

Date: June 7, 2022

Memorandum



To: Honorable Chairman Jose "Pepe" Diaz
and Members, Board of County Commissioners

Agenda Item No. 2(B)(4)
September 1, 2022

From: Daniella Levine Cava
Mayor

A handwritten signature in blue ink that reads "Daniella Levine Cava".

Subject: Report to Institute a Vehicle Sanitization Pilot Program in Miami-Dade Police Department to Reduce the Risk of Exposure to Coronavirus Disease 2019 – Directive 220415

Executive Summary

The following information is provided in response to Resolution No. R-337-22, sponsored by Commissioner Kionne L. McGhee, and adopted by the Board of County Commissioners on April 5, 2022, directing the County Mayor or County Mayor's designee to institute a Vehicle Sanitization Pilot Program in the Miami-Dade Police Department (MDPD) to test and evaluate technology and products that may reduce the risk of exposure to and infection with the Coronavirus disease 2019 (COVID-19); identify legally available funding; and prepare a report on the status of the program and feasibility of expansion.

Ford Motor Company designed a new heated software enhancement that temporarily raises interior temperatures by revving the engine to reach above 133 degrees Fahrenheit. The engine generates a higher temperature that contributes to the reduction of the viral concentration inside the vehicle. The recommendation is to use a sample size of 20 vehicles should MDPD initiate the pilot. The lead time required to outfit the vehicles with the software is estimated to be approximately 4 months, thus pushing the start date of the pilot to the next fiscal year. There is no funding allocated in the Fiscal Year (FY) 2021-22 budget to initiate this Program.

If the Vehicle Sanitization Pilot Program is deemed successful and is approved for expansion, the available funding will be the County's multi-year capital loan program/vehicle replacement plan. Other funding options may include available grants, other funding sources, in-kind services, or marketing partnership opportunities. Since the software can only be installed in Police Explorer Interceptor Utility (PEIU) vehicles, MDPD's fleet would have to be replaced. The estimate total costs to convert the entire MDPD fleet inventory to Ford PEIU vehicles will be over \$125 million.

Due to unintended implications from the vehicle sanitization program, it is recommended that MDPD continues adhering to procedures outlined under **CHAPTER 14 – PART 2 – COMMUNICABLE DISEASES** to curtail the spread of COVID-19. To date, there have been no reports of MDPD officer deaths related to COVID-19.

Background

The MDPD's current fleet inventory (vehicles only) consists of 3,700 marked and unmarked vehicles of various makes and models based on area(s) of assignment and operation. The majority of the marked vehicles consist of police rated sedans for road patrol and are complemented by police rated sports utility vehicles for specialized units. Currently, vehicles for the Department are procured through the County's multi-year capital loan program/vehicle

replacement plan. If the present financing model is continued, it can be used as the funding source for the future implementation of a Vehicle Sanitization Pilot Program.

MDPD has procedures in place addressing communicable diseases. The procedures are outlined in the MDPD, Departmental Manual, **CHAPTER 14 – PART 2 – COMMUNICABLE DISEASES**, which states that employees are required to use the appropriate equipment to prevent the transmission of contagious diseases. The MDPD has an established contract with the vendor, BIORESPONSE, which is fully licensed, insured, and registered with the Department of Health. MDPD provided all personnel with the Phenomenal Hospital Disinfectant Deodorant spray, which allows the vehicle operator to spray the interior of the police vehicle, to decontaminate it against HIV, Influenza, H1N1, MRSA, Mold, and COVID-19. The spray is Occupational Safety and Health Administration compliant. The MDPD purchased the Victory Innovations Cordless Electrostatic Handheld Sprayer and Archem Lemon Guard Neutral Disinfectant germicidal cleaner to sanitize vehicles, bureaus, and districts, where personnel were symptomatic or tested positive for COVID-19.

In early 2020, during the surge of COVID-19, Ford Motor Company designed a new heated software enhancement to pilot in its Ford PEIU vehicles. According to their press release in May 2020, the software solution temporarily raises interior temperatures by temporarily revving the engine to 1,500 RPMs to reach above 133 degrees Fahrenheit for a minimum of 15 minutes to reduce viral concentration inside the vehicle. The RPM speed is double the normal idle speed and will increase fuel consumption and cause high emissions which may impact the county's efforts in reducing carbon emissions.

The Department currently has 87 Ford PEIU vehicles in inventory (*44 are assigned to contracted agencies*). These units are currently deployed in specialized operational assignments, such as Canine, Traffic Homicide, Special Response Team, Driving Under the Influence, etc. It would not be feasible to utilize these units due to the costly expense of removal of the existing equipment specific to the operational assignment, installation of equipment required for road patrol, and the additional expense of approximately \$38,693.25 per vehicle, to outfit these existing units with the required software. There is no funding available in the FY 2021-22 budget to initiate the Vehicle Sanitization Program offered by Ford Motor Company; however, at this time, Ford offers the heated software automatically available on all 2022 and later Ford PEIU vehicles.

