

	<b>MARICOPA COUNTY SHERIFF'S OFFICE</b> <b>POLICY AND PROCEDURES</b>	
	<b>Subject</b>  <b>BLOODBORNE PATHOGENS</b>	<b>Policy Number</b> <b>CP-6</b> <b>Effective Date</b> <b>05-26-23</b>
<b>Related Information</b> ARS 13-1210 ARS 13-1415 Code of Federal Regulations (29 CFR 1910.1030) DD-2, <i>Inmate Property Control</i> DL-1, <i>Inmate Laundry</i> GC-20, <i>Uniform Specifications</i> GD-19, <i>Injury or Death of an Employee or Volunteer</i> GE-3, <i>Property Management and Evidence Control</i>	<b>Supersedes</b>  CP-6 (09-15-21)	

**PURPOSE**

The purpose of this Office Policy is to establish guidelines and procedures which, when properly implemented, may safeguard Office employees and volunteers who may be exposed to bloodborne pathogens. The Office recognizes bloodborne pathogens pose a risk to the health of its employees due to the nature of their job duties. The Office has established guidelines and procedures conforming to applicable Centers for Disease Control and Prevention (CDC) guidelines and Arizona Division of Occupational Safety and Health (ADOSH) regulations.

Although this Office Policy refers to employees throughout, this Office Policy also applies with equal force to all volunteers. Volunteers include, but are not limited to, reserve deputies and posse members.

**POLICY**

It is the policy of the Office to require employees to carry out their job duties even when bloodborne pathogens may be present. Employees shall take precautions to protect themselves against infection and report possible contamination immediately.

**DEFINITIONS**

**Bloodborne Pathogens:** Microorganisms that may be present in human blood and can cause disease in humans. Examples include, but are not limited to, Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and the Human Immunodeficiency Virus (HIV) which may lead to Acquired Immunodeficiency Syndrome (AIDS).

**Contaminated:** The presence, or the reasonably anticipated presence, of blood or other potentially infectious materials (OPIM) on an item or surface.

**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.

**Employee:** A person currently employed by the Office in a classified, unclassified, contract, or temporary status.

**Engineering Controls:** Apparatus and procedures that isolate, limit exposure, or remove bloodborne pathogens from the workplace, such as the use of hand washing facilities and sharps disposal containers.

**Epidemiology:** A branch of medical science that deals with the incidence, distribution, and control of disease in a population.

**Exposure Incident:** A specific skin, eye, other mucous membrane, or parenteral contact with blood or other potentially infectious materials (OPIM) that results from the performance of an employee's duties.

**Gross Contamination:** Items that would release blood or other potentially infectious materials (OPIM) in a liquid or semi-liquid state if compressed or items that are caked with dried blood or other potentially infectious materials (OPIM) capable of releasing these materials during handling.

**Inmate:** A person who has been accepted for confinement into an Office jail facility.

**Non-Intact Skin:** Any broken skin such as cuts and abrasions.

**Occupational Exposure:** Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials (OPIM), which may result from the performance of an employee's duties. Job classifications and work assignments that have occupational exposure are listed in this Office Policy.

**Other Potentially Infectious Materials (OPIM):** These include, but are not limited to, the following: any human body fluid visibly contaminated with blood, semen, vaginal secretion, saliva in dental procedures, and/or which may be difficult or impossible to differentiate. Any physically unattached tissue or organ from a living or dead human being or materials or equipment contaminated with any of the above.

**Parenteral Contact:** Piercing of mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

**Pathogen:** An agent capable of causing disease in humans.

**Personal Protective Equipment (PPE):** Specialized clothing or equipment used by an employee to protect themselves from exposure to blood, airborne, or other potentially infectious materials (OPIM).

**Prisoner:** An individual deprived of their liberty and kept under involuntary restraint, confinement, or custody prior to being accepted into an Office jail facility.

