Illness and Injury Prevention

1007.1 PURPOSE AND SCOPE

The purpose of this policy is to establish an ongoing and effective plan to reduce the incidents of illness and injury for members of the Santa Rosa Police Department, in accordance with the requirements of 8 CCR § 3203.

This policy specifically applies to illness and injuries that result in lost time or that require medical treatment beyond first aid. Although this policy provides the essential guidelines for a plan that reduces illness and injury, it may be supplemented by procedures outside the Policy Manual. This policy does not supersede, but supplements any related Citywide safety efforts.

1007.2 POLICY

The Santa Rosa Police Department is committed to providing a safe environment for its members and visitors and to minimizing the incidents of work-related illness and injuries. The department will establish and maintain an Illness and Injury Prevention program and will provide tools, training and safeguards designed to reduce the potential for accidents, illness and injuries. It is the intent of the department to comply with all laws and regulations related to occupational safety.

1007.3 ILLNESS AND INJURY PREVENTION PLAN

The Support Bureau Lieutenant is responsible for developing an Illness and Injury Prevention Plan that shall include:

(a) Workplace safety and health training programs.
(b) Regularly scheduled safety meetings.
(c) Posted or distributed safety information.
(d) Establishment of a safety and health committee that will:
   1. Meet regularly.
   2. Prepare a written record of safety and health committee meetings.
   3. Review the results of periodic scheduled inspections.
   4. Review investigations of accidents and exposures.
   5. Make suggestions to command staff for the prevention of future incidents.
   6. Review investigations of alleged hazardous conditions.
   7. Submit recommendations to assist in the evaluation of member safety suggestions.
   8. Assess the effectiveness of efforts made by the department to meet relevant standards.
(e) Establishment of a process to ensure serious illnesses or injuries and death are reported as required by the Division of Occupational Safety and Health Administration (Cal/OSHA) (8 CCR § 342).
1007.4 SUPPORT BUREAU LIEUTENANT RESPONSIBILITIES

The responsibilities of the Support Bureau Lieutenant include but are not limited to:

(a) Managing and implementing a plan to reduce the incidents of member illness and injury.
(b) Ensuring that a system of communication is in place that facilitates a continuous flow of safety and health information between supervisors and members. This system shall include:
   1. New member orientation that includes a discussion of safety and health policies and procedures.
(c) Ensuring that all safety and health policies and procedures are clearly communicated and understood by all members.
(d) Taking reasonable steps to ensure that all members comply with safety rules in order to maintain a safe work environment. This includes but is not limited to:
   1. Informing members of the illness and injury prevention guidelines.
   2. Recognizing members who perform safe work practices.
   3. Ensuring that the member evaluation process includes member safety performance.
   4. Ensuring department compliance to meet standards regarding the following:
      a. Respiratory protection (8 CCR § 5144).
      b. Bloodborne pathogens (8 CCR § 5193).
      c. Aerosol transmissible diseases (8 CCR § 5199).
      d. Heat illness (8 CCR § 3395).
      e. Emergency Action Plan (8 CCR § 3220).
      f. Fire Prevention Plan (8 CCR § 3221).
      g. Hazards associated with wildfire smoke (8 CCR § 5141.1).
(e) Making available the Identified Hazards and Correction Record form to document inspections, unsafe conditions or work practices, and actions taken to correct unsafe conditions and work practices.
(f) Making available the Investigation/Corrective Action Report to document individual incidents or accidents.
(g) Making available a form to document the safety and health training of each member. This form will include the member’s name or other identifier, training dates, type of training, and training providers.
(h) Conducting and documenting a regular review of the Illness and Injury Prevention Plan.

1007.5 SUPERVISOR RESPONSIBILITIES

Supervisor responsibilities include, but are not limited to:

(a) Ensuring member compliance with illness and injury prevention guidelines and answering questions from members about this policy.
(b) Training, counseling, instructing or making informal verbal admonishments any time safety performance is deficient. Supervisors may also initiate discipline when it is reasonable and appropriate.
(c) Establishing and maintaining communication with members on health and safety issues. This is essential for an injury-free, productive workplace.
(d) Completing required forms and reports relating to illness and injury prevention; such forms and reports shall be submitted to the Administrative Services Officer.