MDPD has issued a purchase order for Ford PIEU vehicles under the FY 2021-22 vehicle purchase cycle. These units are anticipated to arrive between quarter 2 and quarter 3 of FY 2022-23. MDPD can utilize a sample of 20 vehicles for the Pilot Program. If the Vehicle Sanitization Pilot Program is deemed successful and is approved for expansion, the available funding will be the County's multi-year capital loan program/vehicle replacement plan. If multi-year capital loan funds are not available to purchase PEIU vehicles, the Department will research available grants, other funding sources, in-kind services, or marketing partnership opportunities to fund the Program and its expansion. The estimate total costs to convert the entire MDPD fleet inventory to Ford PEIU vehicles will be over \$125 million. This amount does not include inflation over time or emergency equipment.

Recommendation

Currently, there is no available funding to pursue the pilot, and the lead time required to equip a sample of 20 vehicles with the software is approximately four months. Also, if the Department was to pursue the pilot, there is currently no way to measure the effectiveness of the program. At this time, the criteria to measure outcomes of a pilot program have not been established. Revving up the engine to increase the vehicle temperature can reduce vehicle life, negatively impact the environment through increased emissions, and use more fuel. Moreover, many vehicles in MDPD's fleet would have to be replaced at a total estimated cost of over \$125 million. Unfortunately, the unintended implications outweigh the benefits of this program; therefore, the administration recommends that MDPD not pursue the vehicle sanitation pilot program and continue adhering to the procedures outlined under MDPD, Departmental Manual, **CHAPTER 14 – PART 2 – COMMUNICABLE DISEASES** to curtail the spread of COVID-19.

Should you require additional information, please contact Interim Director George A. Perez, Miami-Dade Police Department, at 305-471-3272.

Per Ordinance No. 14-65, this report will be placed on the next available Board meeting agenda.

Attachments (5)

1. Ford Media Center Web Article
2. MDPD Departmental Manual, CHAPTER 14 - PART 2 - COMMUNICABLE DISEASES
3. Recommendation for Approval to Award - Cleaning Blood Borne Pathogens Memorandum
4. Technical Data Report - Phenomenal Hospital Sanitizer Disinfectant and Deodorant
5. Victory Innovations Professional Cordless Electrostatic Handheld Sprayer

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FORD MEDIA CENTER

Packing Heat: How Ford's Latest Tech Helps Police Vehicles Neutralize COVID-19

- Ford has designed a new heated software enhancement to pilot with its Police Interceptor Utility – one that law enforcement agencies across the country can utilize to help reduce the footprint of the COVID-19 virus.
- Software solution temporarily raises interior temperatures beyond 133 degrees Fahrenheit – hotter than Death Valley on the hottest day – for 15 minutes to help reduce the viral concentration inside the vehicle by greater than 99 percent
- Ford worked with The Ohio State University to determine the temperature range and time needed to help reduce the spread of the COVID-19 virus; additionally, Ford conducted software operational trials with vehicles owned by the New York City Police Department, Los Angeles Police Department and others

DEARBORN, Mich., May 27, 2020 – Ford has designed a new heated software enhancement to pilot with its Police Interceptor Utility – one that law enforcement agencies across the country can utilize to help reduce the footprint of the COVID-19 virus.

The latest example of smart vehicle technology, this software solution is available immediately on all 2013-19 Police Interceptor Utility vehicles in the United States, Canada and other countries around the world.

“First responders are on the front lines protecting all of us. They are exposed to the virus and are in dire need of protective measures,” said Hau Thai-Tang, Ford chief product development and purchasing officer. “We looked at what’s in our arsenal and how we could step up to help. In this case, we’ve turned the vehicle’s powertrain and heat control systems into a virus neutralizer.”

How it works

The solution is simple: Bake the vehicle's interior until viruses inside are inactivated. Using Police Interceptor Utility's own powertrain and climate control systems, this software solution enables vehicles to elevate passenger compartment temperatures beyond 133 degrees Fahrenheit¹, hotter than Death Valley on its hottest day, for 15 minutes – long enough to help disinfect vehicle touchpoints.

Once activated, the vehicle's powertrain and climate control systems work together automatically to elevate passenger compartment temperatures. The software warms up the engine to an elevated level, and both heat and fan settings operate on high. The software automatically monitors interior temperatures until the entire passenger compartment hits the optimal level, then that temperature is maintained for 15 minutes.

To research the effectiveness of this sanitization method, Ford worked closely with The Ohio State University to determine the temperature and time duration needed to help inactivate the COVID-19 virus.

“Our studies with Ford Motor Company indicate that exposing coronaviruses to temperatures of 56 degrees Celsius, or 132.8 degrees Fahrenheit, for 15 minutes reduces the viral concentration by greater

than 99 percent on interior surfaces and materials used inside Police Interceptor Utility vehicles,” said Jeff Jahnes and Jesse Kwiek, laboratory supervisors at The Ohio State University department of microbiology.

Law enforcement will have multiple ways to monitor progress. Hazard lights and taillights will flash in a pre-set pattern to notify when the process has begun, then will change at the end to signal completion. The vehicle’s instrument cluster will also indicate progress. A cool-down process brings the temperature down from its highest points.

This heated process can be used by law enforcement regularly to help sanitize vehicles when officers are not inside. When used in conjunction with sanitization guidelines approved by Centers for Disease Control and Prevention, flooding the passenger compartment with elevated air temperature can help reach areas that may be missed by manual disinfecting procedures. Heat has the ability to seep into crevices and hard-to-reach areas, helping reduce the impact of human error in applying chemical disinfectants.