**Sharps:** Objects that can penetrate the skin; these include, but are not limited to, items such as needles, razor blades, scalpels, or broken glass.

**Source Individual:** Any person, living or dead, whose blood or other potentially infectious materials (OPIM) may be the origin of occupational exposure to an employee.

**Universal Precautions:** Methods of infection control in which all human blood and certain human bodily fluids are treated as if they are infected with Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), Human Immunodeficiency Virus (HIV), or other bloodborne pathogens.

**Volunteer:** A person who performs hours of service for civic, charitable, or humanitarian reasons, without promise, expectation, or receipt of compensation for services rendered. An employee may not volunteer to perform the same, similar, or related duties for the Office that the employee is normally paid to perform.

**Work Practice Controls:** Procedures which reduce the likelihood of exposure by altering the manner in which a task is performed, such as, but not limited to, prohibiting the recapping of needles by hand, wearing gloves, using tongs to pick up items, or using mirrors for searching areas not easily visible.

**PROCEDURES**

1. **Transmission:** Office employees shall protect themselves from bloodborne pathogens as they are transmitted in several different ways. Transmission types include, but are not limited to, the following:
  - A. Blood to blood;
  - B. Blood or Other Potentially Infectious Materials (OPIM) to eyes or mucous membranes, such as the inside of the mouth or nose;
  - C. Contact of a person's non-intact skin with the blood or OPIM from another person. The bodily fluids must be capable of transmitting a bloodborne disease; or
  - D. Piercing the skin with contaminated sharps.
2. **Hepatitis B Vaccinations:** The Maricopa County Sheriff's Office (MCSO) Occupational Safety Division (OSD) shall provide vaccinations for the prevention of Hepatitis B Virus (HBV) infection to employees identified as working in an area where there is a potential risk for an occupational exposure to blood or OPIM.
  - A. Office employees consenting to the Hepatitis B vaccination shall read the vaccine information statement and be given an opportunity to ask questions prior to receiving the vaccine.
  - B. An employee who declines the Hepatitis B vaccination shall sign a *Hepatitis B Vaccine Declination Form*, which states they understand the risk of declining the vaccination.
  - C. If the employee initially declines the Hepatitis B vaccination, but later decides to accept it, OSD shall provide the vaccine if the employee continues to have risk for occupational exposure.
  - D. Employees may decide to have their blood tested for antibodies to determine the need for the vaccine. However, the Office shall not make such a screening a condition of receiving the vaccination.
3. **Job Titles and Work Assignments:** Office employees and volunteers with certain job titles or work assignments have the potential for occupational exposure based on the duties they are required to perform. Office employees and volunteers with the following job titles or work assignments with a potential for occupational exposure include but are not limited to:
  - A. Deputies and reserve deputies;
  - B. Deputy Services Aides;
  - C. Detention officers;
  - D. Scientific Analysis Division personnel;
  - E. Property Management Division personnel;
  - F. Laundry Services personnel;
  - G. Food Services Division personnel;
  - H. Institutional Services Division personnel;

