MYRTLE BEACH POLICE DEPARTMENT
ADMINISTRATIVE REGULATIONS
& OPERATING PROCEDURES

Subject: *Exposure Control Plan*	**Number:** *228-C*
Effective Date: *February 19, 2004*	**Revised Date: July 31, 2026**
Rescinds: 228 – Exposure Control Plan 228-A - Exposure Control Plan 228-B - Exposure Control Plan	**Dated:** 01-01-2001 02-19-2004 06-16-2025

Approved By:

I. PURPOSE

A. This exposure control plan is being established pursuant to the requirements of 29 CFR 1910.1930. This Bloodborne Pathogen Standard finalizes the rules for protecting health and safety workers from occupational exposure to blood and certain other body fluids.

B. The purpose of this Exposure Control Plan is to:

1. Eliminate or minimize employee exposure to blood or other potentially infectious materials.

2. Identify examples of tasks and procedures where occupational exposure to blood and certain body fluids can be reasonably anticipated and the positions whose routine duties include these tasks.

3. Describe engineering and work practice controls that significantly reduce the risk of employee contact with bloodborne pathogens.

4. Establish information and training requirements for all employees.

5. Ensure that all persons receive police services in a non-discriminatory fashion with full recognition of their right to privacy.

II. DEFINITIONS

A. Blood – Human blood, human blood components, and products made from human blood.

B. Body Fluids – Liquid Secretions, including but not limited to blood, saliva, vomit, urine, vaginal fluid, semen, mucous or feces.

C. Bloodborne Pathogens - Pathogenic microorganisms that are present in human blood. They include, but are not limited to, Hepatitis B Virus (HBV), Hepatitis A Virus (HAV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV).

D. Body Substance Isolation – The concept that blood and all body fluids are to be considered to pose a risk for transmission of bloodborne diseases.

E. Communicable Disease – Those infectious illnesses that are transmitted through direct or indirect (including airborne) contact with an infected individual.

F. Contaminated Laundry - laundry that has been soiled with blood or other potentially infectious materials or may contain sharps.

G. Contaminated Sharps - any contaminated object that can penetrate the skin, including but not limited to needles, broken glass, sharp edges of contaminated metal, and glass blood tubes.

H. Decontamination – the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or items 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.

I. Disinfect – To cleanse of harmful microorganisms.

J. Exposure Incident – a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

K. Hand Washing Facilities – Facilities providing an adequate supply of running potable water, soap, and single-use towels or a hot drying machine, eyewash station.

L. HBV – Hepatitis B

M. HCV – Hepatitis C

N. Virus HIV – Human Immunodeficiency Virus

O. Hypochloride Solution - a cleansing solution made fresh each day with ninety-nine parts of water and one part chlorine bleach (a 1% solution).

P. Immunization – the inoculation process whereby a person is rendered immune to a specific pathogenic microorganism.

Q. Infection Control Officer – The designated officer whose responsibility it is to serve as a liaison between the department and the treating facility in a potential or actual exposure, maintain required documentation and record keeping of employee medical information, ensuring availability of PPE, monitoring compliance, and quality assurance throughout the department.

R. Occupational Exposure – Skin, eye, mucous membrane, or parenteral contact with blood's potentially infectious materials resulting from the performance of one's job duties.

S. Other Potentially Infectious Materials (OPIM):

1. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluids, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluid in situations where it is difficult or impossible to differentiate between body fluids.

2. Any unfixed tissue or organ (other than intact skin) from a human, living or dead.

T. Parenteral – Piercing mucous membranes or the skin barrier through needle Sticks, human bites, cuts, and abrasions.

U. Personal Protective Equipment – specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

V. Protective Eyewear – Includes such protective equipment as face shields, goggles, or any other device designed to impede contaminants from entering the employee's eyes.

W. Regulate Waste – Liquid or semi-liquid blood or other potentially infectious materials:

1. Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed;

2. Items that are caked with dried blood or other potentially infectious material that are capable of releasing these materials during handling;

3. Contaminated sharps;

4. Pathological and microbiological waste containing blood or other potentially infectious materials.

X. Source Individual – Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

Y. Sterilize – The use of a chemical or physical procedure to destroy all microbial life, including highly resistant bacterial endospores.