Ford conducted software operational trials in vehicles owned by the New York City Police Department, Los Angeles Police Department, Michigan State Police, Massachusetts State Police, Boardman Township Police Department in Ohio and Seminole County Sheriff’s Office in Florida.

The need to move fast

The Ford engineering team initiated a project in late March to de-contaminate vehicles using heat. Shortly after, a discussion with the New York City Police Department alerted Ford to its need for a more efficient disinfecting process during the pandemic.

“Law enforcement officers are being dispatched as emergency responders in some cases where ambulances may not be available,” said Stephen Tyler, Ford police brand marketing manager. “During one trip, officers may be transporting a coronavirus patient to a hospital, while another trip may involve an occupant who may be asymptomatic.”

Used to supplement recommended cleaning methods, safely heating the passenger compartment can help ensure vehicles are properly disinfected before being deployed again.

“Officers can now use this self-cleaning mode as an extra layer of protection inside the vehicle in areas where manual cleaning is prone to be overlooked,” said Tyler. “This virus is an invisible enemy and we are proud to provide a solution to help the law enforcement community fight it.”

Initial rollout

Large departments with their own service centers can install the software solution using their own diagnostic service tools, while other fleets can work with their local dealers to install the software for 2013-19 Police Interceptor Utility vehicles.

For 2016-19 police vehicles, the heated software process can be activated by a smart sequence of commands that involves pressing cruise control buttons in a predefined order. For 2013-15 vehicles, this mode can be activated and carried out through an external tool that connects to the onboard diagnostics port.

“Vehicles from the 2013 to 2019 model years make up the majority of Police Interceptor Utility vehicles currently in use by first responders,” said Tyler. “Delivering this new capability to these vehicles first allows us to help as many officers as possible, as quickly as possible.”

Ford will continue working on ways to bring this software capability to additional Ford police vehicles.

¹When applied to factory-built Police Interceptor Utility vehicles. Ambient temperature, installation of partitions or other upfit equipment may impede temperatures from reaching the recommended threshold.

About Ford Motor Company

Ford Motor Company (NYSE: F) is a global company based in Dearborn, Michigan, that is committed to helping build a better world, where every person is free to move and pursue their dreams. The company's Ford+ plan for growth and value creation combines existing strengths, new capabilities and always-on relationships with customers to enrich experiences for and deepen the loyalty of those customers. Ford designs, manufactures, markets and services a full line of connected, increasingly electrified passenger and commercial vehicles: Ford trucks, utility vehicles, vans and cars, and Lincoln luxury vehicles. The company is pursuing leadership positions in electrification, connected vehicle services and mobility solutions, including self-driving technology, and provides financial services through Ford Motor Credit Company. Ford employs about 183,000 people worldwide. More information about the company, its products and Ford Motor Credit Company is available at corporate.ford.com.

CHAPTER 14 - PART 2 - COMMUNICABLE DISEASES

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- A. Federal Occupational Safety and Health Act, Occupational Exposure to Bloodborne Pathogens Regulation
- B. Exposure Determination
- C. MDPD Communicable Disease Exposure Incident Form
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- F. Supervisor's Exposure Incident Checklist
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- J. Court Order for Screening for Sexually Transmissible Disease

CHAPTER 14 - PART 2 - COMMUNICABLE DISEASES

I. GENERAL:

Due to the nature of law enforcement, officers and support personnel may work in environments which could lead to exposure to communicable diseases. To avoid infection, there are procedures which each employee should follow in situations where diseases may be encountered.

A. Statutory Requirements:

1. Infectious Disease Notification: Florida Statutes Section 395.1025 requires a licensed facility to notify certain persons regarding possible exposure to infectious diseases. Notwithstanding the provisions in s. 381.004, if, while treating or transporting an ill or injured patient to a licensed facility, an emergency medical technician, paramedic, or other person comes into direct contact with the patient who is subsequently diagnosed as having an infectious disease, it shall be the duty of the licensed facility receiving the patient to notify the emergency medical technician, paramedic, or his or her emergency medical transportation service employer, or other person of the individual's exposure to the patient within 48 hours, or sooner, of confirmation of the patient's diagnosis and to advise him or her of the appropriate treatment, if any. Notification made pursuant to this section shall be done in a manner which will protect the confidentiality of such patient information and shall not include any patient's name.
2. Court Order: Florida Statutes Section 384.287 (2) provides that a court order may be obtained to effect the screening for sexually transmissible disease, of a person who comes in contact with a police officer, firefighter, or paramedic in such a way that significant exposure as defined in Florida Statutes Section 381.004 (paragraph I.B.14. below) has occurred.
3. Florida Rule, Chapter 38I-20, adopted the Federal Occupational Safety and Health Act, Title 29, Code of Federal Regulations, Occupational Exposure To Bloodborne Pathogens, Sub-part Z, Standard 1910.1030 (Annex A), which requires that an exposure control plan be written for employees who have occupational exposure to bloodborne pathogens.