- I. Custody Support Division personnel;
  - J. Detention Identification and Fingerprint Analyst personnel;
  - K. Inmate Classification personnel;
  - L. Chaplains; and
  - M. Posse Members.
4. **Universal Precautions:** Universal precautions require all unknown bodily fluids be treated as if they are infected with Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), Human Immunodeficiency Virus (HIV), or other bloodborne pathogens. Examples of conditions under which universal precautions should be observed, and necessitate the use of Personal Protective Equipment (PPE), include, but are not limited to, the following:
- A. Administering emergency first aid or Cardiopulmonary Resuscitation (CPR) procedures where contact with blood or OPIM is possible;
  - B. Searching subjects, prisoners, inmates, or areas where there is a reasonable likelihood of contact with blood or OPIM or the possibility of a needle stick is present;
  - C. Performing procedures at crime scenes where blood or OPIM are, or may be, present;
  - D. Collecting, packaging, transporting, storing, examining, or otherwise handling evidence from crime scenes or from persons living or deceased, including fingerprints, which are, or may be, contaminated with blood or OPIM;
  - E. Attending autopsies or collecting, packaging, transporting, storing, examining, or otherwise handling evidence resulting from postmortem procedures;
  - F. Packaging, transporting, storing, or disposing of items, which are, or may be, contaminated with blood or OPIM, including PPE;
  - G. Cleaning or disinfecting equipment, vehicles, personal clothing, non-disposable coveralls, or laboratory smocks, which are, or may be, contaminated with blood or OPIM;
  - H. Contacting, either directly or indirectly, persons manifesting any of the following conditions:
    - 1. Open wounds, lesions, or rashes;
    - 2. Clothing stained with blood or OPIM; or
    - 3. Any other condition or contact which reasonably dictates the need for precautions.
5. **General Preventative Measures:** Office employees shall be responsible for implementing appropriate work practice controls applicable to their respective work areas in order to help reduce the likelihood of exposure.
- A. Hand hygiene practices help to reduce the likelihood of exposure.
    - 1. When feasible, employees shall be provided with hand washing facilities; when hand washing is not feasible, employees shall be provided an appropriate antiseptic hand cleanser in conjunction with a clean cloth, paper towels, or antiseptic towelettes;

2. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water, as soon as feasible; and
3. Employees shall wash their hands with soap and water immediately, or as soon as feasible, after removal of gloves and/or another PPE.
- B. Employees shall not eat, drink, take medication, use tobacco products, apply cosmetics or lip balm, or handle contact lenses in areas where they may be exposed to blood or OPIM.
- C. Employee's food and drinks shall not be stored in any area of possible contamination, such as refrigerators, freezers, cabinets, or other areas where blood or OPIM are stored.
6. **Personal Protective Equipment:** Employees shall only use Office approved PPE.
  - A. Each division commander or designee shall ensure appropriate items are made readily available to employees who have the potential of an occupational exposure.
  - B. The Office shall repair or replace Office-issued PPE, as needed, to maintain its effectiveness. PPE may include, but not limited to, the following:
    1. Disposable gloves, such as surgical or examination gloves: Gloves shall be worn whenever it can be reasonably anticipated an employee may have contact with blood or OPIM. Gloves shall be replaced as soon as practical when contaminated, or as soon as feasible if they are torn or punctured, or when their ability to function as a barrier is compromised. Disposable gloves shall not be washed or decontaminated for re-use;
    2. Masks and eye protection, or chin-length face shields: These items shall be worn whenever splashes, spray, spatter, droplets, aerosol, dried blood or liquid blood, or OPIM may be generated, or there is a reasonable likelihood of eye, nose, or mouth contamination;
    3. Gowns, aprons, or other protective clothing: Protective clothing shall be worn when there is a reasonable likelihood clothes may be soiled with dried or liquid blood, or OPIM;
    4. Liquid-resistant clothing, such as coveralls: These items shall be worn if there is a reasonable likelihood of being splashed or sprayed by blood, or OPIM;
    5. Disposable, liquid-proof shoe covers: Shoe covers shall be worn if there is a reasonable likelihood shoes may become contaminated with dried or liquid blood, or OPIM; and
    6. One-way airway PPE: These items shall be used whenever it is necessary to perform CPR or mouth-to-mouth resuscitation.
7. **Guidelines for Wear and Disposal of PPE:** When there is a reasonable likelihood of exposure, employees shall use PPE appropriate to the situation. Exceptions may be made only when there is an imminent threat of injury or death to the employee or another person, which requires an immediate response. When exposed, employees unable to use PPE under these rare and extraordinary circumstances shall submit a memorandum to their immediate supervisor indicating the reasons for non-use.
  - A. All PPE shall be donned in an uncontaminated area as close to the contaminated area as practical.
  - B. All PPE that loses its integrity as a protective barrier shall be immediately removed and replaced.
  - C. Contaminated gloves shall be removed prior to touching uncontaminated surfaces.

