



SOUTH MIAMI POLICE DEPARTMENT

GENERAL ORDER NUMBER: 9.2	DATE OF ISSUE: July 31, 2011	EFFECTIVE DATE: April 1, 2013	NUMBER OF PAGES: 36
CFA STANDARD: 29 SUBJECT: <i>Compensation, Benefits, and Conditions of Work - Bloodborne Pathogens and Infectious Disease Exposure Control Plan</i>	NEW (X) RESCINDS (X) AMENDS () OTHER ()	By Order Of:  Rene Landa, CHIEF OF POLICE	

CFA STANDARD: 29.01M, 29.02M, 29.03M, 29.04M,
SECTIONS:

9.2.1 Bloodborne Pathogens and Infectious Disease Exposure Control Plan

RESCINDS: All existing orders in conflict.

PURPOSE: To establish departmental policy and provide guidelines to minimize or eliminate exposure of police officers and support personnel to communicable diseases, and to maximize protection against communicable diseases for all members and the public we serve.

SCOPE: All departmental personnel.

POLICY: This department recognizes that communicable disease exposure is an occupational health hazard. In accordance with CFA Chapter 29, OSHA Standard 29 CFR 1910.1030, and Florida Administrative Rule 38I-20, other considerations including C.D.C. guidelines, the Ryan White Act, and other applicable governmental directives, the South Miami Police Department shall provide exposure controls, protective equipment, this document, and training to agency members, for the purpose of isolating or removing bloodborne pathogens and potentially infectious materials from the workplace to minimize and/or eliminate exposure.

Communicable disease transmission is possible during any aspect of emergency response, including in-station operations. The health and welfare of each member is a joint concern of the member, the chain-of-command, and this department. While each member is ultimately responsible for his or her own health, the department recognizes a responsibility to provide as safe a work place as possible.

The goal of this policy is to provide all members with the best available protection from occupationally acquired communicable diseases.

DEFINITIONS:

1. **Assistant Secretary:** Assistant Secretary of Labor for Occupation Safety and Health or a designated representative.
2. **Airborne Pathogens:** Body fluids which have the potential risk of transmitting meningococcal meningitis or tuberculosis, including: respiratory, salivary, and sinus fluids, including droplets, sputum and saliva, mucous and other fluids through which infectious airborne organisms can be transmitted between persons.
3. **Biohazard Container:** A red, puncture resistant plastic liner or container which is pre-printed with “BIOHAZARD (symbol) – Danger: Infectious Waste”.
4. **Biohazard Label:** A fluorescent orange or orange-red, self-adhesive label which is pre-printed with “BIOHAZARD (symbol) – Danger: Infectious Waste”.
5. **Bloodborne Pathogens:** Microorganisms that are present in human blood, which can cause disease in humans. These include, but are not limited to, hepatitis B virus (HBV), human immunodeficiency virus (HIV) and sexually transmitted diseases.
6. **Bodily Fluid Spill Kit:** Pre-packaged kit containing personal and other protective equipment which is provided at no cost to Category I and II members.
7. **Category I:** Members who routinely encounter situations where bloodborne pathogens or potentially infectious materials are likely to be present on a regular basis.
8. **Category II:** Members who encounter, under certain conditions, situations where bloodborne pathogens or potentially infectious materials are present, including those seldom at injury scenes or involving individuals where blood or body fluid exposures are less likely to occur.
9. **Category III:** Members not normally exposed to situations where bloodborne pathogens or potentially infectious disease are likely to be present and whose job description restricts duties that include any risk of blood or body fluid exposure
10. **Contamination:** The presence or reasonable anticipated presence of blood or other potentially infectious material on an item or surface.
11. **Contaminated Laundry:** Laundry which has been soiled with blood or other potential infectious materials or which may contain sharps.

12. **Contaminated Sharps:** Any contaminated object that can penetrate skin including, but not limited to, sharp metal, scalpels, broken glass, needles, exposed ends of dental wires, etc.
13. **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.
14. **Designated Reporting Official (DRO):** An official designated by the City of South Miami to collect facts and information regarding an exposure incident or source individuals and take the appropriate actions necessary as set forth in all the appropriate guidelines. This position will be held by the Human Resource director for the City of South Miami.
15. **Director:** Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services or a designated representative.
16. **Disposal Syringe Safety Container:** A puncture resistant container for securing a contaminated or potentially contaminated recovered syringe.
17. **ECP** – Exposure Control Plan
18. **Engineering Controls:** Controls that isolate or remove the bloodborne pathogens hazard from the workplace.
19. **Epidemiology:** A branch of medical science, which deals with the incidence, distribution and control of disease in a population.
20. **Exposure Incident:** A specific eye, mouth, other mucous membrane, or non-intact skin contact or parenteral contact with blood or other potentially infectious materials that results from the performance of a member's job related duties.
21. **Occupational Exposure:** Possible skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that results from the performance of a member's duties.
22. **OSHA:** Occupation Safety and Health Administration
23. **Parenteral Contact:** Piercing skin or mucous membrane through such events as needle sticks, human bites, cuts and abrasions.
24. **Personal Protective Equipment (PPE):** Personal protective clothing or equipment worn by a member for protection against hazard. Work clothes or uniforms NOT intended to function as protection against a hazard are NOT considered P.P.E.

25. **Potentially Infectious Materials:** Human body fluids including semen, vaginal secretions, cerebrospinal fluid, synovial, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva, any body fluid visibly contaminated with blood, all body fluids in situations where it is difficult to differentiate between body fluids; and any unfixed tissue or organ from a living or dead human.
26. **Post Exposure Prophylaxis (PEP):** The administration of certain drugs promptly after an exposure, including the ongoing appropriate therapy.
27. **Significant Exposure:** A significant exposure is defined to be:
 - a. Exposure through needle stick, instruments or sharps to body fluids to which universal precautions apply according to the Centers for Disease Control, including, without limitations, the following body fluids:
 1. Blood or any other body fluids containing visible blood.
 2. Semen.
 3. Vaginal secretions
 4. Cerebrospinal fluid
 5. Synovial Fluid
 6. Pleural fluid
 7. Pericardial fluid
 8. Peritoneal fluid
 9. Amniotic fluid
 10. Laboratory specimens that contain HIV
 - b. Exposure of mucous membranes to the body fluids listed above in Rule 10D-93.062(33) (a), F.A.C., or
 - c. Exposure of skin to the body fluids listed above in Rule 10D-93.062(33) (a), F.A.C., especially when the exposed skin is chapped, abraded, or afflicted with dermatitis, or the contact is prolonged or involves an extensive area.
28. **Source Individual:** Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure.
29. **SUDS (Single-Use Diagnostic System) Test:** Rapid HIV Blood Test
30. **Universal Precaution:** Approach to infection control by which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other potentially infectious disease. [CFA29.02M(e)]