Z. Universal Precautions – Procedures whereby all human blood and body fluids are treated as if known to be infectious or HIV, HBV, and other bloodborne pathogens.

AA. Work Practice Control – Controls that reduce the likelihood of exposure by altering the manner in which a task is performed. (e.g., prohibiting recapping of needles by a two-handed technique).

III. POLICY

A. It is the policy of this department for all employees to be provided a working environment as free from hazards as possible. When this is not practical, the department shall establish operational procedures that effectively reduce or mitigate the effects of occupational hazards.

B. All employees have the individual responsibility for their own health, safety, and welfare. Each employee is responsible for complying with all departmental regulations, including occupational safety and health. Each employee must ensure his or her own safety and health against occupational exposures by participating in available health maintenance programs, practicing food and personal hygiene, reporting medical conditions that could require work restrictions, and complying with medical follow-up treatment.

C. It is also the policy of this department that individuals are provided equal access to the delivery of services without regard to his or her state of health.

D. All information regarding the health status of individuals known to be or suspected of being positive for HIV, HCV, or HBV shall be afforded the

highest degree of confidentiality. Inquiries regarding the health status of these individuals shall be referred to the Legal Department of the City for response.

E. The unauthorized release of any confidential health information regarding any individual is a violation of this regulation and shall subject the involved employee to disciplinary action.

IV. PROCEDURE

A. EXPOSURE DETERMINATION

1. Department personnel who have contact with members of the public, as well as those who handle property and evidence, have the potential for occupational exposure to blood or other potentially infectious materials that may result in possible exposure to bloodborne pathogens.

2. Task example: Affecting an arrest, collecting evidence at a crime scene, searches, and rendering first aid, etc.

B. EXPOSURE AND METHODS OF IMPLEMENTATION

1. Universal Precautions – Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials. (See definitions)

2. Engineering and Work Practice Controls – shall be utilized to eliminate or minimize exposure to departmental personnel. Where occupational exposure remains after institution of these controls, Personal Protective Equipment (PPE) shall also be utilized.

3. The department will make available hand-washing facilities that shall be readily accessible after exposure. If an officer cannot get to these facilities, the department shall provide either antiseptic towelettes or antiseptic cleanser to be used in conjunction with single-use paper towels. If these alternatives are used, officers shall wash their hands with soap and running hot water as soon as they return to the department's hand-washing facilities.

    a. The following equipment must be made available by the department:

        1. Workable sink

2. Eyewash station

3. Hot water

4. Soap dispenser with soap

5. Disposable paper towels or hot air dryers

6. Biohazard-labeled trash container

b. Hand washing with soap and hot running water is the single most important means of preventing the spread of infection. Hands should be washed for a minimum of 20 seconds continuously in hot, soapy water.

4. Handle needles, syringes, and sharps as if they are contaminated and use EXTREME CAUTION to prevent needles and/or sharps from puncturing yourself and others. The term "sharps" includes IV needles, drug needles, blood lances, broken blood tubes, contaminated metal and glass from accident scenes, paraphernalia found on the body or in the clothing of victims, or any other sharp instruments, parts, edges, etc.

    a. Needles are not to be recapped, bent, or broken, and are not to be removed from any syringe or otherwise be manipulated by hand.

    b. Carefully place all used needles, syringes, and sharps into a sharps container, needle end first. To avoid injury, do not force the needle and/or syringe and/or other objects into the container.

    c. Do not throw used needles, syringes, or sharps into any trash can at any location. Dispose of such objects in containers designed only for that purpose.

    d. Do not leave needles, syringes, or sharps at any site.

    e. Wash hands with soap and water as soon as possible following the handling of needles, syringes, and/or sharps.

    f. Treat and report all injuries from needles, syringes, and/or sharps according to the department's Post Exposure Follow-up Procedure.