- D. All PPE shall be removed prior to leaving the contaminated work area.
  - E. When PPE is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.
  - F. Employees shall wash their hands with soap and water immediately, or as soon as possible, after removal of gloves and/or another PPE. In the absence of washing facilities, antiseptic hand cleanser may be used and then soap and water shall be used as soon as possible.
  - G. All red plastic biohazard bags shall be securely sealed prior to transport.
  - H. Care shall be taken not to contaminate the outside of a biohazard container. If in doubt, the container itself shall be treated as hazardous and placed in a second biohazard container.
  - I. All reusable equipment shall be disinfected, as specified in this Office Policy. Items that cannot be disinfected at the site shall be placed in a red plastic biohazard bag, which is secured, prior to being transported.
  - J. Non-disposable Office-owned or Office-issued PPE, which requires laundering by Laundry Services, shall be done so as specified in Office Policy DL-1, *Inmate Laundry*. Articles grossly contaminated with blood or OPIM shall be removed at the location where they were used and sealed in a red plastic biohazard bag for disposal.
8. **Disinfecting Surfaces, Equipment, and Clothing:** Only authorized disinfectants supplied by the Office shall be used. Surface disinfectants shall be mixed to a use-dilution in accordance with the manufacturer's instructions. Generally, use-dilutions of disinfectants have a limited shelf life and shall be replaced as specified by the manufacturer or mixed as needed. All disinfectant containers shall be labeled with the contents and applicable expiration date.
- A. After contamination all surfaces and equipment shall be cleaned and disinfected, as soon as practical.
    - 1. Removal of Gross Contamination: Blood and other fluids shall be wiped or absorbed from the surface. Materials used to wipe or absorb the fluids shall be disposed of or decontaminated, as appropriate, as specified in this Office Policy.
    - 2. Disinfection: Following removal of gross contamination, surfaces shall be disinfected with a use-dilution of the prescribed surface disinfectant and allowed to remain wet according to the manufacturer's specified disinfection time. Surfaces such as vehicle seats or inmate mattresses shall be scrubbed with a prescribed surface disinfectant. The solution shall be allowed to soak into the stained or contaminated area for 10 to 15 minutes; after exceeding that time any excess solution shall be wiped up and the area will be allowed to air dry.
    - 3. If equipment or other surfaces cannot be adequately disinfected, they shall be labeled as biohazardous until they can be properly disinfected, and the employee shall notify a supervisor.
  - B. Uniforms, duty gear, and personal clothing which become contaminated with blood or OPIM should be removed, as soon as possible.
    - 1. Divisions are encouraged to stock a selection of disposable jumpsuits or coveralls to be used by employees whose clothing may become contaminated.