I. PLAN AVAILABILITY AND TRAINING

A. Plan Availability

1. The South Miami Police Department shall ensure the Bloodborne Pathogens Exposure and Infectious Disease Control Plan is distributed to all agency members (via Power DMS and Email).
2. The Police Department shall make the plan available to the Assistant Secretary, Director, and appropriate state officials upon request for examination and/or copying.
3. Departmental staff shall review and update the plan on an annual basis and more frequently, as required, to reflect new or modified tasks and procedures which affect occupational exposure. [CFA29.01M(h)]

B. Training (see training check list, Appendix 1)

The Agency shall ensure all Category I and Category II members participate in a training program which will familiarize them with the Department's exposure control policy. It will be provided at no cost to them and which may be scheduled during working hours or on overtime. [CFA29.02M(a)]

1. The scheduled training shall include general information regarding Hepatitis B (HBV), Human Immunodeficiency Virus (HIV) other life threatening or debilitating, and airborne diseases.
2. The scheduled training shall be provided at the time of initial assignment to tasks where occupational exposure may take place (orientation) and at annual in-service training. [CFA29.02M(j)]
3. The Agency shall provide additional training when modifications of tasks or procedures or new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing only the modifications to the assigned tasks.
4. The instructor(s) conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program, as it relates to the workplace that the training will address.
5. The training program shall contain at least the following elements:
 - a. An accessible copy of Occupational Safety and Health Administration, 29 CFR Part 1910.1030, Occupational Exposure to Bloodborne Pathogens.

- b. A copy of the Bloodborne Pathogens Exposure and Infectious Disease Control General Order.
- c. A general explanation of the epidemiology and symptoms of bloodborne and airborne diseases. [CFA29.02M(b)]
- d. An explanation of the modes of transmission of bloodborne and airborne pathogens.
- e. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- f. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate work practices and personal protective equipment. [CFA29.02M(c)]
- g. Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.
- h. An explanation of the basis for selection of personal protective equipment.
- i. Information on the Hepatitis B vaccine, including information on its effect, safety, method of administration, benefits of being vaccinated and that the vaccine and vaccination will be offered a no charge to the member. [CFA29.02M(d)] [CFA29.04M(d)]
- j. Information on transmission and testing for tuberculosis including Purified Protein Derivative (PPD) skin tests.
- k. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials. [CFA29.02M(f)]
- l. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be available. [CFA29.02M(f)]
- m. Information on the post-exposure evaluation and follow-up that the Agency is required to provide for the member following an exposure incident. [CFA29.02M(f)]
- n. An explanation of the required signs, labels and color-coding identifying biohazardous waste. [CFA29.02M(g)]

- o. An opportunity for interactive questions and answers with the instructor conducting the training. [CFA29.02M(i)]
- p. Familiarization with the agency's biohazardous waste disposal procedures. [CFA29.02M(h)]

C. Training Records [CFA29.03M]

1. Training documentation shall at a minimum include the following information:
 - a. Dates of training sessions.
 - b. Contents, lesson plan or summary of training sessions.
 - c. Names and qualifications of instructors conducting the training.
 - d. Names and job titles of members attending the training sessions.
2. The training documents shall be maintained and retained by the Agency for a minimum of three years from the date of training.
3. The Police Department shall ensure all documentation of training shall be made available upon request to the following for examination and/or copying:
 - a. Assistant Secretary
 - b. Director
 - c. Appropriate State Officials
 - d. Affected Members
 - e. Affected member's representative

II. EXPOSURE RISK CATEGORIES

A. Category I Occupational Exposure Level

1. Category I occupational exposure level members who routinely encounter situations where bloodborne pathogens or potentially infectious materials are likely to be present (i.e.: arresting officers, first responders in medical emergencies, crime lab personnel, etc.).
2. Members assigned as follows meet the criteria for a Category I occupational exposure level: [CFA29.01M(a)]

POSITION	CLASSIFICATION
Uniform Patrol Division Lieutenant	Lieutenant
CID Division Lieutenant	Lieutenant
Services Lieutenant	Lieutenant
Professional Compliance Lieutenant	Lieutenant
Shift Commander	Sergeant
Administrative Sergeant UPD	Sergeant
IA Sergeant	Sergeant
Accreditation Sergeant	Sergeant
Uniform Patrol Officer	Officer
Motor Unit Officer	Officer
K-9 Officer	Officer
Community Patrol Officer	Officer
Senior Trainer	Officer
GUI or SIU Detective	Detective

B. Category II Occupational Exposure Level

1. Category II occupational exposure level members who encounter situations where bloodborne pathogens or potentially infectious material under certain conditions, those seldom at injury scenes or involving individuals where blood or body fluid exposure are less likely to occur.
2. These members do not normally confront front-line exposures, but could be called upon in an emergency situation.
3. Members assigned as follows meet the criteria for a Category II occupation exposure level:

POSITION	CLASSIFICATION
Chief of Police	Chief of Police
Assistant Chief	Assistant Chief
Operations Bureau Commander	Captain
Administration Bureau Commander	Captain

C. Category III Occupational Exposure Level

1. Category III occupational exposure level members are those who are not normally exposed to situations where bloodborne pathogens or potentially infectious materials are likely to be present and whose job description restrict duties that do not include any risk of blood or body fluid exposure.