B. Definitions:

1. Bloodborne Pathogens: Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV).
2. Contaminated: The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
3. Decontamination: The use of physical or chemical means to remove, inactivate, or destroy potentially infectious materials 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.
4. Exposure Control Officer: The Departmental Safety Officer, Miami-Dade Public Safety Training Institute (MDPSI).
5. Exposure Control Plan: A document, written by each employer having an employee(s) with occupational exposure, designed to eliminate or minimize employee exposure. This part serves as the departmental exposure control plan. [CFA 37.01M]
6. Exposure Incident: A specific eye, mouth, mucous membrane, or non-intact skin contact with blood or other potentially infectious materials, or the piercing of the skin barrier through such events as needle sticks, human bites, cuts, and abrasions where contact is made with blood or other potentially infectious materials, or prolonged exposure to blood or other potentially infectious materials on a large area of intact skin, that results from the performance of an employee's duties.
7. HBV: Hepatitis B Virus.
8. HCV: Hepatitis C Virus.
9. HIV: Human Immunodeficiency Virus.
10. Mucous Membrane: The membrane lining all bodily channels that communicate with the air, such as the respiratory and alimentary tracts, the glands of which secrete mucous.
11. Non-Intact Skin: Skin that is chapped, abraded, or has open sores, cuts, scratches, or rashes.
12. Occupational Exposure: Reasonably anticipated skin, eye, mouth, or mucous membrane contact with blood or other potentially infectious materials, or reasonably anticipated piercing of the skin barrier through such events as needle sticks, human bites, cuts, and abrasions where contact is made with blood or other potentially infectious materials that may result from the performance of an employee's duties.

13. **Personal Protective Equipment:** Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes, e.g., uniforms, pants, shirts or blouses, not intended to function as protection against a contamination hazard are not considered to be personal protective equipment.
14. **Significant Exposure:** 1) Exposure to blood or body fluids through needlestick, instruments, or sharps; 2) Exposure of mucous membranes to visible blood or body fluids, to which universal precautions apply according to the National Centers for Disease Control and Prevention, including, without limitations, the following body fluids: a) blood; b) semen; c) vaginal secretions; d) cerebro-spinal fluid (CSF); e) synovial fluid; f) pleural fluid; g) peritoneal fluid; h) pericardial fluid; i) amniotic fluid; j) laboratory specimens that contain HIV (e.g., suspensions of concentrated virus); or 3) Exposure of skin to visible blood or body fluids, especially when the exposed skin is chapped, abraded, or afflicted with dermatitis or the contact is prolonged or involving an extensive area. (Florida Statutes Section 381.004).
15. **Source Individual:** Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to: trauma victims; clients of drug and alcohol treatment facilities; and human remains.
16. **Universal Precautions:** An approach to bloodborne pathogen infection control. According to the concept of universal precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV, and other bloodborne pathogens.
 - a. **Other Potentially Infectious Materials:** (1) In addition to the infectious materials outlined in paragraph I.B.14, saliva in dental procedures, or any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids. (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead).
 - b. Since HIV, HBV, and HCV transmission have not been documented from exposure to other body fluids (feces, nasal secretions, sputum, sweat, tears, urine, and vomitus), universal precautions for bloodborne pathogens do not apply to these fluids. Universal precautions also do not apply to saliva, except in the dental office setting.
 - c. The implementation of control measures for HIV, HBV, HCV, and other bloodborne pathogens does not obviate the need for continued adherence to general infection control principles and general hygiene measures, e.g., hand washing, for preventing transmission of other infectious diseases such as Hepatitis A.
 - d. The unpredictable and emergent nature of exposures encountered by emergency and public safety workers may make differentiation, between hazardous body fluids and those which are not hazardous, very difficult and often impossible. For example, poor lighting may limit the worker's ability to detect visible blood in vomitus or feces. Therefore, when public safety workers encounter body fluids under uncontrolled, emergency circumstances in which differentiation between fluid types is difficult, if not impossible, they should treat all body fluids as potentially hazardous.

II. PROCEDURES:

Departmental employees shall comply with the following procedures when working in situations which might lead to exposure to communicable diseases. Although this part specifically sets forth procedures relative to three communicable diseases, Acquired Immune Deficiency Syndrome (AIDS), Hepatitis, and Tuberculosis (TB), these procedures can be broadly applied to any other communicable disease to which the employee believes he may have been exposed. Departmental job classifications in which employees have reasonably anticipated skin, eye, mouth, or mucous membrane contact with blood or other potentially infectious materials, or reasonably anticipated piercing of the skin barrier through such events as needle sticks, human bites, cuts, and abrasions where contact is made with blood or other potentially infectious materials, as a result of the performance of their job are listed in Exposure Determination (Annex B). [CFA 37.01M (A)]

A. General Precautions:

1. **Prevention of Infection:** The following practices shall be used to eliminate or minimize employee exposure to HIV, HBV, HCV, and other bloodborne pathogens and communicable diseases.
 - a. Universal precautions as outlined in Paragraph I.B.16. shall be followed. [CFA 37.01M (B)]
 - b. During patdowns and body searches, extreme caution should be exercised to avoid cuts and punctures by hidden needles or knives. The subject's outer clothing should first be felt, using the back of the hand, for obvious concealed items or weapons. Isolate items in pockets and remove by holding pocket open and pulling pocket

lining upward until the items can be seen and removed. During any search, officers should avoid placing their hands into areas which cannot first be visually inspected.