5. For disposal of Contaminated Sharps, the department will provide biohazardous-labeled sharps containers for the contaminated needles and other contaminated sharps.

    a. The department will have biohazard-labeled sharps containers at the following facility site(s):

        1. The Medical Supply Room located within the Detention Facility.

        2. The Property & Evidence work station.

    b. Employees will have access to a biohazard sharps container located in police vehicles used for patrol.

    c. Each shift supervisor and crime scene unit will have transparent sharps containers available for evidence storage.

    d. Approved Biohazard Sharps Container must be:

        1. Puncture-resistant

        2. Leak-proof

        3. Approved biohazard labeling

    e. During use of biohazard containers, they should:

        1. Be easily accessible to personnel

        2. Maintained in an upright position

        3. Disposed of when ¾ full

    f. When moving biohazard containers, they should:

        1. Be closed immediately prior to removal

        2. Placed in a secondary container if leakage is possible

    g. Secondary containers should be:

        1. Closable

        2. Properly labeled

3. Made of a material to prevent leakage

h. Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner that would expose officers to the risk of puncturing intact skin.

C. WORK AREA RESTRICTIONS

1. In areas where there is a reasonable likelihood of occupational exposure to blood or other potentially infectious materials, employees shall not eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses.

2. Food and beverage shall not be kept in refrigerators, freezers, shelves, and cabinets, or on counter tops or bench tops where blood or other potential infectious material is or has been present.

3. Protective Eyewear will be worn while in the Jail when prisoners are present in the facility.

D. PROCEDURES FOR CLEANING AND METHODS OF CONTAMINATION OF BLOOD/BODY FLUID SPILLS

1. Use disposable single-use gloves during all cleanup procedures.

2. Spray the contaminated area with a prepared solution of 1:10 household bleach to water (or equivalent factory solution) and allow to set for 20 seconds before wiping up the blood/body fluid.

3. Dispose of all cleaning items through the appropriate biohazard waste protocol.

4. All non-disposable items used during the clean-up procedure should be decontaminated immediately with the bleach solution (1:10) or equivalent factory solution.

5. If it is not feasible to decontaminate the equipment or portions of the equipment, then a biohazard label or sign shall be affixed to the equipment stating which portion remains contaminated. The sign and labels are located in the Evidence Storage area and will be available from the Detention Supervisor after normal working hours.

6. It shall be the responsibility of the department to provide biohazard signs and labels.

E. WORK VEHICLE DECONTAMINATION

1. Any spills that are made in a departmental vehicle, including vomit and feces, should be thoroughly cleaned with soapy water and then wiped down with a disinfectant solution.

2. The vehicle must be decontaminated prior to placing the vehicle back into service.

3. Any items used for cleaning that are not disposable, such as cloth towels, etc., shall be placed in a biohazard laundry container. Any items that are disposable shall be placed in a biohazard bag for waste disposal (gloves, paper towels, etc.). The biohazard bags will be located in the detention facility.

4. The decontamination of police vehicles will be completed at a designated area behind the police department. As an alternate location in case of inclement weather, the sallyport may be used. The vehicle to be decontaminated shall not block the access to incoming vehicles carrying prisoners. The outer side of this area should be used.

F. NON-DISPOSABLE LAW ENFORCEMENT EQUIPMENT DECONTAMINATION

1. Law enforcement weapons, handcuffs, ASP, crime scene equipment such as cameras, mirrors, tape measures, etc., should be decontaminated with disinfectant wipes, and then the recommended cleaning procedure for that equipment should be used. Do not use latex gloves with bore cleaner. Web gear should be wiped clean and sprayed with a good disinfectant spray.

2. Non-disposable law enforcement equipment may be decontaminated at the hand wash station in the Detention Center.

3. Guns will be decontaminated in the gun storage area at the entrance to the jail in the sallyport, or any other area designated by the department.

G. CRIME SCENE PROCESSING - Listed are some suggested guidelines for the handling and processing of the crime scene evidence.

1. Do not eat, smoke, drink, or apply makeup at the crime scene. An officer could transfer contaminated fluids to the mucous membranes.

2. If there is blood and/or body fluids at the scene, the officer should wear a minimum of disposable single-use gloves, goggles/face mask as protective clothing.