2. Members assigned as follows meet the criteria for a Category III Occupational exposure level:

POSITION	CLASSIFICATION
Volunteer Intern	Non-sworn
Uniform Division Secretary	Adm. Assistant
Chief's Secretary	Sr. Adm. Assistant
Communications Supervisor	Non-sworn
Communications Officer	Non-sworn

III. Work Practices

A. Universal Precautions

1. All members shall utilize universal precautions to prevent contact with blood or other potentially infectious materials in the performance of job related duties. [CFA29.02M(e)]
2. All members shall consider all body fluids to be potentially infectious materials under all circumstances.

B. Controls

1. Members are prohibited from eating, drinking, applying cosmetics or lip balm and handling contact lenses in work areas where there is a reasonable likelihood of occupational exposure.
2. Members are prohibited from keeping food and drink in refrigerators, freezers, shelves, and cabinets or on counter tops where blood or other potentially infectious materials are present.
3. Members shall perform all procedures involving blood or potentially infectious materials in such a manner as to minimize splashing, spraying, splattering, and generating of droplets of these substances.
4. Members are prohibited from bending, recapping, shearing, or breaking contaminated needles or sharps.
5. Members are prohibited from removing a needle from a syringe without the use of a mechanical device.

6. Supervisors shall monitor members to ensure compliance with the Bloodborne Pathogens and Infectious Disease Exposure Control Plan.

C. Storage Containers and Labeling

1. Blood and other potentially infectious material shall be placed and secured in a biohazard container that prevents leakage during collection, handling, processing, storage, transport, or shipping.
2. Biohazard labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials and other containers used to store, transport or ship blood or other potentially infectious materials. The container for storage, transport, or shipping shall be color-coded, labeled and secured prior to being stored, transported, or shipped.
3. If outside contamination of the primary container occurs or the specimen punctures the primary container, the primary container shall be placed in a second puncture-resistant container that prevents leakage during handling, processing, storage, transport, or shipping. The second container shall be biohazard labeled and secured prior to being stored, transported, or shipped.
4. The Police Department shall post fluorescent orange or orange-red signs containing the following information, at the entrance to work areas where potentially infectious materials may be present (i.e.: crime laboratory, property/evidence storage, etc.): [CFA29.01M(g)]
 - a. "BIOHAZARD" (symbol)
 - b. Name of Infectious Agent or Potentially Infectious Material.
 - c. Special requirements for entering area (i.e.: mask, apron, gloves, goggles, etc.)

D. Handwashing Facilities

1. The Police Department shall provide the following handwashing facilities at the Headquarters Complex, which shall be readily accessible to all members:
 - a. Running potable water.
 - b. Germicidal, anti-viral soap, or hand sanitizer.
 - c. Single use towels.
2. The Police Department shall provide antiseptic towelettes for use by members when the use of handwashing facilities is not feasible. When antiseptic towelettes are used, the member's hands shall be washed with soap and running water as soon as feasible.

3. Members shall wash hands immediately or as soon feasible after removal of disposable gloves or other protective equipment.
4. Members shall wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact with blood of other potentially infectious material.

E. Contaminated Equipment [CFA29.01M(d)]

1. Equipment, which may become contaminated with blood or other potentially infectious materials, shall be decontaminated as necessary.
2. If the equipment is to be cleaned and decontaminated by an outside source contracted by the Department, the member shall place the contaminated equipment in the biohazard container in the holding cell/prisoner processing area for transport. [CFA29.01M(E)] If the equipment is too large for a biohazard container, a biohazard label shall be affixed to the equipment until cleaned and disinfected.

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F. Contaminated Laundry [CFA29.01M(e)]

1. Contaminated laundry shall be handled as little as possible with a minimum of agitation.
2. Contaminated laundry shall be placed in a biohazard container at the location where it was used or recovered. The contaminated laundry shall not be stored or rinsed at the location where it was used or recovered.
3. Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the biohazard container, laundry shall be placed and transported in a second biohazard container, which prevents leakage of fluids to the exterior.
4. Members who have contact with contaminated laundry shall wear protective disposable gloves and other personal protective equipment as required by the situation.
5. If contaminated laundry is shipped off site for laundering, the contaminated laundry shall be placed in a biohazard container.

- G. Regulated waste will be placed in containers which are: closable; constructed to contain all contents and prevent leakage of fluids during handling, storage, transport and/or shipping; labeled with the bio-hazard sticker or color-coded in accordance with this policy; and closed prior to removal to prevent spillage or

protrusion of contents during handling, storage, transport and/or shipping. If outside contamination of the regulated waste container occurs, it will be placed in a second container that conforms to the same standards previously noted in this step. [CFA 29.01M(d)]

1. Once the regulated waste is properly contained, the primary officer will dispose of the items by transporting them to the biohazardous waste container in the prisoner processing area of the SMPD headquarters building, if it can be done in a safe and secure manner. The waste materials can then be disposed through the contracted waste disposal and cleaning service who can be contacted to remove and dispose of the waste material. [CFA29.01M(d)]

2. Additionally, if the regulated waste is located within a Haz/Mat scene, the responsibility for the transport and disposal of the material(s) will be that of the responding Miami-Dade Fire Rescue personnel.

IV. SYRINGE RECOVERY DURING DAILY DUTY

A. Recovery in General

1. All members should use the utmost caution when conducting searches of suspects and suspect property. When conducting a search, the member should proceed as if a syringe is present.
2. Any syringe discovered during the course of duty shall be properly handled and safely disposed of by the discovering member.
3. The discovering member shall handle the syringe as carefully as possible while securing the syringe in a disposable syringe safety container as follows:
 - a. Remove the cap from the tube.
 - b. Remove the red security tape from inside the tube.
 - c. Use one strip of tape to secure remaining end cap.
 - d. Insert the syringe, needle first, into the tube.
 - e. Replace the cap securely on the open end of the tube.
 - f. Peel the backing from the red security tape and place tape over the cap, adhesive side against the tube.
 - g. Document the discovering member's name, date and case number on the tube.
 - h. Attach a biohazard label to the tube.

B. Syringe Recovery Not needed as Evidence

1. If the recovered syringe is not needed as evidence, the member shall NOT place the secured disposable syringe safety container in an evidence envelope.
2. The member shall complete all required information and document the disposition of the syringe on the following:
 - a. Incident report
3. The member shall place the secured disposable syringe sharps container which is clearly marked with an attached biohazard label.

