

Bloodborne Pathogen Exposure and Source Blood Testing Affecting Law Enforcement Officers



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Introduction

• Law enforcement officers (LEO)s are often on the front line as health care providers and as such, WSNA aims to ensure the work environment for LEOs is as safe as possible.

• LEOs are at high risk for BBP Exposure and obtaining source blood when exposures occur has the potential to be a difficult and lengthy process.

• In conjunction with the men and women of Tukwila, Everett, and Bothell police departments we are investigating the process of obtaining source blood for exposed law enforcement personnel as it currently exists.

• Look into how existing laws and regulations might be changed to make the process of obtaining source blood easier.

Problem Description

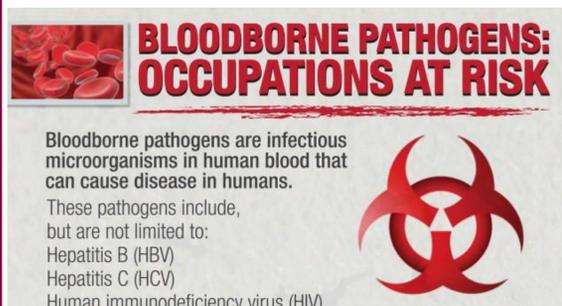
• Contraction of communicable diseases including HIV and Hepatitis continue to be a problem in Washington State. According to the Washington Department of Health (2015), there were 446 new cases of HIV (6.4 per 100,000 residents) and 6,918 cases of Hepatitis C (98 per 100,000 residents).

• LEOs have great potential for BBP exposure due to the unpredictable of and potentially violent working environment.

• The potential for BBP exposure for LEOs is tremendous, but baseline data is nearly impossible to obtain. This challenge stems from Washington state law WAC 246.100.205 which combines law enforcement personnel, firefighters, funeral directors, embalmers and all healthcare workers together into a single BBP data group.

• In Washington State no individual may be forced, without legal proceedings, to provide blood samples in the event of an exposure (RCW 70.24.340, 2011, Bloodborne Pathogen - Testing). If a LEO is exposed, they must request source blood testing via a local health officer only if the treating physician determines that the exposure is "substantial". The process can take days, weeks, or months especially if the source individual initially refuses to provide samples.

• There is a clear need to promote community resilience for LEOs because of their high risk for BBP exposures.

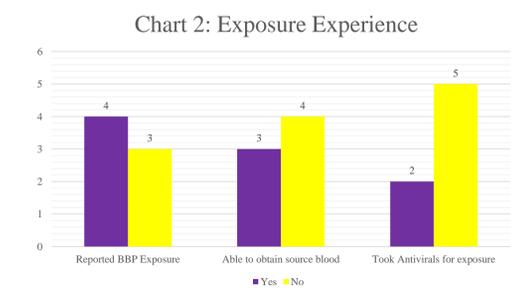
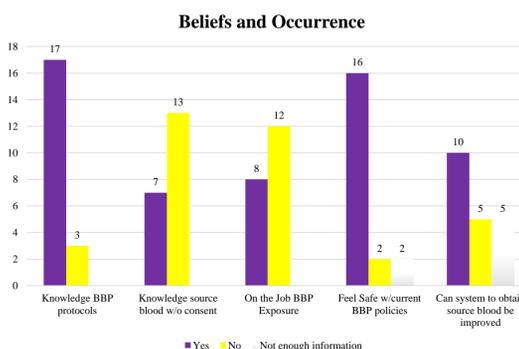
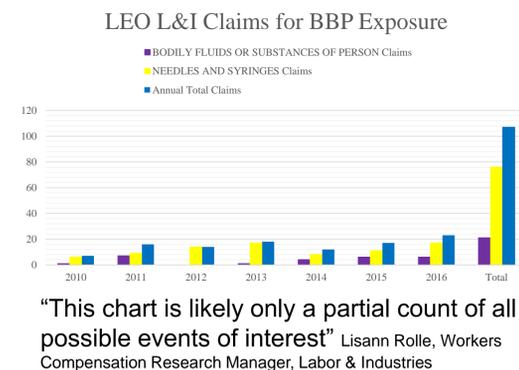


Process / Methods

- Review Occupational Safety and Health Administration (OSHA) regulations, Washington State RCWs and WACs, a review of the Division of Occupational Safety and Health (DOSH) standards and records.
- Look specifically at King, Kitsap, Pierce, and Snohomish Counties.
- Reach out to state and county organizations to try to obtain data.
- Conduct a literature search in an attempt to obtain data for this project and enlist the services of UW Librarian for additional search ideas and assistance.
- Develop a set of survey questions to provide to members of police departments in order to obtain a baseline level of both qualitative and quantitative data on exposure and the post-exposure process.
- Reach out to key legislative representatives and the Washington State Department of Health to gain their insight on this issue.

Key Findings / Results

- Washington State has no presumptive occupational disease protections for LEOs. (Frost, 2016)
- Senate Bill Report SB 5477 (2017) is attempting to extend presumptive occupational disease protections for BBP to LEOs but the opposition claims that there is no science backing any correlation between LEO's occupational hazards to disease contraction.
- OSHA does not require exposure reporting until one day of work or more is missed.
- OSHA has not updated their recommendations since 2001. (Occupational Health and Safety Administration, 2001)
- State laws contain language that refers to HIV and not other bloodborne pathogens.
- A treating physician must first determine an exposure is "substantial" and that source blood should be obtained.
- By building relationships, most people can be compelled to submit to a blood test. (Ms. Allen & Dr. Lindquist)
- 40% of LEOs Survey report having had a BBP exposure.
- 43% of LEOs with BBP exposure do not report the event.
- 75% of Survey respondents felt that the current system for obtain source blood was inadequate.



Recommendations

1. Change the method of data collection by OSHA, or another agency, to include all BBP exposures. Not just those that require missed time at work, and to utilize subgroups for different occupations to better understand the prevalence of occupational exposure.
2. Research PEP's toxic side effects and risk of resistance. Then educate our representatives importance of getting source blood tested to prevent unnecessary harm to LEOs.
3. Follow-up on additional SurveyMonkey® results that may be posted after this report. Perform a larger more robust survey on this issue in Washington State .
4. Create and promote a program across all counties in the State of Washington to train county health officers and staff on interpersonal communication skills and techniques to obtain consent when the source initially refuses.
5. Implement a standardized education and training program for all hospital emergency departments using the Harborview Medical Center model to promote the same expertise in BBP exposure testing, treatment and counseling.

Conclusions

The issue of BBP exposure and obtaining source blood must be on the forefronts of not only the LEOs, but in coordination with firefighters and healthcare providers to form a coalition to promote the safety of those who provide care and services for the public. To accomplish change, the skills of advocacy and relationship building will need to be implemented. It is more effective to advocate "with" others than "for" others (According to Hubinette, Dobson, and Regehr, 2015). This approach is ultimately more collaborative; it includes different perspectives, points of view, and fosters autonomy, self-reliance and empowerment.

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