

**GENERAL ORDERS**  
**CHAPTER 204**  
**COMPENSATION, BENEFITS AND WORKING CONDITIONS**

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**COMMUNICABLE DISEASES AND  
BLOODBORNE PATHOGENS EXPOSURE CONTROL  
G.O. 204.4**

I. PURPOSE

- A. To establish guidelines and procedures regarding communicable diseases and bloodborne pathogens that employees may encounter during the course of duty.
- B. To establish guidelines for the way employees infected with HIV, HBV, and other bloodborne pathogens are treated during the course of duty.

II. POLICY

It is the policy of the Maui Police Department to protect its employees from the health hazards associated with communicable diseases and bloodborne pathogens and to provide appropriate treatment and counseling should an employee be exposed to communicable diseases or bloodborne pathogens.

III. DEFINITIONS

**BLOODBORNE PATHOGEN:** Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).

**BODY FLUIDS:** Liquid secretions including blood, semen and vaginal or other secretions that might contain these fluid such as saliva, vomit, urine or feces.

**COMMUNICABLE DISEASE:** Those infectious illnesses that are transmitted through contact with the body fluids of an infected individual.

**EXPOSURE CONTROL OFFICER (ECO):** Commander of the Plans, Training, Research and Development Section or designee. The designee shall be determined in the following order: Captain of Technical Services and Sergeant of the Plans, Training, Research, and Development Section.

**CONTAMINATED:** The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

**CONTAMINATED SHARPS:** Any contaminated object that can penetrate the skin, including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

**CONTAMINATED LAUNDRY:** Any clothing, which has been soiled with blood or other potentially infectious material, or may contain sharps.

**DECONTAMINATION:** The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item 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.

**EXPOSURE INCIDENT:** A specific eye, mouth, other mucous membrane, non-intact skins, or parental contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

**HBV:** Hepatitis B Virus

**HIV:** Human Immunodeficiency Virus (the virus that causes AIDS – Acquired Immune Deficiency Syndrome)

**MEDICAL RECORDS:** Documents related to employees' exposure or possible exposure to bloodborne pathogens while in the performance of their official duties and participation in the Department's Hepatitis B immunization program.

**OCCUPATIONAL EXPOSURE:** Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

**OTHER POTENTIALLY INFECTIOUS MATERIALS:**

- The following human bodily fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid (joint oil), pleural (membrane enveloping lungs) fluid, pericardial (membrane enveloping the heart), peritoneal (membrane enveloping the abdominal region), amniotic fluid, saliva in dental procedures, anybody fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between bodily fluids.
- Any unfixed tissue or organ (other than skin) from a human (living or dead).
- HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV

**PARENTERAL:** Piercing mucous membranes or the skin barrier through such events as needle

sticks, human bites, cuts and abrasions.

**PERSONAL PROTECTIVE EQUIPMENT:** Specialized clothing or equipment worn by an employee for protection against hazard. General work clothes (e.g., uniform pants, shirts or blouses) not intended to function as protection against a hazard are not considered personal protective equipment.

**REGULATED WASTE:** Liquid or semi-liquid blood or other potentially infectious material; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

**SOURCE INDIVIDUAL:** Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to an employee. Examples include, but are not limited to, trauma victims, hospital or clinic patients, and clients of drug and alcohol treatment facilities, residents of hospices and nursing homes, human remains, and individuals who donate or sell blood or blood components.

**STERILIZE:** The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

**UNIVERSAL PRECAUTIONS:** An approach to infection control. According to the concepts of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.

#### IV. SCOPE

- A. The following list contains job classifications in which all employees in those job classifications have occupational exposure;
  - 1. Motor pool Attendants.
  - 2. Criminalists.
  - 3. Police Evidence Specialists
  - 4. Evidence and Identification Technicians
  - 5. Evidence Custodians.
  
- B. The following list contains job classifications in which some employees in those job classifications have occupational exposure;
  - 1. All sworn personnel

2. Public Safety Aides
  3. Cadets
- C. The following list contains positions in which occupational exposure occurs and that are performed by employees in job classifications listed in Paragraphs A and B.
1. Motor pool Attendants
  2. Criminalists
  3. Police Evidence Specialists
  4. Evidence and Identification Technicians
  5. Evidence Custodians
  6. Public Safety Aides
  7. All sworn personnel assigned to the Uniformed Service Bureau
  8. All sworn personnel assigned to Receiving Desk Section
  9. All sworn personnel and cadets assigned to conduct custodial searches of prisoners
  10. All sworn personnel assigned to the Vice Division
  11. All sworn personnel assigned to the Criminal Investigations Division

V. PREVENTIVE PROGRAMS

A. Education and Training

1. All employees shall receive education and training on communicable diseases and bloodborne pathogens, which will be coordinated by the Plans, Training, Research and Development Section.
2. Employees listed under Article IV, Paragraph C of this directive shall receive update information on communicable diseases in conjunction with their annual First Responder/Cardio Pulmonary Resuscitation training or other training coordinated by the Plans, Training, Research and Development Section.