2. Divisions with a higher incidence of such events may purchase alternative clothing approved by the respective commander, using their budgeted funds.
  3. Employees whose clothing has been grossly contaminated shall change their clothing at the scene of the contamination, using safety and precautionary measures.
  4. Grossly contaminated clothing is considered biohazardous. An employee whose clothing has been grossly contaminated should not remove their contaminated clothing from the workplace. The clothing should be placed in a red plastic biohazard bag. If the clothing is identified as evidence, it should be packaged and stored, as specified in Office Policy GE-3, *Property Management and Evidence Control*. Care should be taken to prevent liquid or semi-liquid blood or OPIM from contaminating surrounding areas. Contaminated surface areas shall be disinfected by scrubbing them with a prescribed surface disinfectant.
  5. Grossly contaminated clothing or shoes that cannot be practically cleaned may be replaced, as determined by the affected employee's division commander. Procedures for replacing damaged clothing are specified in Office Policy GC-20, *Uniform Specifications*.
  6. Prior to leaving a worksite; shoes, boots, and duty gear may be scrubbed with soap and hot water to remove contamination.
- C. Contaminated inmate personal property and clothing shall be placed in a liquid-proof, red biohazard plastic bag and remain unopened while being stored inside the Office jail facility.
1. Inmates who have no other clothing available and are to be released from custody shall be given a disposable jumpsuit or coveralls and are prohibited from opening the contaminated bag of personal clothing until they have left the Office jail facility.
  2. Clothing to be exchanged shall remain in the original red biohazard plastic bag and a complete set of new clothing provided. The person accepting the contaminated clothing shall be prohibited from opening the red biohazard plastic bag until they have left the Office jail facility. Procedures for conducting clothing exchanges are specified in Office Policy DD-2, *Inmate Property Control*.
- D. Office vehicles with gross contamination shall be cleaned and disinfected solely by contracted cleaning service personnel. The contracted vendor should be contacted to coordinate the arrangements.
9. **Biohazard Labeling:** Fluorescent orange biohazard labels shall be conspicuously affixed to all containers of infectious waste, refrigerators, and freezers used for storing blood or OPIM, and any other containers used to store or transport blood or OPIM. The type of hazard shall be indicated on the biohazard label.
10. **Property and Evidence Packaging:** Biological evidence shall be stored and packaged, as specified in Office Policy GE-3, *Property Management and Evidence Control*.
11. **Biohazard Containers:** These containers shall be provided by the Office and shall be of a suitable number and size to accommodate the amount of contaminated material to be disposed of.
- A. Contaminated disposable equipment and clothing shall be disposed of in a red biohazard bag. The bags are to be securely sealed with tape or wire to prevent leakage or loss of contents.
  - B. Contaminated sharps, such as used needles, razor blades, and broken glass, shall be disposed of in a red puncture resistant sharps container.

1. Needles are not to be bent, broken, sheared, recapped by hand, or removed from the syringe;
  2. Sharps contaminated or otherwise, shall not be picked up directly with the hands. Clean up shall be by mechanical means, such as the use of a brush and dustpan for broken glass, or tongs for syringes and needles. Implements used shall be cleaned and disinfected, as appropriate; and
  3. Sharps containers shall not be filled above the full line; when the container is filled to the full line, it shall be sealed for proper disposal.
- C. Red plastic biohazard bags or containers shall only be used for the containment or disposal of biohazard material.
12. **Division Commander Responsibilities:** Each division commander or designee is responsible for the following engineering controls:
- A. Ensure disposable sharps containers, biohazard waste collection containers, and other controls which isolate the employee from bloodborne pathogens are inspected, maintained, or disposed of on a regular schedule; and
  - B. Ensure other safety equipment, such as eyewash fountains and safety showers, are inspected on a weekly basis and working properly. Inspections shall be recorded at the site of each piece of equipment or in an inspection log.
13. **Transporting Inmates or Prisoners:** Inmates or prisoners with blood or OPIM on their person shall be transported with the following precautions:
- A. Proper PPE shall be worn by employees and whenever possible, by inmates and/or prisoners; Correctional Health Services (CHS) personnel shall advise if additional PPE is required; and
  - B. Potentially contaminated inmates or prisoners shall be transported separately from non-contaminated inmates or prisoners.
14. **Exposure Incident:** An employee who has experienced an exposure incident should obtain medical treatment through a contracted occupational health clinic, as soon as possible. The employee shall be considered on duty during the time required for initial assessment and treatment. A work-related exposure incident, with or without injury, shall be processed as an industrial injury. Supervisors shall complete a Maricopa County Risk Management *Online Claim Form* as specified in Office Policy GD-19, *Injury or Death of an Employee or Volunteer*, and as specified in this Office Policy.
- A. Initial procedures employees shall follow, after an exposure incident, include, but are not limited to, the following:
    1. Immediate disinfection and decontamination of areas of the body contacted by blood or OPIM by washing vigorously with soap and water. The eyes should be flushed for at least 15 minutes with a large volume of water. Surface disinfectants should never be used on the skin or other parts of the body;
    2. Notification of the immediate supervisor, as soon as possible;
    3. As soon as practical, after the exposure, the employee shall review the *Hazardous Body Fluid Exposure Guide* and *HIV Post Exposure Prevention Process* found on the M:\ Drive (M:\\_Public\_Info\_/Custody\_Division/Occupational Safety Division\Exposures - Post