C. Disposition of Syringes in General [CFA29.01M(d)]

1. When moving biohazard containers of contaminated syringes from the area of use, the container shall be closed immediately prior to removal or placement to prevent spillage or protrusion of contents during handling, storage, transport or shipping.
2. The biohazard container shall be placed in a secondary biohazard container if leakage is possible. The second biohazard container shall be closable, constructed to contain all contents and prevent leakage, and labeled and color-coded as a biohazard.
3. The reusable biohazard container shall not be opened, emptied, or cleaned, either manually or in any other manner, which would expose a member to the risk of parenteral contact.

D. Syringe Recovered and Needed as Evidence

1. If the contents of a recovered syringe is vital to a member's case and must be analyzed to support an arrest, the member shall complete all required information on the following:
 - a. Incident report
 - b. Request for Laboratory Examination / Chain of Custody
 - c. Evidence Envelope
2. The member shall place the following in the completed evidence envelope:
 - a. Secured disposable syringe safety container
 - b. Request for Laboratory Examination / Chain of Custody
3. The member shall label the completed evidence envelope with a biohazard label.

4. The member shall place the completed evidence envelope containing the recovered syringe in an Evidence Locker.

E. Disposition of Recovered Syringes (not evidence)

1. The designated Evidence/Property Officer shall wear protective disposable gloves when handling the secured disposable syringe safety containers.
2. The Evidence/Property Officer shall remove the safety containers from the jail area.
3. The Evidence/Property Officer shall place the secured disposable syringe safety containers in a biohazard container.
4. The Evidence/Property Officer or designee shall bring the biohazard container(s) to South Miami Hospital or Larkin General Hospital for disposal.

V. **Personal Protective Equipment**

A. Provision of Personal Protection Equipment (PPE)

1. Personal Protective Equipment will be made accessible to all Category I and II members. Each Category I and II member will be issued individual PPE in a storage bag. This bag should be readily available accessible in the vehicle that is being used by the member. Supplies will also be available in the booking area and evidence room. [CFA29.01M(b)]
2. Kits placed in the marked patrol vehicles will also contain:
 - a. Disposable gloves
3. In addition to the PPE, the Police Department shall provide Biomedical Waste Spill Kits. The kits will be located in the booking area, roll call room, and hall.
3. The member shall use personal protective equipment when blood or potentially infectious material are present, except under the following rare and extraordinary circumstances:
 - a. In the member's professional judgment that in the specific instance, the use of personal protective equipment would prevent the delivery of health care or public safety services.

- b. In the member's professional judgment that in the specific instance, the use of personal protective equipment would pose an increased hazard to the safety of the member or others.
4. If the member does not use the personal protective equipment due to his/ her professional judgment, the circumstances shall be investigated by the member's supervisor.
 - a. The investigative information shall be forwarded to the DRO to determine whether changes can be instituted to prevent future occurrences.
 - b. The Designated Reporting Official (DRO) shall document his findings via memorandum forwarded to the Chief and Deputy Chief of Police.

B. Hand Protection

1. Members shall wear disposable (single use) gloves in one (1) or more of the following instances:
 - a. When it is expected (or likely) that the member may have hand contact with blood or other potentially infectious materials.
 - b. When handling or touching contaminated items or surfaces, or items or surfaces suspected of being contaminated.
2. Disposable gloves shall be replaced as soon as practical when contaminated, and immediately when torn, punctured or the gloves ability to function as a barrier is compromised.
3. Disposable gloves shall not be washed or decontaminated for multiple use.
4. Members shall not wear utility (multi-use) gloves protection against bloodborne pathogens.
5. All sharps shall be handled by using mechanical means such as a brush and dustpan, tongs, or forceps.

C. Eye Protection

1. Members shall wear goggles with solid side-shield or other provided eye protection when splashes, spray, spatter or droplets of blood or other potentially infectious materials may be generated and eye contamination is reasonably anticipated.

2. If the member does not use disposable (single-use) goggles, the goggles shall be washed and disinfected as soon as practical when contaminated.

D. Ventilation Protection

1. Members shall wear a disposable (single-use) facemask when splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and nose and mouth contamination is likely.
2. The disposable facemask shall be replaced as soon as practical when contaminated or immediately if torn, punctured or the mask's ability to function as a barrier is compromised.
3. Disposable facemasks shall not be washed or decontaminated for multiple use.

E. Garment Protection

1. The member shall determine if a disposable (single-use) apron should be worn during an occupational exposure situation dependent upon the task and degree of exposure anticipated.
2. The disposable apron shall be replaced as soon as practical when contaminated or immediately if torn, punctured or the apron's ability to function as a barrier is compromised.
3. Disposable apron shall not be washed or decontaminated for multiple use.

F. Shoe Protection

1. Members shall wear disposable (single-use) shoe covers in instances when gross contamination can be reasonably anticipated.
2. The disposable shoe covers shall be replaced as soon as practical when contaminated or immediately if torn, punctured or the shoe covers' ability to function as a barrier is compromised.
3. Disposable shoe covers shall not be washed or decontaminated for multiple use.

VI. **PROTECTIVE EQUIPMENT**

A. Provision of Protective Equipment

The Police Department shall provide protective equipment as specified in section V.A. 1 and 2.

B. Protective Equipment Cleaning and Disposal [CFA29.01M(b)]

1. Cleaning and disposal of personal and/or protective equipment shall be provided by the Police Department.
2. If a garment is penetrated by blood or other potentially infectious materials, the member shall remove the garment immediately or as soon as feasible.
3. The member shall remove all personal protective equipment prior to leaving an injury scene or work area.
4. After removal of the personal protective equipment, all disposable items shall be placed in a biohazard container for storage and disposal.

C. Protective Equipment Repair and Replacement

The Police Department shall repair and replace personal and protective equipment as required. [CFA29.01M(b)]

VII. HOUSKEEPING [CFA29.01M(c)]

A. Housekeeping in General

1. Members shall ensure that the work site is maintained in a clean and sanitary condition.
2. All equipment and work surfaces shall be cleaned with soap and water, and decontaminated with a disinfectant after contact with blood or other potentially infectious materials.