- c. Refrain from smoking, eating, drinking, applying cosmetics or lip balm, and handling contact lenses within the perimeter of a crime scene, particularly when blood is present.
- d. Disposable gloves should always be worn when in contact with any subject; prisoner; or person with exposed blood or other body fluids. Gloves contaminated with body fluids shall be placed in a biohazard bag or appropriate biohazard disposal receptacle at a district station or fire rescue vehicle. If not contaminated, they may be thrown away in a regular trash can.
- e. Carefully wash hands with soap and warm water after contact with a suspected AIDS or other communicable disease carrier and after handling evidence or articles contaminated with blood or other body fluids, even when gloves are used. When hand washing is not feasible, use antiseptic hand cleaner or towelettes, and then wash hands with soap and water as soon as feasible. If blood or secretions are accidentally spilled on the bare skin, thoroughly wash the affected part with warm soapy water. Flush mucous membranes with water immediately, or as soon as feasible, following contact of such body areas with blood or other potentially infectious materials, and follow the precautionary procedures outlined in Paragraph II.E., below.
- f. Carefully bandage open sores, cuts, and scratches before reporting to work or immediately if they occur in the course of duty and follow procedures outlined in **Injuries and Physical Examinations**.
- g. Disposable gloves and other protective clothing, as required, shall be worn when handling deceased bodies, or when directly exposed to blood or other body secretions, whether wet or dry. In addition to officers responding to emergency or accident situations, this particularly applies to persons engaged in collecting, processing, analysis, and storage of evidence contaminated by blood or other body fluids.
- h. Employees' clothing penetrated by body fluids will be treated as being contaminated and shall be removed immediately or as soon as feasible. All contaminated clothing will be placed in a leak proof biohazard bag. All contaminated clothing and bags containing the clothing will be handled only when using protective gloves.

Officers should keep an extra change of work clothing available at all times in the event their uniform becomes contaminated. All contaminated uniforms will be taken to the Property and Evidence Section for disposal. Contaminated clothing other than uniforms should be handled as instructed by applicable subordinate directives or should be cleaned using universal precautions and not be mixed with other laundry at the employee's residence. [CFA 37.01M (F)]
- i. Before any bloodstained or otherwise possibly contaminated evidence is transported or stored, it shall be safely packaged or contained in accordance with **Impounded Property**, then clearly marked as biohazardous evidence. [CFA 37.01.M (H)] When hypodermic needles and syringes are collected or transported for evidence purposes, they must be carefully and properly packaged by placing them needle side first in crush-proof, puncture-resistant containers used for this purpose. Needles shall not be bent, broken, or reinserted into their sheaths before being packaged, since these are common causes of puncture injuries. [CFA 37.01M (E)]
- j. Use a departmentally issued one-way valve pocket-mask for performing pulmonary resuscitation or artificial ventilation. Once used, the mask shall be discarded in a biohazard receptacle and replaced by the Inventory and Supply Unit.
- k. Inform other employees whenever a subject has body fluids present on his person or if the subject has stated that he has AIDS or any other contagious disease.
- l. Be aware that certain medications, such as steroids and asthma medications, suppress the immune system and make a person more susceptible to communicable disease. Consult a physician before taking prescribed or over-the-counter medications.
- m. Questions concerning AIDS and other communicable diseases may be directed to the Miami-Dade Public Safety Training Institute, Departmental Safety Officer, Miami-Dade County Health Department, Centers for Disease Control, a personal physician, or similar responsible agency or individual.
- n. Applicable subordinate directives shall be complied with regarding specific procedural tasks designed to minimize occupational exposure.