3. Because body fluids can leak through paper products, it is recommended that evidence be secured in glass, metal, or plastic containers. Remember that air tightness prevents drying and could cause deterioration of specimens. Therefore, put damp items in plastic at the scene and transport them to the lab or drying chamber (if applicable) as soon as practical.

4. Seal evidence bags with tape; do not use staples.

5. All evidence collected containing blood/body fluids must be clearly marked as contaminated or biohazard materials.

6. Again, remember to wash thoroughly after removing PPE.

H. PERSONAL PROTECTIVE EQUIPMENT (PPE)

1. General

    a. PPE is selected and required to be used by employees based on the anticipated exposure to blood and other potentially infectious materials.

    b. The department will provide, at no cost to the employee, appropriately sized personal protective equipment.

    c. All employees of the department will be required to use the PPE whenever they may have or anticipate contact with blood or body fluids.

    d. The following list of PPE should be made available to the employee based on the incident to be encountered:

        1. Coveralls with a hood and foot protection

        2. Ventilation device for CPR

        3. Eye protection

        4. Disposable single-use gloves

        5. Band-Aids (cover scratches, etc.)

6. Face Mask

7. Antiseptic/disinfectant towelettes or wipes.

8. Eyewash solution or bottled water.

2. Exceptions To the Use Of PPE

   a. When, in the employee's professional judgment, the use of PPE would prevent the delivery of health, public safety, or other police services or would pose an increased hazard to that employee or co-workers, then the employee may elect not to use PPE.

   b. Several points must be made about this exception:

      1. The decision not to use PPE in a given situation rests with the employee, not the employer. This is because the only situation to which the exemption applies is defined, limited, and essentially life-threatening circumstances, which require immediate on-the-spot decisions. If there is time for an employee to consult the employer (supervisor) regarding the use of PPE, there is time to use it.

      2. Although the exemption is to be limited in extent and time, the employee should continue to use feasible universal precautions to reduce their risk. As soon as the situation changes, the employee should implement the use of full precautions.

      3. The decision not to use PPE should be made only on a case-by-case basis, and the employees exercising this exemption should be aware that they will have to explain their reasons for not using the equipment.

3. PPE ISSUANCE AND USAGE

   a. The department, at no cost to the employee, will repair or replace PPE as needed to maintain its effectiveness.

   b. All used PPE shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

c. Gloves - employees shall wear gloves when it is reasonably anticipated that the employee may have contact with blood, other potentially infectious materials, mucous membranes, non-intact skin, or when handling or touching contaminated items or surfaces.

d. Masks, Eye Protection, and Face Shields – Masks in combination with eye protection devices such as goggles, or glasses with solid side shields or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated, and eye, nose, and mouth contamination can be reasonably anticipated.

e. All Department vehicles will contain a first aid kit and PPE kit.

f. Protective Clothing – Appropriate protective clothing, such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments, shall be worn in occupational exposure situations where it can be reasonably anticipated that the employee may be exposed to blood or other potentially infectious materials. The type and characteristics will depend on the task and degree of exposure anticipated.

g. PPE will be stored and issued by the designated Uniform/Equipment personnel.

I. HOUSEKEEPING

1. General

a. All work areas are to be maintained in a clean and sanitary manner. Each area will be inspected, cleaned, and decontaminated, to include:

1. Equipment

2. Garments

3. PPE and First Aid Kits

4. Vehicles and equipment therein to include the fire extinguisher.

5. Work Surfaces

6. Protective Coverings

7. Pails

8. Cans

9. Similar Receptacles

b. The schedule and method of cleaning and decontamination will be based upon the items or their location, type of surface to be cleaned, type of soil or contaminant present, and operational need.

c. All equipment and working surfaces shall be cleaned and decontaminated as soon as practical after contact with blood or other potentially infectious materials.

2. Protective coverings, such as plastic wrap, aluminum foil, or imperviously backed absorbent paper, used to cover equipment and environmental working surfaces shall be removed and replaced as soon as feasible when contaminated.