B. Hepatitis B Vaccination Program

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1. In an effort to protect employees from the possibility of Hepatitis B infection, the Department has implemented a vaccination program. The program is available, at no cost, to all employees who have occupational exposure to bloodborne pathogens.
2. The vaccination program consists of a series of three inoculations over a six-month period.
  - a. Employees who decline to participate in the vaccination program will be entitled to participate in the program at a later date, as long as they are employed with the Department.
  - b. It is the responsibility of the employee to meet all of the follow-up vaccination appointments once the first vaccination is taken.
  - c. If an employee fails to attend any of the follow-up vaccination appointments, the employee will need to repeat the entire vaccination series at the EMPLOYEE's expense.
3. The Exposure Control Officer is responsible for the coordination, records management, and administration of this vaccination program.

VI. PROTECTIVE EQUIPMENT/MATERIALS

- A. All sworn personnel and employees identified in Article IV, Paragraph C, shall be issued Personal Protective Equipment. This equipment is referred to as the "Bodily Fluid Disposal Kit."
- B. Instructional training on the proper use of protective equipment shall be provided by the Department prior to its issuance.
  1. Gloves are worn whenever employees anticipate hand contact with potentially infectious material or when handling or touching contaminated items or surfaces.
  2. Masks and eye protection (such as goggles, face shields, etc.) are used whenever splashes or sprays may generate droplets of infectious materials.
  3. Protective clothing (such as aprons) is worn whenever potential exposure to the body is anticipated.
- C. Basic "Bodily Fluid Disposal Kit"

One (1) ea.

Clean-up absorbent pack,

Disposable apron,

Disposable goggles, Scoop, Scraper, 8 ounce pour bottle with

- chlorine concentrate, Chlorhexidine hibistat or antiseptic towelette
- |               |  |
|---------------|--|
| One (1) pr.   | Latex disposable gloves,<br>Disposable shoe covers,<br>Disposable facemask |
| Two (2) ea.   | Red plastic bags with twist ties   |
| Three (3) ea. | Disposable towels.   |
- D. The PTR&D Section is responsible for the initial issuing of the kits to applicable Department personnel. Commanders shall be responsible for maintaining an adequate inventory of supplies to replenish the kit for their personnel. The only item within the kit that has a shelf life is the antiseptic towelette.
- E. All sworn employees shall also be issued a protective mask with a disposable one-way valve for CPR and latex gloves within a leather pouch to be carried on their persons.
1. Personnel shall use the protective mask with the disposable one-way valve when administering CPR. The valve shall be replaced and the mask properly disinfected after each use.
- F. Replacement gloves shall be readily available within the respective districts.
- G. Biohazard labels shall be placed on contaminated equipment and containers or storage equipment containing contaminated items. Element Commanders shall ensure that appropriate signs are available in their section and that the signs are utilized.

## VII. RESPONSIBILITIES

The Department shall, in general, adopt the concept and practices of Universal Precautions to prevent contact with blood or other potentially infectious materials. All employees of the Department should exercise due care to limit their exposure to contagious diseases.

- A. Exposure Control Officer shall:
1. Be the “Ryan White Act” contact person for the Department and be responsible for implementing the Exposure Control Plan for the Department.
  2. On an annual basis, at a minimum, review this directive and revise it as needed.
  3. Collect and maintain updated safety and health information on communicable diseases and bloodborne pathogens. Updated information can be accessed via the Center of Disease Control website at [www.cdc.com](http://www.cdc.com).
  4. Act as the departmental liaison during OSHA inspections relative to this directive.
  5. Coordinate training for all employees who have the potential for exposure to bloodborne pathogens. To include:

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- a. Maintaining an up-to-date list of personnel requiring training.
  - b. Developing suitable training programs.
  - c. Scheduling periodic training seminars.
  - d. Maintain documentation to include attendance records, examinations, quizzes, etc.
- B. Element Commanders shall ensure that all trash containers, pails, bins, and other receptacles intended for routine use are inspected, cleaned and decontaminated if necessary.
- C. Supervisors are responsible for:
1. Exposure control in their respective area.
  2. Ensuring that personnel under their command adhere to proper exposure control procedures, to include Universal Precautions.
- D. Employees are responsible for:
1. Attending the bloodborne pathogens training sessions to gain knowledge of which tasks they perform have occupational exposure.
  2. Developing good personal hygiene habits, following Universal Precautions, and conducting all operations in accordance with exposure control techniques.
  3. Understanding that they may temporarily and briefly decline to use personal protective equipment.
  4. Exercising care while conducting searches and avoiding placing hands in areas that cannot be visually inspected and extreme caution when handling sharp or pointed objects especially when fluid is detected on it and immediately placing contaminated sharps in appropriate containers.
  5. Ensuring that they do not eat, drink, smoke, apply cosmetics or lip balm and handle contact lenses in work areas where there is potential for exposure to bloodborne pathogens. These areas include the Traffic Operations Section, Crime Laboratory, and areas in use for evidence storage.
  6. Ensuring that they do not engage in mouth pipetting or suctioning of blood or other infectious materials.
  7. Minimizing splashing, spraying or other actions generating droplets while

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engaging in procedures involving blood or other infectious materials.