2. Personal Protective Equipment: [CFA 37.01M (C)] Protective disposable gloves, gowns, shoe covers, face masks with attached eye protection, resuscitation masks, Ambu Bags, and antiseptic hand cleaner will be provided by the Department. Additionally, biohazard waste bags [CFA 37.01M (H)], crush-proof evidence tubes, and liquid spill decontamination kits will be provided. Direct contact with blood and other body fluids shall be avoided whenever possible.
 - a. Employees are required to use appropriate equipment to prevent transmission of contagious diseases. The employee may decline to use the provided personal protective equipment when in the employee's professional judgment, in a specific instance, the use of personal protective equipment would have prevented the delivery of public safety services or would have posed an increased hazard to the safety of the employee or that of a co-worker. When the employee makes this judgment, the circumstances shall be investigated and documented on the Miami –Dade Police Department (MDPD) Communicable Disease Exposure Incident Form (Annex C) in order to determine whether changes can be instituted to prevent such occurrences in the future.
 - b. Supervisors shall ensure that an adequate supply of all personal protective equipment is readily accessible to all concerned personnel at the work site, and that equipment expiration dates are checked.
 - c. Biohazardous waste will be taken to the closest district station and deposited in a biohazard receptacle. [CFA 37.01M (E)]
 - d. Department personnel using supplies stored in departmental vehicles are responsible for replacing them.
3. Housekeeping: Supervisors shall ensure that the work site is maintained in a clean and sanitary condition. All equipment and environmental working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials. [CFA 37.01M (D)]
 - a. Small amounts of blood, fluid, or other potentially infectious matter will be wiped up with disposable absorbent materials and the area cleaned with a disinfectant, available at district stations or in liquid spill decontamination kits. Protective gloves will be used during all phases of decontamination. If splashing is anticipated, protective eye wear should be worn along with a protective gown. Upon completion, all items used in the decontamination process will be placed in a designated biohazard bag/receptacle.
 - b. Equipment, e.g., flashlight, handcuffs, baton, which may become contaminated with blood or other potentially infectious materials, shall be decontaminated with five parts water to one part bleach solution. Protective gloves will be used during all phases of decontamination. If splashing is anticipated, protective eye wear should be worn along with a protective gown. Upon completion, all items used in the decontamination process will be placed in a designated biohazard bag/receptacle.
 - c. Vehicle Decontamination: When a vehicle becomes significantly contaminated with blood or other body fluids to which universal precautions apply, the vehicle operator shall notify his immediate supervisor who will advise the Communications Bureau Shift Commander to request the approved county vendor cleaning service. Decontamination shall be completed as soon as possible after contamination, and the vehicle shall not be used for transport until decontamination has been completed.
 - d. When a holding cell, interview room, or other work area becomes significantly contaminated, the concerned supervisor shall be immediately notified. The supervisor will advise the Communications Bureau Shift Commander to request the approved county vendor cleaning service. Decontamination shall be completed as soon as possible and the affected area shall not be used until decontamination has been completed.
 - e. Contaminated items and biohazard waste left on a scene should be collected and appropriately bagged or packaged for decontamination or proper disposal.

B. Acquired Immune Deficiency Syndrome and Human Immunodeficiency Virus:

1. General Characteristics and Symptoms: AIDS is a serious illness caused by HIV that can severely damage the immune system. As a result, AIDS victims develop a variety of infections as well as certain forms of cancer. An AIDS infection is usually characterized by sudden extreme weight loss, swollen glands, joint pain, and ulcerated sores or lesions on the body, as well as other symptoms as outlined in Characteristics of Selected Communicable Diseases (Annex D). However, many infected persons exhibit no symptoms.
2. Environment: Officers working in vice-related environments, with frequent exposure to persons engaged in high risk activities such as homosexuality, intravenous drug abuse, and prostitution; those responding to or investigating

crime or accident scenes where blood or other body fluids are present; and technicians involved in collection, analysis, and storage of blood-smear and otherwise possibly contaminated evidence are at a higher risk of being exposed to HIV.

3. **Method of HIV Transmission:** HIV is a bloodborne pathogen transmitted by direct contact with blood, semen, and possibly other body secretions, as outlined in Paragraphs I.B.14 and 16, of an infected person. Sexual activity and intravenous drug abuse are the primary methods of transmission of HIV. There is no evidence that the disease is transmitted through casual contact, or that it is spread through the air.
4. **Activities Promoting Exposure:** Listed below are situations which may expose the employee to HIV, and the appropriate action to be taken by employees encountering these situations:
 - a. **Higher Risk Contact:**
 - (1) Being pricked or jabbed with a used hypodermic needle or other sharp contaminated object.
 - (2) Having blood or other body secretions from a suspected AIDS or HIV carrier spilled on non-intact skin, especially on an open wound or sore, or in the employee's mouth, eyes, or other mucous membrane.
 - (3) Performing pulmonary resuscitation or artificial ventilation on any person without using a one-way valve pocket-mask or Ambu Bag.
 - (4) Human bite wounds when the subject's blood or other potentially infectious materials, as outlined in Paragraphs I.B.14 and 16, enter the wound.
 - (5) Human scratch wounds when the subject's blood or other potentially infectious materials, as outlined in Paragraphs I.B.14 and 16, enter the wound.
 - (6) Prolonged exposure to a large area of intact skin.

Action:

Immediately cleanse affected area, squeeze around the injured area to encourage wound to bleed, apply disinfectant, and follow procedures in Paragraphs II.E. and F., below. If wound is serious enough to require medical attention, see physician to be examined and follow procedures in Paragraphs II.E. and F., below.
 - b. **Remote Risk Contact:**
 - (1) Casual contact with possible AIDS carrier.
 - (2) Being spat upon unless the subject's blood or other potentially infectious materials, as outlined in Paragraphs I.B.14 and 16, enter the officer's non-intact skin, mouth, eyes, or other mucous membrane.
 - (3) Contact with tears or perspiration of suspected AIDS carrier.
 - (4) Having blood or other body secretions from a suspected AIDS or HIV carrier spilled on bare intact skin.

Action: Wash affected areas. Document contact on Minor Injury Log and complete an MDPD Communicable Disease Exposure Incident Form (Annex C).
5. **Prevention of Infection:** Reducing contact with blood and other body fluids of potential AIDS and HIV carriers will impede transmission. Refer to the preventive measures outlined in Paragraph II.A.1. to reduce the potential of infection.

C. Hepatitis:

1. **General Characteristics and Symptoms:** Hepatitis is an infection of the liver caused by Hepatitis Virus Type A, HBV, HCV, or other hepatitis virus strains.
2. **Hepatitis A:** Hepatitis A infection is usually characterized by yellowing of the whites of the eyes and skin, fever, fatigue, headache, upset stomach, possible vomiting, abdominal pain, and dark colored urine.