(e) Notifying the Administrative Services Officer when:
1. New substances, processes, procedures or equipment that present potential new hazards are introduced into the work environment.
2. New, previously unidentified hazards are recognized.
3. Occupational illnesses and injuries occur.
4. New and/or permanent or intermittent members are hired or reassigned to processes, operations or tasks for which a hazard evaluation has not been previously conducted.
5. Workplace conditions warrant an inspection.

1007.6 HAZARDS

All members should report and/or take reasonable steps to correct unsafe or unhealthy work conditions, practices or procedures in a timely manner. Members should make their reports to a supervisor (as a general rule, their own supervisors).

Supervisors should make reasonable efforts to correct unsafe or unhealthy work conditions in a timely manner, based on the severity of the hazard. These hazards should be corrected when observed or discovered, when it is reasonable to do so. When a hazard exists that cannot be immediately abated without endangering members or property, supervisors should protect or remove all exposed members from the area or item, except those necessary to correct the existing condition.

Members who are necessary to correct the hazardous condition shall be provided with the necessary protection.

All significant actions taken and dates they are completed shall be documented on an Identified Hazards and Correction Record form. This form should be forwarded to the Support Bureau Lieutenant via the chain of command.

The Support Bureau Lieutenant will take appropriate action to ensure the Illness and Injury Prevention Plan addresses potential hazards upon such notification.

1007.7 INSPECTIONS

Safety inspections are crucial to a safe work environment. These inspections identify and evaluate workplace hazards and permit mitigation of those hazards. A hazard assessment checklist should be used for documentation and to ensure a thorough assessment of the work environment.

The Support Bureau Lieutenant shall ensure that the appropriate documentation is completed for each inspection.

1007.7.1 EQUIPMENT

Members are charged with daily vehicle inspections of their assigned vehicles and of their personal protective equipment (PPE) prior to working in the field. If an unsafe condition cannot be immediately corrected, members should contact their supervisor.
1007.8 INVESTIGATIONS

Any member sustaining any work-related illness or injury, as well as any member who is involved in any accident or hazardous substance exposure while on duty shall report such event as soon as practicable to a supervisor. Members observing or learning of a potentially hazardous condition are to promptly report the condition to their immediate supervisor.

A supervisor receiving such a report should personally investigate the incident or ensure that an investigation is conducted. Investigative procedures for workplace accidents and hazardous substance exposures should include:

(a) A visit to the accident scene as soon as possible.
(b) An interview of the injured member and witnesses.
(c) An examination of the workplace for factors associated with the accident/exposure.
(d) Determination of the cause of the accident/exposure.
(e) Corrective action to prevent the accident/exposure from reoccurring.
(f) Documentation of the findings and corrective actions taken.
(g) Completion of an Investigation/Corrective Action Report form.
(h) Completion of an Identified Hazards and Correction Record form.

Additionally, the supervisor should proceed with the steps to report an on-duty injury, as required per City and Department policy or procedure, in conjunction with this investigation to avoid duplication and ensure timely reporting.

1007.9 TRAINING

The Support Bureau Lieutenant should work with the Training Sergeant to provide all members, including supervisors, with training on general and job-specific workplace safety and health practices. Training shall be provided:

(a) To supervisors to familiarize them with the safety and health hazards to which members under their immediate direction and control may be exposed.
(b) To all members with respect to hazards specific to each member’s job assignment.
(c) To all members given new job assignments for which training has not previously been provided.
(d) Whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard.
(e) Whenever the department is made aware of a new or previously unrecognized hazard.

1007.9.1 TRAINING TOPICS

The Training Sergeant shall ensure that training includes:

(a) Reporting unsafe conditions, work practices and injuries, and informing a supervisor when additional instruction is needed.
(b) Use of appropriate clothing, including gloves and footwear.
(c) Use of respiratory equipment.
(d) Availability of toilet, hand-washing and drinking water facilities.
(e) Provisions for medical services and first aid.
(f) Handling of bloodborne pathogens and other biological hazards.
(g) Prevention of heat and cold stress.
(h) Identification and handling of hazardous materials, including chemical hazards to which members could be exposed, and review of resources for identifying and mitigating hazards (e.g., hazard labels, Safety Data Sheets (SDS)).

(i) Mitigation of physical hazards, such as heat and cold stress, noise, and ionizing and non-ionizing radiation.

(j) Good housekeeping and fire prevention.

(k) Other job-specific safety concerns.