B. Work Surfaces, Protective Coverings and Receptacles

1. Contaminated work surfaces shall be decontaminated with a disinfectant at the following times:
 - a. After completion of procedure.
 - b. Immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials.
 - c. At the end of the work shift, if the surface may have become contaminated since the last cleaning.

2. Protective coverings (i.e.: plastic wrap, foil, etc.) used to cover equipment and surfaces shall be removed and replaced as soon as feasible when the coverings become contaminated.
3. All bins, pails, cans and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a monthly basis and cleaned and decontaminated immediately or as soon feasible upon visible contamination by the responsible member.

C. Potentially Infectious Materials in the Community

1. If potentially infectious materials are discovered in the community, the member shall utilize universal precautions as warranted and practical.
2. As soon as practical and as required, the discovering member shall initiate a perimeter for the protection of other individuals by using the issued barrier tape.
3. If a major blood loss is discovered (i.e. pedestrian struck by an automobile, victim shot in public, etc.) the member shall request the Fire Department to respond to the scene for clean-up, disinfection and disposal as required.
4. The member shall be responsible for the clean-up and disposal of any protective equipment and/or medical supplies used, (i.e.: gloves, mask, dressings, bandages, etc.).
5. Clean-up, disinfection, and disposal of a citizen's potentially infectious personal property (i.e.: motor vehicle involved in an accident with blood present, crime scene in a dwelling, etc.) shall be the responsibility of the owner.

VIII. VACCINATION

A. Hepatitis B Vaccination (Appendix 2)

1. The Police Department shall provide the Hepatitis B vaccine and vaccination series to all Category I and II members.
2. The Hepatitis B vaccination shall be provided after the Category I and II members receive the orientation and training regarding bloodborne pathogens and other potentially infectious diseases.
3. The Hepatitis B vaccination shall be provided to Category I and II members within ten (10) days to initial assignment (per CFA 29.04Ma)), unless the

member has previously received the complete Hepatitis B vaccination series, antibody testing (pre-screening) has revealed the member is immune or the vaccine is contra-indicated for medical reasons.

4. If a routine booster dose of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, the booster dose shall be made available to members the same as the original vaccination.
5. The Police Department shall ensure the Hepatitis B vaccine and vaccination series are:
 - a. Made available at no cost to the member. [CFA29.04M(d)]
 - b. Made available to the member at a reasonable time and place. [CFA29.04M(d)]
 - c. Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed health care professional. [CFA29.04M(e)]

B. Hepatitis B Vaccination Declination (Appendix 2)

1. Any member who declines the vaccination shall complete a Hepatitis B Vaccine Declination Form. [CFA29.04M(b)]
2. The completed Hepatitis B Vaccine Declination shall be maintained in the member's personnel record.
3. The Police Department shall make the vaccination available at no charge to a member who initially declines the Hepatitis B vaccination but later decides to accept the vaccination while still covered by the standard. [CFA29.04M(c)]

IX. AIRBORNE PATHOGENS PRECAUTIONS

Members should be aware of the following information pertaining to Tuberculosis (T.B.) and other airborne transmissible diseases:

1. Alcohol, drug users and homeless persons are some of the groups of people with a high incidence of active, untreated T.B.
2. Persons who have the signs and symptoms of the flu including coughing, during a period when the flu is not prevalent may be infected with another airborne pathogen.
3. T.B. is transmitted through inhalation of airborne droplets from an infected person.

4. Precautions include:
 - a. Identifying infected persons.
 - b. Contact with high-risk people or people with known active T.B. should be done in a well-ventilated area, preferably outdoors.
 - c. During transport of people suspected of being infected the use of a surgical mask ON THAT PERSON should be considered in addition to providing proper ventilation. Ventilation considerations should be opening the back passenger door window and turning off the vehicle air-conditioning system.

5. Testing

PPD (Purified Protein Derivative) testing will be provided to Category I and II members every 2 years, or as appropriate if an exposure occurs.

X. POST-EXPOSURE EVALUATION AND FOLLOW-UP [CFA29.01M(f)]

A. Provision of Post-exposure Evaluation and Follow-up

1. The Police Department shall provide post-exposure evaluation and follow-up to all members who have had a significant exposure incident.
2. The Police Department shall ensure all medical evaluations and procedures, including post-exposure evaluation and follow-up are:
 - a. Made available at no cost to the member.
 - b. Made available to the member at a reasonable time and place.
 - c. Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed health care professional.
3. The Police Department shall ensure all laboratory tests are conducted by an accredited laboratory at no cost to the member.

B. Post exposure and Follow-up Procedure

The South Miami Police Department, with the interest of its members and in accordance with the Ryan White Comprehensive Aids Resource Emergency Act of 1990, has established the duties of a Designated Reporting Official. The person will be referred to as the DRO. The duties of the DRO will be to receive all notifications of exposures and maintain the proper records of such. In addition, the DRO will work with area professionals to maintain the ECP, post exposure treatment, and all records pertaining to exposure. This position will be held by the Human Resources Manager for the City of South Miami.

Nothing within the scope of the DRO's responsibilities will preclude the intervention of the Chief of Police or his/her designee. The Chief may monitor or review the Post Exposure Procedures at the request of the exposed member under exigent circumstances. The course of the follow-up process may be changed by the Chief in any way that will insure the safety of the exposed member, as agreed to by the exposed member.

A strict rule of confidentiality will be adhered to during all proceedings. Due to the possible long-term implications of an exposure incident, the safeguarding of the member's well being will be of the utmost importance.

1. POST-EXPOSURE CHECKLIST, EVALUATION, TESTING, AND FOLLOW-UP:

- A. A Supervisors checklist to follow is outlined in Appendix 3.
- B. Any time an employee suffers an exposure incident he/she shall, as soon as possible, take all necessary first aid steps (clean the wound, flush eyes, or other mucous membrane, etc.) and begin personal decontamination as outlined in this directive.
- C. If it is a significant exposure incident, the employee shall immediately notify his/her supervisor.
- D. The supervisor shall review the incident and send the officer to the South Miami Hospital emergency room to be tested and treated.