3. Hepatitis B: HBV infection carries the same symptoms as Hepatitis A, only more severe in nature and with a much longer recovery period. HBV symptoms also may include skin rashes, muscle aches, and pain in joints (see characteristics and symptoms of hepatitis and other communicable diseases in Characteristics of Selected Communicable Diseases, Annex D). However, many persons infected with hepatitis show no symptoms.
4. Hepatitis C: Many persons who have HCV have no symptoms and feel well. For some persons, the most common symptom is extreme tiredness. Most persons who get HCV carry the virus for the rest of their lives. There is currently no vaccine available to prevent transmission of HCV. Updated information is available from the Centers for Disease Control on the Internet.
5. Environment: Officers working in areas characterized by poor sanitary practices and conditions, widespread intravenous drug usage, and other vice-related activities, and technicians involved in the collection, storage, and analysis of evidence and body fluids are at the most risk for exposure to hepatitis viruses.
6. Method of Transmission and Exposure: The virus which causes Hepatitis A is present in the feces of infected individuals and may be transmitted through close personal contact. HBV and HCV are usually bloodborne and may be transmitted through contaminated needles and other instruments which puncture the skin, contact with contaminated blood and other body secretions, and also through very close personal, including sexual, contact. The following are typical situations which may expose the employee to the hepatitis viruses:
 - a. Being pricked with a used hypodermic needle or other sharp contaminated object.
 - b. Having blood, excrement, or other body secretions from infected person contact non-intact skin, particularly on an open wound or sore, or in the mouth, eyes, or other mucous membrane.
 - c. Performing pulmonary resuscitation or artificial ventilation on any person without using a one-way valve pocket-mask or Ambu Bag.
 - d. Prolonged exposure to a large area of intact skin.
7. Hepatitis B Vaccinations: The HBV vaccination series will be made available to all sworn and support personnel noted in Exposure Determination (Annex B) within 10 days of starting work and at no charge to the employee. Police Officer recruits and Public Service Aides will be offered and scheduled for the vaccination series after receipt of infectious diseases training while at the academy. The academy will contact the Human Resources Department to schedule the vaccinations to be given at the academy. Civilian personnel will be offered the vaccination series after receipt of infectious diseases training on the first day of employment at their job site. All employees offered the vaccinations must sign, and have witnessed, a Hepatitis B Declaration Form (Annex E) whether they accept the vaccinations or not. If a new employee declines the vaccination series, the employee's supervisor will ensure that a Hepatitis B Declaration form is completed and sent to the Human Resources Department (HRD), Internal Services Division, 111 NW 1 Street, 20th floor, to be filed in the employee's medical record. An employee may decline the vaccination series when offered, but may opt to participate at a later date. Vaccinations shall follow the current guidelines of the U.S. Public Health Service and will be provided by, or under the supervision of, a licensed physician or a licensed health care professional. The HBV vaccination series does not provide immunization for other hepatitis viruses. [CFA 37.05M (A-E)]

D. Tuberculosis (TB):

1. General Characteristics and Symptoms: TB is a serious, highly infectious bacterial disease which primarily infects the lungs of its victims, although it may also be present in the bones and other parts of the body. TB is usually characterized by persistent cough, fatigue, chest pain, breathing difficulty, or spitting up blood (see characteristics and symptoms of TB and other communicable diseases in Characteristics of Selected Communicable Diseases, Annex D). However, persons with active TB may appear well in spite of the fact that they may be in an advanced stage of the disease.
2. Environment: Officers working in urban environments where people live in crowded conditions and have inadequate nutrition and health care may be especially susceptible to TB infection or exposure. Additionally, officers may be called upon to execute a tuberculosis commitment order in accordance with **Mental and Physical Health Commitments**.
3. Method of Tuberculosis Transmission and Exposure: TB is contracted almost exclusively by inhalation of infectious airborne particles. The following are typical high-risk acts or situations which may especially expose the officer to

the risks of TB infection.

- a. Persons displaying TB symptoms or with known TB history: sneezing, coughing, laughing, shouting, spitting, crying, or otherwise projecting droplets of saliva or particles into the officer's face.
 - b. Drinking from same glass, eating with same utensils, or smoking same cigarette used by person displaying TB symptoms or with known TB history.
 - c. Performing pulmonary resuscitation or artificial ventilation on any person without using a one-way valve pocket-mask or Ambu Bag.
 - d. Arresting or other close contact with persons with poor personal hygiene, especially those with severe coughing or other TB symptoms.
 - e. Entering unsanitary environments, particularly overcrowded residences with poor sanitary facilities, or dilapidated, low cost hotels, particularly if inhabited by known TB carriers.
4. Prevention of Infection: Activity directed at reducing the volume of airborne particles or limiting inhalation of these particles will impede transmission of TB. Following are some steps that will reduce the probability of infection by TB or other infectious diseases.
- a. Avoid entering or lingering in confined areas where persons with TB reside or frequent.
 - b. Wash hands after contact with a suspected TB carrier or other communicable disease carrier.
 - c. When in contact with a suspected TB carrier, use face mask and gloves. A face mask should be given to suspected TB carrier. After use, face mask and gloves shall be placed in a biohazard bag and disposed of in an appropriate biohazard receptacle.
 - d. When entering areas frequented by TB carriers, cover mouth and nose with a face mask.
 - e. When dealing with TB carriers, a well ventilated room or open area with direct sunlight helps to reduce aerial contamination.
 - f. Use a departmentally issued one-way valve pocket-mask or Ambu Bag for performing pulmonary resuscitation. Once used, the mask shall be disposed of in a biohazard bag and replaced.
 - g. Be aware that certain medications, such as steroids and asthma medications, suppress the immune system and make a person more susceptible to communicable disease. Consult a physician before taking prescribed or over-the-counter medications.
5. Employees will follow advisories from the Centers for Disease Control as they are issued.