8. Ensure that broken glassware and other such items are picked up using mechanical means (such as a dustpan or brush, tongs, forceps, etc.)
9. Ensuring that specimens of blood or other materials are placed in designated leak-proof containers, appropriately labeled, for handling and storage.
10. Ensuring that regulated waste is placed in containers that are puncture resistant and leak proof. In the event that an outside contamination of a primary specimen container occurs, that container is placed within a second puncture and leak-proof container and appropriately labeled for handling and storage.

These containers shall be placed in the District's regulated waste containers or transported to the District's respective medical facility for proper disposal. These containers shall be red in color or labeled with the appropriate biohazard label. Biohazard labels shall be placed on the following:

- a. Contaminated equipment.
- b. Containers of regulated waste.
- c. Refrigerators/freezers containing blood or other potentially infectious materials.
- d. Sharps disposal containers.
- e. Other containers used to store, transport or ship blood and other infectious materials.

**VIII. EXPOSURE/POST EXPOSURE PROCEDURES**

- A. Any employee with suspected exposure to a communicable disease while on duty shall immediately notify his/her immediate supervisor AND the Exposure Control Officer (ECO) via telephone.
  1. The employee shall:
    - a. Immediately and thoroughly wash for decontamination (whether wearing disposable gloves nor not) by:
      - (1) Using water on mucous membranes and antiseptic soap and water on skin surfaces. After cleaning with soap and water, an alcohol and/or antiseptic towelette shall be used to wipe the skin.
      - (2) Any penetration of the skin surface via any "sharps" object, such

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as a needle, shall also be immediately cleaned using the available methods mentioned above.

- (3) If soap and water are not available, alcohol and/or antiseptic towelette shall be used to wipe the skin.
  - b. Remove all potentially contaminated personal protective equipment and any garments penetrated by blood or other infectious materials prior to leaving a work area or accident/incident site (if possible) or as soon as is feasible.
  - c. Ensure that contaminated equipment or items are decontaminated before any continued usage.
    - (1) Clothing should be placed in a disposable bag until cleaned. Normal washing or dry cleaning will decontaminate clothing.
    - (2) Contaminated gloves and other disposable equipment shall be bagged twice in plastic bags and properly disposed of by the employee.
    - (3) Re-usable supplies should be thoroughly decontaminated. A solution of one part household bleach to ten (10) parts water will decontaminate but not harm equipment. The effectiveness of the solution is lost after 24 hours.
  - d. Ensure that equipment that cannot be decontaminated has an appropriate biohazard warning label attached identifying the contaminated portions.
    - (1) Information regarding the contaminated equipment is conveyed to all affected employees, the equipment manufacturer and the equipment service representative prior to handling, servicing or shipping.
  - e. Ensure that protective coverings (such as linens, plastic trash bags or wrap aluminum foil or absorbent paper) are removed and replaced after contact with blood or other potentially infectious materials.
2. The supervisor shall:
- a. Ensure that the exposed employee follows the decontamination procedures outlined in Article VIII, Paragraph A.
  - b. Ensure that the employee is allowed to receive appropriate medical treatment as expeditiously as possible. If the employee requests to seek emergency medical services, the supervisor shall accompany the employee

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to the medical facility.

- c. Submit a General Case Incident Report (MPD Form 132), classified as “Injury in the Line of Duty,” for records purposes.
  - d. If the employee declines medical treatment, this information shall be noted within the “Synopsis” block of MPD Form 132 and the word “declined” shall be noted in the “Treatment-name of Physician” block of the WC-1: Report of Industrial Injury/Illness form.
3. The Exposure Control Officer shall:
- a. Provide the employee with procedures and location for receiving immediate emergency medical services. To maximize the effectiveness of the medication that is provided when there is a suspected exposure to HIV, employees seeking medical treatment should do so within TWO hours following the exposure incident.
  - b. Provide the employee with referrals for counseling. Free counseling is available through Employee Assistance Program, Police Chaplains, AIDS Hotline, etc.
  - c. The employee at his /her own expense may obtain private counseling.
  - d. Re-contact the employee within 48 hours after the incident was reported and provide the employee with follow-up assessments and information.
  - e. Obtain and provide the employee with a copy of the evaluating healthcare provider’s written opinion within 15 days of the completion of the evaluation. The written opinion shall state one of the following: \
    - (1) The employee has been exposed to HBV, HIV, or other infectious disease(s) noted by the provider.
    - (2) The employee was not exposed to HBV, HIV, or other infectious disease(s) noted by the provider.
    - (3) The facility possesses no information on whether the victim involved has HBV, HIV, or other infectious disease(s).
    - (4) The facts supplied in the request were insufficient to determine whether the employee was exposed to HBV, HIV, or other infectious disease(s).
  - f. Initiate an investigation within 24 hours after the incident is reported, and submit a written report to the Chief of Police to include the following:

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- (1) Exposed employee's name, rank/title, social security number, home address, home phone number and business phone number
  - (2) Injury Line of Duty Report Number
  - (3) When and where the incident occurred
  - (4) What potentially infectious materials were involved in the incident (blood, feces, saliva, spit, sweat, vomit, urine, etc.)
  - (5) Method of contact (i.e. needle stick with contaminated needle, blood or bodily fluid into natural body opening such as eyes, nose, mouth, etc.)
  - (6) How the incident occurred
  - (7) Personal protective equipment being used at the time of the incident
  - (8) Actions taken as a result of the exposure incident (employee decontamination, medical treatment, clean up, etc.)
  - (9) Date, time and name of ECO contacted by employee
  - (10) Date, time and location employee received medical attention
  - (11) Source Individual's name, sex, age and address
  - (12) Source individual's Physician and Suspected or Confirmed Communicable Disease
  - (13) Where and by whom Source Individual was transported
  - (14) Date and time follow-up contact was made with employee (must be within 48 hours or reported incident)
  - (15) Recommendations, which would avoid similar incidents from occurring in the future.
- g. Ensure confidentiality of information

In accordance with the Hawaii Revised Statutes, section 325-101, all records indicating that a person has HIV are strictly confidential and may be released only as stipulated by state law. Any communications between the ECO and the employee shall be kept confidential.

IX. ARREST PROCEDURES

- A. Refer to Chapter 407 of the General orders regarding procedures in handling arrested persons.

X. LEAVE STATUS

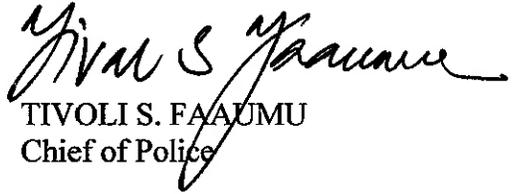
- A. If the employee is unable to perform his/her regular duties as a result of the exposure incident and/or any subsequent medical treatments, the employee may be eligible for leave under Worker's Compensation.
- B. If a Worker's Compensation Claim is denied by Risk Management and a communicable disease is later contracted because of actual exposure, the employee should report to the supervisor for documentation and resubmit a Report of Industrial Injury/illness to DPS so that repayment for examination and treatment can be processed.
- C. Any employee diagnosed by a physician to be infected by a communicable disease proximately caused by or resulting from the nature of the employment is covered by worker's compensation benefits. (HRS 386-3)
- D. Any off-duty police officer infected by a communicable disease while engaged in the apprehension or attempted apprehension of law violators or suspected law violators, or in the preservation of peace, or in the protection of the right of property, shall be deemed to be injured in the line of duty and covered by worker's compensation benefits (HRS 52-5).

XI. HIV/AIDS CONFIDENTIALITY

- A. In accordance with Section 325-101 of the Hawaii Revised Statutes, any information regarding the HIV/AIDS status of department personnel shall be kept confidential. Such information will be disseminated only upon written consent of person(s) who is the subject of information.
- B. Administrative Services Section shall maintain written records of all incidents involving employees who have potentially been exposed to a communicable disease while acting in the line of duty within a special file. The records shall be stored in a secured area with access limited to the Business Administrator and a designee and maintained in conformance with applicable privacy laws.
  - 1. Anyone disseminating information about an individual's HIV/AIDS status without written consent or proper authority may be subject to civil prosecution and/or disciplinary action by the Department.
- C. Employment Practices
  - 1. No individual shall be refused employment based solely on HIV/AIDS status.

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2. No employee shall be terminated based solely on HIV/AIDS status.
3. Requests for transfers by officers with HIV/AIDS shall be considered on a case-to-case basis.
4. Officers who test positive for a communicable disease may continue working as long as they maintain acceptable performance and do not pose a safety and health threat to themselves, the public or employees of the Department.
  - a. The Department may require an employee to be examined by a physician to determine if the employee is able to perform his duties without hazard to himself or others.

  
TIVOLI S. FAAUMU  
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