _____	
HOW COULD THE INJURY/ILLNESS HAVE BEEN PREVENTED?			
REMEDY (As a supervisor, what action have you taken or do you propose taking to prevent a repeat accident?)			
SUPERVISOR		REVIEWED AND APPROVED BY CLAIMS COORDINATOR	
		DATE REPORT PREPARED	
USE REVERSE SIDE FOR ADDITIONAL SPACE NEEDED			
PLEASE MAIL OR FAX (708) 562-0900 ACCIDENT REPORT TO IRMA WITHIN 5 WORKING DAYS			

Directive 525S Appendix E

EMPLOYEE'S STATEMENT OF INCIDENT

(Can be used for both Workers' Compensation & Liability)

Employee must complete all questions in own handwriting. (Use another sheet, if more space is needed.)

Name: _____ Phone Number-Day: _____
Address: _____ Phone Number-Night: _____
City: _____ State: _____ Zip Code: _____

Department: _____ Job: _____ Supervisor: _____

Date & Hour Injury Occurred: ____/____/____ AM [] PM []

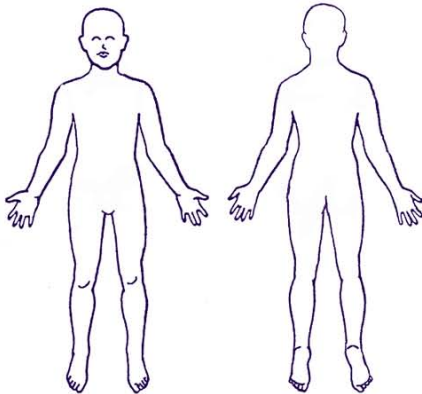
Where did this occur: _____

Date & Hour You Notified Employer: ____/____/____ AM [] PM []

Reported to Whom: _____ Names of Witnesses: _____

Explain exactly what happened: _____

If injured, complete the remainder of the form. If not injured, sign and date at the bottom of the form.



Describe the nature of all injuries, identifying the parts of your body that were injured; please circle parts of body injured on diagram.

What were you doing at time in injury?

Describe anything you were doing differently than usual.

Have you had complaints to the same part of the body in the past? _____

Date & Time you first saw doctor: ____/____/____ AM [] PM []

Names of all doctors you have seen for injury: _____

First full day/shift missed due to this injury: ____/____/____ AM [] PM []

I have read the above statement and it is true and complete to the best of my knowledge.

Employee's Signature: _____ Date: _____

Directive 525S Appendix E

ILLINOIS FORM 45: EMPLOYER'S FIRST REPORT OF INJURY

Please type or print.

Employer's FEIN	Date of report	Case or File #	Is this a lost workday case? Yes / No
Employer's name		Doing business as	
Employer's mailing address			
Nature of business or service			SIC code
Name of workers' compensation carrier/admin.		Policy/Contract #	Self-insured? Yes / No
Employee's full name		Social Security #	Birthdate
Employee's mailing address			Employee's e-mail address
Male / Female	Married / Single	# Dependents	Employee's average weekly wage
Job title or occupation			Date hired
Time employee began work AM PM	Date and time of accident		Last day employee worked
If the employee died as a result of the accident, give the date of death.		Did the accident occur on the employer's premises? Yes / No	
Address of accident			
What was the employee doing when the accident occurred?			
How did the accident occur?			
What was the injury or illness? List the part of body affected and explain how it was affected.			
What object or substance, if any, directly harmed the employee?			
Name and address of physician/health care professional			
If treatment was given away from the worksite, list the name and address of the place it was given.			
Was the employee treated in an emergency room? Yes / No		Was the employee hospitalized overnight as an inpatient? Yes / No	
Report prepared by	Signature		Title and telephone #

Please send this form to the ILLINOIS WORKERS' COMPENSATION COMMISSION 4500 S. SIXTH ST. SPRINGFIELD, IL 62703-5118 IC45 5/09

By law, employers must keep accurate records of all work-related injuries and illness (except for certain minor injuries). Employers shall report to the Commission all injuries resulting in the loss of more than three scheduled workdays. Filing this form does not affect liability under the Workers' Compensation Act and is not incriminatory in any sense. This information is confidential.

HANOVER PARK POLICE DEPARTMENT
INFECTIOUS MATERIALS / BLOODBORNE PATHOGENS
EXPOSURE DETERMINATION
(1910.1030 (c) (2) (i))

Job Classification	Class I	Class II
1. C.S.O. Evidence Technician	X	
2. C.S.O.		X
3. Desk Officer		X
4. Records Aide	X	
5. Records Clerk	X	
6. Sworn Police Personnel	X	
7. * Building Maintenance Workers I & II	X	
8. * Building Maintenance Supervisor	X	

Job Task	Job Description From Table Above							
	1	2	3	4	5	6	7	8
Apply / Remove Restraints / Contaminated Person						X		
Enter Contaminated Crime Scene	X	X				X		
Face to Face Contact with Contagious / Contaminated Person	X	X	X	X	X	X		
Handle Contaminated Evidence / Material	X	X				X	X	X
Handle Contaminated Sharps	X	X	X	X	X	X		
Process / Fingerprint Contagious / Contaminated Person	X					X		
Process Contaminated Crime Scene	X					X		
Provide Emergency Medical Assistance (1 st Aid / CPR)	X	X	X	X	X	X		
Search Contagious / Contaminated Person	X	X		X	X	X		
Clean up Contaminated Area						X	X	X

Revised 11/15/10