Exposure Prevention (PEP) Line Instructions) and if additional information is needed call the PEP Line, which is available 24 hours daily, to determine if the exposure warrants further medical attention;

4. If medications are required, the employee shall be instructed to go immediately to the nearest 24-hour Office authorized pharmacy to begin taking the medication; and
  5. Disposal or disinfection of grossly contaminated clothing and PPE, and decontamination of affected surfaces, as specified in this Office Policy.
- B. Follow-up procedures employees shall follow, after an exposure incident, include, but are not limited to, the following:
1. Prior to the end of shift, the employee shall complete a memorandum to the immediate supervisor documenting the exposure incident. The immediate supervisor shall then forward the memorandum to the respective division commander or designee and e-mail a copy of the memorandum to [REDACTED] or fax a copy to [REDACTED] to the Occupational Health Nurse, by the end of the shift. The memorandum shall include, but not be limited to, the following:
    - a. The date, time, and location of the incident;
    - b. The type of incident or crime under investigation, including the *Incident Report* (IR) number and any related case numbers;
    - c. The specific nature of the exposure incident;
    - d. The name and serial number of the exposed employee;
    - e. The name, date of birth, and address or location of the source individual of the blood or OPIM;
    - f. The names, serial numbers, and assignments of Office employees present during the incident; and
    - g. Any other relevant details including, but not limited to, the date and time the employee called the PEP line.
  2. Prior to the end of shift, the employee shall complete the *Report of Significant Exposure to Bodily Fluids* form. The immediate supervisor shall ensure the other required steps detailed on the *Report of Significant Exposure to Bodily Fluids* form are completed, such as the need for the exposed employee to have their blood drawn within the ten-calendar day period. The immediate supervisor shall ensure the employee maintains a copy of the form and shall fax or e-mail a copy of the form to the Occupational Health Nurse by the end of the shift.
  3. The supervisor shall be responsible for ensuring the online claim form and any other documents are completed and forwarded, as specified in Office Policy GD-19, *Injury or Death of an Employee or Volunteer*.
  4. Within 24 hours of the incident, a memorandum by the supervisor detailing the incident shall be forwarded directly to the OSD. The memorandum shall include, but not be limited to, the following information:

- a. The circumstances surrounding the incident, including the names, serial numbers, and assignments of Office employees present during the incident;
  - b. The PPE the employee was wearing, or the reason PPE was not worn;
  - c. The engineering controls in place at the time of the incident;
  - d. The work practices in place at the time of the incident;
  - e. Whether or not the incident could have been avoided; and
  - f. Recommended changes to avoid similar incidents.
- C. Any claim by an Office employee who has incurred a work-related injury or illness as a result of an occupational exposure incident must be supported by the proper documentation. A job title or work assignment with occupational exposure shall not be solely sufficient to sustain such a claim.
15. **Source Testing:** Only the employee who was exposed can make a request for source testing by completing the *Report of Significant Exposure to Bodily Fluids* form and memorandum. Source testing can only be performed with the consent of the person to be tested or the issuance of a court order. Requests for source testing shall be processed as follows:
- A. The Code of Federal Regulations (CFR 1910.1030) requires an employer provide for the testing of a source individual's blood, as soon as possible, and after consent is obtained, in order to determine HIV, HBV, and HCV infectivity. An employee who has had an exposure incident may request source testing be performed by forwarding a *Report of Significant Exposure to Bodily Fluids* form and memorandum, within 24 hours of the occurrence, through the chain of command to the division commander who will then forward it to the OSD, who shall be responsible for the following:
    1. Reviewing all source testing requests to determine if the requirements for testing have been met and facilitating those requests that are authorized;
    2. Determining if the source individual is in Office custody and obtaining consent from the source individual for blood testing. If the source individual is not in custody or if consent is not obtained, pursue other requirements established by law;
    3. If the source individual is a juvenile, obtaining consent from the source individual and their parent or legal guardian for blood testing. If consent is not obtained, pursue other requirements established by law; and
    4. Making results of the source individual's testing available to the exposed employee's medical provider. The employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
  - B. Arizona Revised Statutes (ARS) 13-1415 specifies an exposed employee who is the victim of a sexual offense or other crime involving a significant exposure may request source testing be performed.
    1. The employee may request the agency responsible for prosecuting the offense to request the person arrested submit to source testing and consent to the release of the test results to the employee's medical provider.