**1007.10 RECORDS**

Records and training documentation relating to illness and injury prevention will be maintained in accordance with the established records retention schedule.
Communicable Diseases

1008.1 PURPOSE AND SCOPE

This policy provides general guidelines to assist in minimizing the risk of department members contracting and/or spreading communicable diseases.

1008.1.1 DEFINITIONS

Communicable Disease - A human disease caused by microorganisms that are present in and transmissible through human blood, bodily fluid, tissue, or by breathing or coughing. These diseases commonly include, but are not limited to, hepatitis B virus (HBV), HIV and tuberculosis.

Exposure - When an eye, mouth, mucous membrane or non-intact skin comes into contact with blood or other potentially infectious materials, or when these substances are injected or infused under the skin; when an individual is exposed to a person who has a disease that can be passed through the air by talking, sneezing or coughing (e.g., tuberculosis), or the individual is in an area that was occupied by such a person. Exposure only includes those instances that occur due to a member’s position at the Santa Rosa Police Department. (See the Exposure Control Plan for further details to assist in identifying whether an exposure has occurred.)

1008.2 POLICY

The Santa Rosa Police Department is committed to providing a safe work environment for its members. Members should be aware that they are ultimately responsible for their own health and safety.

1008.3 SAFETY OFFICERS

The Support Bureau Lieutenant will assign two people as the Safety Coordinators. The Safety Coordinators shall review and update the department’s Exposure Control Plan to include:

(a) Exposure prevention and decontamination procedures.
(b) Procedures for when and how to obtain medical attention in the event of an exposure or suspected exposure.
(c) The provision that department members will have no-cost access to the appropriate personal protective equipment (PPE) (e.g., gloves, face masks, eye protection, pocket masks) for each member’s position and risk of exposure.
(d) Evaluation of persons in custody for any exposure risk and measures to separate them (15 CCR 1051; 15 CCR 1207).
(e) Compliance with all relevant laws or regulations related to communicable diseases, including:
1. Responding to requests and notifications regarding exposures covered under the
Ryan White law (42 USC § 300ff-133; 42 USC § 300ff-136).

2. Bloodborne pathogen mandates including (8 CCR 5193):
   a. Sharps injury log.
   b. Needleless systems and sharps injury protection.

3. Airborne transmissible disease mandates including (8 CCR 5199):
   a. Engineering and work practice controls related to airborne transmissible diseases.
   b. Distribution of appropriate personal protective equipment to minimize exposure to airborne disease.

4. Promptly notifying the county health officer regarding member exposures (Penal Code § 7510).

5. Establishing procedures to ensure that members request exposure notification from health facilities when transporting a person who may have a communicable disease and that the member is notified of any exposure as required by Health and Safety Code § 1797.188.

6. Informing members of the provisions of Health and Safety Code § 1797.188 (exposure to communicable diseases and notification).

(f) Provisions for acting as the designated officer liaison with health care facilities regarding communicable disease or condition exposure notification. The designated officer should coordinate with other department members to fulfill the role when not available. The designated officer shall ensure that the name, title and telephone number of the designated officer is posted on the department website (Health and Safety Code § 1797.188).

The Safety Coordinators shall annually review and update the exposure control plan and review implementation of the plan (8 CCR 5193).

1008.4 EXPOSURE PREVENTION AND MITIGATION

1008.4.1 GENERAL PRECAUTIONS

All members are expected to use good judgment and follow training and procedures related to mitigating the risks associated with communicable diseases. This includes, but is not limited to (8 CCR 5193):

(a) Stocking disposable gloves, antiseptic hand cleanser, CPR masks or other specialized equipment in the work area or department vehicles, as applicable.

(b) Wearing department-approved disposable gloves when contact with blood, other potentially infectious materials, mucous membranes and non-intact skin can be reasonably anticipated.

(c) Washing hands immediately or as soon as feasible after removal of gloves or other PPE.

(d) Treating all human blood and bodily fluids/tissue as if it is known to be infectious for a communicable disease.

(e) Using an appropriate barrier device when providing CPR.

(f) Using a face mask or shield if it is reasonable to anticipate an exposure to an airborne transmissible disease.

(g) Decontaminating non-disposable equipment (e.g., flashlight, control devices, clothing and portable radio) as soon as possible if the equipment is a potential source of exposure.

1. Clothing that has been contaminated by blood or other potentially infectious materials shall be removed immediately or as soon as feasible and stored/decontaminated appropriately.
(h) Handling all sharps and items that cut or puncture (e.g., needles, broken glass, razors, knives) cautiously and using puncture-resistant containers for their storage and/or transportation.