3. Broken glass, glassware, and other sharps that may be contaminated with blood or other potentially infectious materials, when feasible, shall be picked up with forceps. They should never be picked up with the bare hand.

4. Items of waste to be regulated but not covered under sharps, laundry, evidence, or uniforms, but to include disposable PPE, are to be placed into properly labeled or color-coded biohazard containers. The containers must be closable and prevent leakage during handling, storage, transporting, or shipping.

5. The department will be required to dispose of biohazardous waste through an approved licensed facility and/or contractor.

6. The department will be responsible for providing approved waste receptacles.

7. Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible, placed in biohazard-labeled or color-coded bags as soon as feasible after contamination, and shall not be sorted, rinsed, or laundered by any departmental personnel.

8. Laundry contaminated with blood or other potentially infectious material will be cleaned by a contractor designated by the city and shall be shipped to that facility in biohazard or color-coded bags.

9. Employees shall not remove contaminated laundry from the workplace.

10. Employees who handle contaminated laundry shall wear gloves and other appropriate PPE to prevent exposure.

J. GENERAL LAW ENFORCEMENT GUIDELINES

1. It is important for law enforcement personnel to promptly cover and bandage all cuts, wounds, and abrasions prior to performing work-related duties.

2. When performing a search of a person, exercise caution to avoid accidental needle stick injuries. If a needle stick occurs, wash the site thoroughly, immediately with soap and hot running water or antiseptic towelettes, and notify a supervisor who will place the employee out of service.

3. Wear disposable gloves to avoid contact with blood, body fluids, and discharges.

4. Wear disposable gloves when handling evidence contaminated with blood or body fluids.

5. Consider all biological specimens as contaminated and handle with caution.

6. Do not eat, drink, or smoke while handling evidence.

7. In the courtroom, whenever possible, refer to the biologically contaminated evidence by photograph or in sealed, clear plastic bags.

8. When responding to medical emergencies where rescue breathing is necessary, if possible, use medical oxygen, a bag valve mask, or a portable pocket mask.

K. UNIFORM DECONTAMINATION

1. The department will be responsible for the decontamination and laundering of uniforms or clothing worn on the job. Uniforms and/or

parts of uniforms that become contaminated, or are potentially contaminated, must be treated as such. Put on gloves when removing any or all uniform parts to avoid contamination of other areas of the body or uniform. The standard requires that contaminated clothing be handled as little as possible and only by the employees who are wearing appropriate PPE. Contaminated or non-disposable PPE must be containerized at the location of use and in appropriately labeled, leak-proof bags or containers and must not be washed or rinsed at the site of use. Employees are responsible for having a spare uniform/clothing at the workplace or in their assigned or personal vehicle.

L. HEPATITIS

1. Hepatitis B Vaccine and Post-Exposure Evaluation and Follow-up. The City of Myrtle Beach will provide Hepatitis B vaccination services to all employees who are subject to occupational exposure and post-exposure follow-up. These services are:

    a. Made available at no cost to the employee.

    b. Made available at a reasonable time and place

    c. Performed by or under the supervision of a licensed health care professional.

    d. Provided according to the recommendations of the U.S. Public Health Services.

    e. All laboratory tests shall be conducted by an accredited laboratory at no cost to the employee.

2. Hepatitis B Vaccination

    a. Hepatitis B vaccination shall be made available to all employees who suffer occupational exposure, within ten (10) working days of the initial assignment. Employees who have previously received the complete vaccination series, have undergone antibody testing that revealed that the employee is immune, or have been advised by a licensed physician not to undergo the vaccination series for medical reasons, are exempt. A record of any of the above conditions shall be made part of the employee's medical file.

b. Employees who decline the vaccination shall sign a waiver indicating their refusal. This waiver shall be made as a permanent part of the employee's medical file.

c. Future vaccination boosters recommended by any Federal or State regulatory agencies shall be made available to exposed employees under the same guidelines as initial vaccinations.

M. POST-EXPOSURE EVALUATION AND FOLLOW-UP

1. All exposure incidents shall be considered occupational injuries and shall be reported, investigated, and documented.

2. A complete, detailed City of Myrtle Beach Loss Report concerning the exposure incident shall immediately be submitted to the employee's supervisor.