2. If the source individual is convicted of the offense involving the exposure incident, the employee may request the prosecuting attorney to petition the court for an order requiring the source be tested.
- C. ARS 13-1210 specifies any individual who assaults an employee or volunteer while in performance of their official Office duties, or to whom an employee or volunteer, performing their official Office duties, renders aid to during a medical emergency, and subsequently transfers blood or other bodily fluids on or through the employee's or volunteer's skin or membranes, may be subject to a court order requiring testing for HIV, common bloodborne diseases, or other diseases specified in the petition; regardless of whether the individual is living or deceased.
  1. Prior to seeking legal counsel regarding a request for court ordered testing, OSD shall make every effort to obtain voluntary consent of the source individual.
  2. If voluntary consent of the source individual was not obtained, then OSD shall request a court ordered test through the Maricopa County Attorney's Office (MCAO) Civil Division. The request for a court order to test a source individual shall be submitted through e-mail to the OSD.
  3. The MCAO Civil Division may petition the court for an order authorizing testing for HIV, common bloodborne diseases, or other diseases specified in the petition.
  4. If the court finds there is probable cause to believe a possible transfer of blood or OPIM occurred between the person charged and the employee, then the court may order the charged individual provide blood specimens for testing.
16. **Monitoring:** The OSD has the following responsibilities:
  - A. Tracking all verified exposures incidents;
  - B. Processing source-testing requests, as specified in this Office Policy;
  - C. Ensuring all employees who enter a work assignment, which have a potential for occupational exposure, are offered Hepatitis B vaccinations; and
  - D. Producing a sharps injury report for the recording of injuries received from contaminated sharps.
17. **Training:**
  - A. **Initial Training:** The Training Division Commander or designee shall ensure all Office employees with a potential risk for exposure to bloodborne pathogens are provided with initial bloodborne pathogen training upon hire. The Training Division shall document the training. The training curriculum shall consist of, but not be limited to, the following elements:
    1. An accessible copy and explanation of the regulatory text;
    2. A general explanation of the epidemiology and symptoms of bloodborne diseases;
    3. An explanation of the modes of transmission of bloodborne pathogens;
    4. An explanation of the contents of this Office Policy and how to obtain a copy;
    5. An explanation of how to recognize events involving exposure to blood and OPIM;

6. An explanation of the basis for selecting PPE, including information on the types, selection, proper use, location, donning, removal, handling, decontamination, and disposal of PPE;
  7. An explanation of the use and limitations of safe work controls, engineering controls, and PPE;
  8. Information on Hepatitis B vaccination such as safety, benefits, effectiveness, and availability;
  9. An explanation of the procedures to follow if an exposure occurs, including methods of reporting and the medical follow up that shall be made available;
  10. Information on the post-exposure evaluation and follow-up required by OSD and the Office for administrative purposes; and
  11. An explanation of information on warning signs, labels, and color-coding.
- B. **Annual Training:** Employees shall be required to review and acknowledge an understanding of this critical Office Policy and answer the associated test questions annually upon publication on TheHUB.