(i) Avoiding eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses where there is a reasonable likelihood of exposure.

(j) Disposing of biohazardous waste appropriately or labeling biohazardous material properly when it is stored.

1008.4.2 IMMUNIZATIONS

Members who could be exposed to HBV due to their positions may receive the HBV vaccine and any routine booster at no cost (8 CCR 5193).

1008.5 POST EXPOSURE

1008.5.1 INITIAL POST-EXPOSURE STEPS

Members who experience an exposure or suspected exposure shall:

(a) Begin decontamination procedures immediately (e.g., wash hands and any other skin with soap and water, flush mucous membranes with water).

(b) Obtain medical attention as appropriate.

(c) Notify a supervisor as soon as practical.

1008.5.2 REPORTING REQUIREMENTS

The on-duty supervisor shall investigate every exposure or suspected exposure that occurs as soon as possible following the incident. The supervisor shall ensure the following information is documented (8 CCR 5193):

(a) Name and Social Security number of the member exposed.

(b) Date and time of the incident.

(c) Location of the incident.

(d) Potentially infectious materials involved and the source of exposure (e.g., identification of the person who may have been the source).

(e) Work being done during exposure.

(f) How the incident occurred or was caused.

(g) PPE in use at the time of the incident.

(h) Actions taken post-event (e.g., clean-up, notifications).

The supervisor shall advise the member that disclosing the identity and/or infectious status of a source to the public or to anyone who is not involved in the follow-up process is prohibited. The supervisor should complete the incident documentation in conjunction with other reporting requirements that may apply.

1008.5.3 MEDICAL CONSULTATION, EVALUATION AND TREATMENT

Department members shall have the opportunity to have a confidential medical evaluation immediately after an exposure and follow-up evaluations as necessary (8 CCR 5193).

The Administrative Services Officer should request a written opinion/evaluation from the treating medical professional that contains only the following information:
(a) Whether the member has been informed of the results of the evaluation.
(b) Whether the member has been notified of any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

No other information should be requested or accepted by the Administrative Services Officer.

1008.5.4 COUNSELING

The department shall provide the member, and his/her family if necessary, the opportunity for counseling and consultation regarding the exposure (8 CCR 5193).

1008.5.5 SOURCE TESTING

Testing a person for communicable diseases when that person was the source of an exposure should be done when it is desired by the exposed member or when it is otherwise appropriate (8 CCR 5193). Seeking source testing is the responsibility of the exposed member’s supervisor.

Source testing may be achieved by:

(a) Obtaining consent from the individual.
(b) Complying with the statutory scheme of Health and Safety Code § 121060. This includes seeking consent from the person who was the source of the exposure and seeking a court order if consent is not given.
(c) Testing the exposed member for evidence of a communicable disease and seeking consent from the source individual to either access existing blood samples for testing or for the source to submit to testing (Health and Safety Code § 120262).
(d) Taking reasonable steps to immediately contact the County Health Officer and provide preliminary information regarding the circumstances of the exposure and the status of the involved individuals to determine whether the County Health Officer will order testing (Penal Code § 7510).
(e) Under certain circumstances, a court may issue a search warrant for the purpose of HIV testing a person when the exposed member qualifies as a crime victim (Penal Code § 1524.1).

Since there is the potential for overlap between the different manners in which source testing may occur, the supervisor is responsible for coordinating the testing to prevent unnecessary or duplicate testing.

The supervisor should seek the consent of the individual for testing and consult the City Attorney to discuss other options when no statute exists for compelling the source of an exposure to undergo testing if he/she refuses.

1008.6 CONFIDENTIALITY OF REPORTS

Medical information shall remain in confidential files and shall not be disclosed to anyone without the member’s written consent (except as required by law). Test results from persons who may have been the source of an exposure shall also be kept confidential.
1008.7   TRAINING

All members shall participate in training regarding communicable diseases commensurate with the requirements of their position. The training (8 CCR 5193):

(a) Shall be provided at the time of initial assignment to tasks where an occupational exposure may take place and at least annually after the initial training.
(b) Shall be provided whenever the member is assigned new tasks or procedures affecting his/her potential exposure to communicable disease.
(c) Should provide guidance on what constitutes an exposure, what steps can be taken to avoid an exposure and what steps should be taken if a suspected exposure occurs.