3. The employee's supervisor will immediately notify the on-call Medical Officer for the City of Myrtle Beach Occupational Health Clinic and the City Risk Manager.

4. The reports are to be submitted to the City Risk Manager within Twenty-four (24) hours of the incident.

5. All exposure incidents shall be considered personal medical information and treated with the highest degree of confidentiality.

6. The exposed employee shall undergo a confidential medical evaluation and follow-up, including the following elements:

    a. Documentation of the route of the exposure and the circumstances of the exposure.

    b. Identification and documentation of the source exposure.

    c. If the source is defined as a "Person" in the South Carolina Code of Laws 44-29-230, they may be tested to determine HCV, HBV, and HIV infectivity without their consent.

    d. Results of the source individual's blood test shall be made available to the exposed employee.

    e. Collection and testing of an exposed employee's blood for HBV/HCV or HIV serological status will comply with the following:

1. The exposed employee shall be required to execute a written consent for blood collection before the City or Department authorizes such action.

2. Once consent is obtained, the blood sample shall be immediately collected.

3. The employee will be offered the option of having their blood tested for HBV/HIV/HCV serological status. If the employee declines the testing, the medical facility will discard the sample.

7. All employees who suffer an exposure incident shall be offered post-exposure evaluation and follow-up at:

    a. City of Myrtle Beach's Occupational Health Clinic, or

    b. Grand Strand Medical Center

        1. The Employee will wait at the medical facility for rapid HIV and HCV reports on the source individual.

        2. Health Care Professional's Opinion – the employee shall be notified of the post-exposure medical evaluation within 72 hours of the evaluation.

8. All exposures to communicable diseases must be documented. Exposure records include:

    a. Date of the incident

    b. Location of the incident

    c. Incident number

    d. Route of exposure

    e. PPE used

    f. Type of exposure, if known

    g. Employee's name

    h. Description of employee duties as they relate to the exposure

i. Social Security Number (required by OSHA)

j. Description of incidents and circumstances under which the exposure occurred

k. Notifications made

l. Treatment and follow-up provided.

N. TRAINING AND TRAINING RECORDS

1. Procedural Statement

a. All training shall meet the requirements of the OSHA standard and shall be approved by, scheduled, and tracked by the Department Training Unit and the City's Human Resource Department.

2. Schedule and Method of Compliance

a. Employees designated in this Exposure Control Plan will receive training at no cost during regular working hours. The training for new personnel will be conducted within ten (10) days of the initial assignment to any task where occupational exposure may occur.

b. Annual refresher training will be conducted for all covered employees. Additional training will be provided as necessary when changes occur, which may affect the employee's occupational exposure, or in the departmental procedures.

c. Qualified instructors knowledgeable in the appropriate areas and capable of answering all questions on their respective topics will conduct all training.

d. Adequate time will be allowed for questions, which will be encouraged.

e. Training materials and discussions will be tailored to the educational and language background of the employees. Training may be conducted in individual sessions or groups.

f. Training records shall include:

1. Date of the training session

2. Contents of the session

3. Name of the employee

4. Name of instructor and documentation of being an approved healthcare professional.

g. Training records shall be maintained for a period of three (3) years after the date of the training by the department's training section. These records will be available for employees' review.

3. Training will include, but not be limited to:

a. A general explanation of the epidemiology and systems of bloodborne diseases and how these diseases are transmitted.

b. A thorough explanation of exposure to potentially infectious materials by job task.

O. UNIVERSAL PRECAUTIONS

1. Proper techniques for the use of PPE, including:

a. Selecting the proper equipment for the circumstances

b. Proper removal

c. Decontamination

d. Disposal criteria.

2. Information on Hepatitis vaccines, including their efficiency, safety, method of administration, the benefits of being vaccinated, and the fact that it is free to the employee.

3. A thorough discussion on appropriate actions to take and people to contact in an emergency involving blood or other potentially infectious materials.