2. POST-EXPOSURE DOCUMENTATION:

The supervisor shall ensure the following documentation is completed as soon as possible once a significant exposure incident is reported:

- 1. An Offense Incident Report documenting the significant exposure
- 2. Notify Human Resources of the significant exposure/injury
 - a. If the exposure resulted from a suspect who was being apprehended, the officer should include information in the arrest affidavit detailing the exposure and include the statement "Exposure to Body Fluids" in the space provided for the list of charges.
 - b. Once notified of an exposure incident, the employee's supervisor shall investigate the incident, inform all affected employees and ensure that those employees receive appropriate follow-up.

3. INCIDENT REPORT FOR SIGNIFICANT EXPOSURE

- A. The Offense Incident report must detail the following information:
 - 1. Tasks being performed when exposure occurred
 - 2. Mode of transmission and where the infectious materials entered
 - 3. Infection control equipment or garments worn at the time
 - 4. Identification of the source individual
 - 5. If the employee refused medical care or testing

4. SOURCE INDIVIDUAL BLOOD TESTING WITH CONSENT

- A. Anytime there is a significant exposure, every effort must be made to identify the source of the exposure and determine that person's HIV, HCV, and HBV.
- B. Once the source individual is identified, notify the shift commander.
 - 1. Inform the shift commander that you have a source individual that needs to be tested. You will need to let them know if the person is hospitalized, and if they are under arrest.
 - 2. This step should be completed immediately after the significant exposure occurs.
 - 3. The shift commander will provide guidance, and determine the appropriate location for testing.
 - 4. All required forms will be available at the testing facility.

5. SOURCE INDIVIDUAL BLOOD TESTING WITHOUT CONSENT:

- A. Members who come into contact with a significant exposure subject who refused to submit a blood sample for examination shall:
 - 1. Notify the Shift Commander.
 - 2. Complete the Significant Exposure Statement (Appendix 4)
 - 3. Supervisors should carry extra copies of this form to ensure it is available for the treating physician.
 - 4. Complete the Affidavit for Warrant to Conduct Examination (Appendix 5 if exposed officer is able to complete the paperwork, Appendix 7 if another officer needs to complete the paperwork for the injured officer)
 - 5. Complete the Warrant to Conduct Examination (Appendix 9).
 - 6. Take the Affidavit for Warrant, Warrant, Significant Exposure statement, and incident report to the on-call judge for signature.
- B. Officers may use reasonable force to take the source individual to the testing location. The only designated facility presently authorized to conduct nonconsensual examinations is the Dade County Health Department. The officer named in the Warrant must accompany the Warrant to the Dade County Health Department, 1350 NW 14 Street, Blood Test Unit 4, Miami, between the hours of 7:30 AM to 3:30 PM, Monday through Friday. There is no procedure for nonconsensual blood testing after hours, if the source individual is not under

arrest. If the subject is under arrest, the Warrant for Examination shall be delivered to the supervisor of the facility where the individual is being detained, who will initiate procedures to have the person tested for HIV.

- C. Give a copy of the signed warrant to the person who will draw the blood and complete the Return, Inventory and Receipt (Appendix 10).
- D. If the source individual is under arrest, be sure to include the charging documents, stating "BODY FLUID EXPOSURE" in the charges section of the Arrest Affidavit.
- E. Officers should alert Booking Office staff of the exposure and the contents of the affidavit.

6. DISTRIBUTION OF DOCUMENTS:

- A. One copy of the Warrant and one copy of the Return, Inventory and Receipt will be left with the person tested.
- B. One copy of the Warrant will be given to the person taking the blood.
- C. The original Warrant and the original Return, Inventory and Receipt will be returned to the Clerk of the Circuit Court, Criminal Division.
- D. One copy of each document will be submitted to the Chief's Office.
- E. One copy of the Offense Incident Report will be submitted to the DRO.

7. ADMINISTRATION OF POST EXPOSURE EVALUATION AND FOLLOW UP:

- A. The City of South Miami's Human Resource Office is responsible for coordinating all exposure and follow-up for all job-related exposures.

8. PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT:

- A. The DRO will review the circumstances of all exposure incidents to determine:
 - 1. Engineering controls in use at the time.
 - 2. Work practices followed.
 - 3. A description of the device being used.
 - 4. Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.).
 - 5. Location of the incident.
 - 6. Procedure being performed when the incident occurred.
 - 7. Employee's training.

XI. RESPONSIBILITIES

Unfortunately, members work in an uncontrolled environment with individuals whose histories are unknown. Therefore, it is impossible for personal protection

to be 100% effective. While the Police Department can provide the members with suggestions, training and equipment, final discretion must remain with the on scene responders to protect themselves and their fellow members. Those who choose to ignore or who fail to follow the above-prescribed instructions, do so at their own risk.

1. It is the City's expectations that the provisions of this plan will be followed to insure every effort is made to comply with the law regarding reporting requirements.
2. The Police Department shall ensure that the health care professional evaluating a member after an exposure incident is provided the following information:
 - a. A copy of the Occupational Safety and Health Administration, 29 CFR Part 1910.1030, Occupational Exposure to Bloodborne Pathogens.
 - b. A description of the exposed member's duties related to the exposure incident.
 - c. Documentation of the route(s) of exposure and circumstances under which exposure occurred.
 - d. Result of the source individual's blood testing.
 - e. All medical records relevant to the appropriate treatment of the member, including vaccination status which are the member's responsibility to maintain
3. The evaluation shall include the following information:
 - a. Documentation of the route(s) of exposure.
 - b. Circumstances under which the exposure incident occurred.
 - c. Identification and documentation of the source individual, unless the Police Department can establish that identification is unfeasible or prohibited by state or local law.

E. Health Care Professional's Opinion

The Police Department shall obtain and provide the member with a copy of the evaluating health care professional's written opinion within fifteen (15) days of the completion of the evaluation.

F. Medical Records [CFA29.03M]

The member's medical records regarding the exposure incident shall be maintained by the Agency and be provided to the following upon request for examination and copying (as per 29 CFR 1910.1020):

1. Affected member.
2. Anyone having written consent of the affected member.

3. Director.
4. Assistant Secretary.
5. Appropriate State Officials.

OSHA TRAINING CHECK SHEET

Please check off items covered and if no further questions sign below and date.

<input type="checkbox"/>	Accessible copy of the regulatory text, standards, and Departmental Exposure Control Plan.
<input type="checkbox"/>	General explanation of the epidemiology and symptoms of bloodborne diseases.
<input type="checkbox"/>	Explanation of modes of transmission of bloodborne pathogens.
<input type="checkbox"/>	Recognizing tasks that may involve exposure.
<input type="checkbox"/>	Methods to reduce exposure potential.
<input type="checkbox"/>	Personal protective equipment use, removal and cleaning.
<input type="checkbox"/>	Hepatitis B vaccine (SEE SHEET)
<input type="checkbox"/>	Reporting of exposure to bloodborne pathogens.
<input type="checkbox"/>	Actions in the event of exposure to bloodborne pathogens.
<input type="checkbox"/>	Identification of bio-hazard container.
<input type="checkbox"/>	Explanation of modes of transmission of airborne diseases
<input type="checkbox"/>	Signature:
<input type="checkbox"/>	Date:

APPENDIX 1

PROOF OF HEPATITIS B VACCINE

I have received the Hepatitis B Vaccine prior to my employment with the South Miami Police Department and therefore do not request the vaccination. My vaccination series was received the following date and location.

LOCATION: _____ DATE: _____

PRINT NAME: _____ DATE: _____

SIGN NAME: _____ DATE: _____

WITNESS (TO OFFICER'S SIGNATURE)

PRINT NAME : _____ DATE: _____

SIGNATURE: _____ DATE: _____

HEPATITIS B VACCINE DECLINATION

Appendix A to section 1910.1030
Occupational Exposure to Bloodborne Pathogens
Occupational Safety and Health Administration Department of Labor

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

PRINT NAME: _____ DATE: _____

SIGN NAME: _____ DATE: _____

WITNESS (TO OFFICER'S SIGNATURE)

PRINT NAME : _____ DATE: _____

SIGNATURE: _____ DATE: _____

REQUEST FOR HEPATITIS B VACCINE

I do wish to receive the Hepatitis B Vaccine.

NAME: _____ DATE: _____

APPENDIX 2

EMPLOYEE EXPOSURE CHECKLIST

DATE: _____ CASE# _____

MEMBER NAME: _____

<input type="checkbox"/>	<p>MEMBER: Needle stick - Cleanse and decontaminate affected area by use of alcohol AND /OR Thoroughly wash affected area vigorously with soap and water for ten (10) minutes</p> <p>Mucous Membrane Contact – (Eyes, Ears, Nose) Thoroughly flush affected area with water for ten (10) minutes.</p> <p>Exposed Skin - Wash affected area vigorously with soap and water for ten (10) minutes AND/OR Cleanse and decontaminate affected area by use of alcohol.</p>
<input type="checkbox"/>	<p>MEMBER: Notify supervisor: Date: _____ Time: _____</p>
<input type="checkbox"/>	<p>SUPERVISOR: Assure appropriate cleansing / decontamination has occurred.</p>
<input type="checkbox"/>	<p>SUPERVISOR: Collect the following information:</p> <p>Incident description: _____ _____ _____</p> <p>Body parts exposed: _____ _____</p> <p>Body Fluid exposed to: _____ _____ _____</p>
<input type="checkbox"/>	<p>SUPERVISOR: Immediately direct member to SMH ER.</p>
<input type="checkbox"/>	<p>SUPERVISOR: Contact Designated Reporting Officer. DATE: _____ TIME: _____</p>
<input type="checkbox"/>	<p>DESIGNATED REPORTING OFFICIAL (DRO): Collect relevant information from the Supervisor DATE: _____ TIME: _____</p>
<input type="checkbox"/>	<p>DESIGNATED REPORTING OFFICIAL (DRO): The DRO will assure appropriate medical protocol is initiated in accordance with South Miami Hospital Policy.</p>
<input type="checkbox"/>	<p>SUPERVISOR: Complete City of South Miami Incident Report and Worker's Compensation attachment, Supplement A, and route to HR within 48 hours.</p>

APPENDIX 3

MEMORANDUM

To: Whom It May Concern

From: Dr. _____

Date:

Subject: Significant Exposure

Please be advised that I, the below-signed person, am a licensed physician in the State of Florida. I have reviewed the facts contained in the Affidavit for Warrant, the report contained in case number _____, and spoken to the officer preparing the warrant.

It is my professional opinion that the exposure described in the above-listed warrant is a significant exposure as defined in Chapter 381 of the Florida Statutes. The taking and testing of blood from the person responsible for the significant exposure is medically necessary to determine the course of treatment for the person so exposed.

I do hereby swear or affirm that the facts contained herein are true and correct to the best of my knowledge

Signature of Physician

Date:

STATE OF FLORIDA,
MIAMI-DADE COUNTY ,

SWORN TO and SUBSCRIBED before me and PERSONALLY KNOWN TO ME _____ or having produced Identification _____ (type of identification produced) _____ this ___ day of _____, 20____

Notary Public/Law Enforcement Officer

Page ____ of ____

APPENDIX 4

IN THE CIRCUIT/COUNTY COURT OF THE
ELEVENTH JUDICIAL CIRCUIT, IN AND
FOR MIAMI - DADE COUNTY, FLORIDA

STATE OF FLORIDA

COUNTY OF MIAMI -DADE

AFFIDAVIT FOR WARRANT TO CONDUCT EXAMINATION

Personally comes the affiant, _____, before the
Honorable _____, Judge in and for Miami-Dade County, ELEVENTH
Judicial Circuit of Florida, who states under oath that, based on the following facts, I have probable cause to believe that I, an
officer as defined in Section 943.10(14); a firefighter as defined in Section 633.30; a paramedic or emergency medical technician,
as defined in Section 401.23, who while acting in the scope of employment, has come into contact with a person in such a way
that significant exposure, as defined in Section 381.004, Florida Statutes, has occurred. Said person is more particularly
described as:

Name: _____

Date of Birth: _____ Race: _____ Sex: _____

Address: _____

Said person will not voluntarily submit to a screening for sexually transmissible disease as provided in Section
384.287, Florida Statutes. Your Affiant seeks a court order directing that the person named above who is the source of the
significant exposure, submit to screening. A sworn statement from Dr. _____
a physician licensed under Chapters 458 or 459, Florida Statutes, has been obtained which provides that a significant exposure
has occurred and that, in the physician's medical judgment, the screening is medically necessary to determine the course of
treatment for the Affiant (see Attachment, attached here to and incorporated herein by reference).