4. Labeling system for infectious waste.

5. An explanation of the contents of this plan, where it is located, and how the employee can obtain access to the standard itself.

6. The department's efforts to minimize employee exposure, including PPE, engineering controls, and work practices.

7. Accident reporting and medical follow-up to exposure by employee and employer.

P. SPECIFIC DEPARTMENTAL PROCEDURES.

1. Record Keeping

    a. The City of Myrtle Beach Occupational Health Clinic will maintain an accurate personal medical health record for each member of the department. The medical records will include:

        1. Name of employee

        2. Results of all medical examinations (pre-entry, pre-assignment, annual, and post-exposure)

        3. Medical diagnoses and recommendations

        4. Treatment and prescriptions

        5. Immunization record, including hepatitis B

        6. Follow-up procedures and post-exposure evaluation

        7. Employee medical complaints and symptoms

        8. Record of medically caused work restrictions

    b. Like exposure records, medical records are confidential and can be released only to authorized individuals with the written consent of the employee.

2. The Myrtle Beach Police Department may maintain medical records for employees. These records shall be kept separate from the employee's permanent personnel record and maintained for thirty (30) years past the employee's last date of employment.

3. Current and former employees may obtain a copy of their medical record by submitting a written and signed request to the Infection

Control Officer for the department. The records must be made available within 15 days.

4. All records shall be maintained in the strictest of confidentiality and may be released only upon written authorization of the employee or by order of the court having proper jurisdiction. A report of the release, including the date of the release, who authorized the release, and to whom the information was released, shall be placed in the employee's medical file.

5. Records of all training shall be maintained in the employee's permanent training record for a minimum of three (3) years.

Q. INFORMATION REGARDING EXPOSURE CONTROL PLAN

1. All personnel will receive a written update of any changes in this plan. The plan will be reviewed and updated annually.

R. SOUTH CAROLINA STATE LAW CONCERNING EXPOSURE TESTING

1. 44-29-230 Testing required when a health care worker is exposed to bloodborne disease.

    a. While working with a person or a person's blood or body fluids, if a healthcare worker or emergency response employee is involved in an incident resulting in possible exposure to bloodborne diseases, and a health care professional based on reasonable medical judgment has cause to believe that the incident may pose a significant risk to the healthcare worker or emergency response employee, the health care professional may require the person to be tested without his consent.

    b. The test results must be given to the healthcare professional who shall report the results and assure the provision of post-test counseling to the healthcare worker or emergency response employee and the person who is tested. The test results shall also be reported to the Department of Health and Environmental Control in a manner prescribed by law.

    c. No Physician, hospital, or other health care provider may be held liable for conducting the test or the reporting of test results under this section.

    d. For purposes of this section:

1. "Person" means a patient at a healthcare facility or physician's office, an inmate at a state or local correctional facility, an individual under arrest, or an individual in the custody of or being treated by a health care worker or an emergency response employee.

2. "Emergency response employee" means firefighters, law enforcement officers, paramedics, emergency medical technicians, medical residents, medical trainees, trainees of an emergency response employee as defined herein, and other persons, including employees of legally organized and recognized volunteer organizations, without regard to whether these employees receive compensation, who in the course of their professional duties respond to emergencies.

3. "Bloodborne diseases" means Hepatitis B, Hepatitis C, or HIV, including Acquired Immunodeficiency Syndrome.

4. "Significant Risk" means a finding of facts relating to a human exposure to an etiologic agent for a particular disease, based on reasonable medical judgments given the state of medical knowledge, about the:

    a. Nature of the risk;

    b. Duration of the risk;

    c. Severity of the risk;

    d. Probability that the disease will be transmitted and will cause varying degrees of harm.

e. "Health care worker" means a person licensed as a healthcare provider under Title 40, a person registered under the laws of this State to provide healthcare services, an employee of a healthcare facility as defined in Section 44-7-130(10), or an employee in a physician's office.

2. The cost of any test conducted under this section must be paid by the:

a. Person being tested;

b. State in the case of indigents; or

c. Public or private entity employing the healthcare worker or emergency response employee if the cost is not paid pursuant to sub-items (a) and (b) above.