The facts providing cause to believe that the exposure has occurred are as follows:

Page ____ of ____

(Affidavit for use by officer exposed)

APPENDIX 5

Attachment E (continued)

Wherefore, Your Affiant prays that a warrant be issued commanding all or any of the Sheriffs of the State of Florida, Investigators of the several State Attorneys for the State of Florida, any agent of the Florida Department of Law Enforcement, or any Police Officer within the State of Florida, with the proper and necessary assistance to take into custody and deliver to a medical facility of the Department of Health and Rehabilitative Services, or to such other medical facility designated by the court, for the purpose of testing for the presence of sexually transmissible diseases, including but not limited to, Hepatitis B and Acquired Immune Deficiency Syndrome, as provided by Section 384.287, Florida Statutes.

Affiant

Sworn to and subscribed before me this _____ day of _____
20_____

Judge

Page of

APPENDIX 6

IN THE CIRCUIT/COUNTY COURT OF THE
ELEVENTH JUDICIAL CIRCUIT, IN AND
FOR MIAMI - DADE COUNTY, FLORIDA

STATE OF FLORIDA)

COUNTY OF MIAMI - DADE)

AFFIDAVIT FOR WARRANT TO CONDUCT EXAMINATION

Personally comes the affiant, _____ ,
acting on behalf of the Town of Surfside as employer of the below-named employee, before the Honorable
_____, Judge in and for Miami - Dade County, ELEVENTH Judicial Circuit of Florida, who
states under oath that, based on the following facts, I have probable cause to believe that
_____, an officer as defined in Section 943.10(14); a
firefighter as defined in Section 633.30; a paramedic or emergency medical technician as defined in Section 401.23,
who while acting in the scope of employment, has come into contact with a person in such a way that significant
exposure, as defined in Section 381.004, Florida Statutes, has occurred. Said person is more particularly described
as:

Name: _____

Date of Birth: _____ Race: _____ Sex: _____

Address: _____

Said person will not voluntarily submit to a screening for sexually transmissible disease as provided in Section
384.287, Florida Statutes. Your Affiant seeks a court order directing that the person named above who is the source
of the significant exposure, submit to screening. A sworn statement from Dr.

_____ a physician licensed under Chapters 458 or
459, Florida Statutes, has been obtained which provides that a significant exposure has occurred and that, in the
physician's medical judgment, the screening is medically necessary to determine the course of treatment for the
above-named employee.

Page _____ of _____

APPENDIX 7

IN THE CIRCUIT/COUNTY COURT OF THE
ELEVENTH JUDICIAL CIRCUIT, IN AND
FOR MIAMI- DADE COUNTY, FLORIDA

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

WARRANT TO CONDUCT EXAMINATION

THE STATE OF FLORIDA:

**TO: ALL OR ANY OF THE SHERIFFS OF THE STATE OF FLORIDA, INVESTIGATORS
OF THE SEVERAL STATE ATTORNEYS OF THE STATE OF FLORIDA, ANY
AGENT OF THE FLORIDA DEPARTMENT OF LAW ENFORCEMENT, OR
ANY POLICE OFFICER WITHIN THE STATE OF FLORIDA**

An affidavit having this day been presented to me wherein it is alleged that there is probable cause to believe that the person described as:

Name: _____

Date of Birth: _____ Race: _____ Sex: _____

Address: _____

_____ has caused a significant exposure, as defined in Section 381.004, Florida Statutes, to: _____, an officer as defined in Section 943.10(14), Florida Statutes; a firefighter as defined in Section 633.30, Florida Statutes; or ambulance driver, paramedic, or emergency medical technician as defined in Section 401.23, Florida Statutes, while such employee was acting within the scope of employment.

YOU are hereby commanded to take _____

Into custody for delivery to _____

page ____ of ____
APPENDIX 9
(Warrant)

Attachment G (continued)

a medical facility of the Department of Health and Rehabilitative Services, or to _____, a medical facility designated by this court, using such force as is reasonably necessary to effect said delivery and the examination ordered pursuant to this warrant, and the personnel of said facility are hereby ordered to screen said individual for sexually transmissible disease(s) that can be transmitted through a significant exposure, including but not limited, to Hepatitis B, Acquired Immune Deficiency Syndrome, as designated by the applicable administrative rules as promulgated by the Department of Health and Rehabilitative Services, using any medically approved method, including the drawing of blood in a reasonable manner, and to deliver a report of said examination to the designated treating physician for disclosure in accordance with the provisions of Section 384.287, Florida Statutes.

The officer executing this Warrant, shall leave a copy of this warrant with the subject of the warrant and with the testing facility and shall return this warrant, along with a copy of the Return and Inventory, to this court within ten (10) days of its service.

WITNESS MY HAND and seal this _____ day _____ 20 _____

Circuit/County/Acting Circuit Court Judge

Page _____ of _____

(Warrant)

APPENDIX 10

IN THE CIRCUIT/COUNTY
COURT OF THE ELEVENTH
JUDICIAL CIRCUIT, IN AND FOR
MIAMI-DADE COUNTY,
FLORIDA

STATE OF FLORIDA)
COUNTY OF MIAMI – DADE)

RETURN, INVENTORY AND RECEIPT

I, _____, received this warrant for examination on the ___
_____ day of _____, 20 ____, and executed the same in Miami – Dade
County, Florida on the ___ day of _____, 20 ____, by causing the
Examination of the person named in the Warrant and by having delivered a copy of this search
Warrant and Inventory and Receipt to _____
_____, the person named in the warrant. I additionally left a copy of the Search warrant with _____
_____, the person who drew the blood.

The following is the inventory and Receipt of the items taken pursuant to the Warrant for Examination:

Blood draw for the person described in the Search Warrant.

I, _____, the officer by whom the Warrant
Was executed, do swear that the above Inventory and Receipt contains a true and detailed account of
All of the items taken by me on said Warrant.

OFFICER

SWORN TO and SUBSCRIBED before me
This ___ day of _____, 20 ____

(Notary Public) (Deputy Court Clerk)

Page ____ of ____

APPENDIX 11