E. Procedures for Reporting Exposure Incidents:

1. General: Following an exposure incident, it is imperative that the employee and supervisor act as soon as possible. The employee's supervisor shall follow the Supervisor's Exposure Incident Checklist (Annex F) in order to ensure that appropriate measures have been taken.
2. Immediate Notification:
 - a. The affected employee shall notify immediate supervisor of the possible exposure to any disease.
 - b. Immediate contact with the Medical Center on contract, Occupational Health Office, as outlined below in paragraph 3.d., shall be made in order to allow the medical staff to evaluate the exposure incident and if needed, administer prophylactic treatment or medication which if administered shortly after exposure, may greatly reduce the risk of contracting certain sexually transmitted diseases. [CFA 37.01M (G)]
 - c. In all such incidents, the employee's supervisor will notify the Departmental Safety Officer via the Communications Bureau Shift Commander. The Departmental Safety Officer will provide assistance in the coordination of treatment and will respond to the employee's location when necessary.

- d. If the exposure resulted from contact with a possibly infected individual, immediately contact the Police Legal Bureau to begin the court order process (paragraph F. below). The Police Legal Bureau will arrange for an on-call Miami-Dade Health Department technician to draw the subject's blood (pursuant to the court order, or the subject's consent), coordinate testing, and expeditiously deliver results of the blood test to the affected officer. Police legal advisors are available during regular office hours at (305) 471-2550, or after hours by contacting the on-call legal advisor via the Communications Bureau Shift Commander.
3. Documentation and Follow Up: It is incumbent upon each employee to document and follow up on any situation which might lead to possible infection. Therefore, upon exposure to any of the higher risk situations previously described, the following precautionary steps, as a minimum, shall be taken:
 - a. Document possible exposure to disease on the original Offense-Incident Report.
 - b. If the possibly infected individual is being transported to a medical facility by Fire Rescue personnel or an ambulance service, the concerned officer will ensure that his own name, badge number, and contact information is added to the Fire Department's Florida EMS Report or the ambulance run report. A copy of this document will remain at the receiving hospital, where it will be used by the hospital to contact all persons, including the officer, who had immediate contact with the patient if he is diagnosed as having AIDS, TB, or any other infectious disease. This notification must be within 48 hours after diagnosis of the disease, in accordance with Florida Statutes Section 395.1025. However, it is the officer's responsibility to follow up on any incident where he believes he may have contracted an infectious disease from a hospitalized person by calling the receiving hospital to determine the outcome of the diagnosis on the suspected disease carrier.
 - c. If the possibly infected person is hospitalized, inform immediate supervisor of where that person is hospitalized and the results of any diagnosis of a communicable disease.
 - d. The employee's supervisor shall contact the Departmental Safety Officer for the current Medical Center on contract. The supervisor will then contact the Medical Center's Occupational Health Office.
 - (1) The doctor or nurse will be able to evaluate the risk of the exposure and advise the supervisor of the current protocol for follow-up testing and medical treatment. [CFA 37.01M (G)]
 - (2) The supervisor will complete an MDPD Communicable Disease Exposure Incident Form (Annex C) and document the name of the person/medical staff rendering the diagnosis.
 - (3) If it is determined that the employee has met criteria for medical consultation or treatment, the employee shall be referred to the Medical Center.
 - (a) The supervisor will contact TeleClaim, as outlined in **Injuries and Physical Examinations**, and document the Workmen's Compensation case number on the MDPD Communicable Disease Exposure Incident Form.
 - (b) A completed copy of the MDPD Communicable Disease Exposure Incident Form must be provided to the hospital staff and accompany the employee to the hospital.
 - (c) If an employee has met criteria for medical consultation or treatment but refuses to respond to the Medical Center, the supervisor will document the refusal on the MDPD Communicable Disease Exposure Incident Form and obtain the employee's signature.
 - (4) Florida Statutes Section 384.29 provides for the confidentiality of all information and records relating to known or suspected cases of sexually transmitted diseases, and Section 392.65 provides for the confidentiality of all information and records relating to known or suspected cases of tuberculosis. Therefore, the supervisor will stamp or print, in large letters, "Confidential - Do Not Release" on all MDPD Communicable Disease Exposure Incident Forms where the source of exposure is identified and entered in Section C, and where tuberculosis or a sexually transmissible disease, as outlined in Florida Statutes Section 384.23, is identified or suspected as the infectious risk. Three of the sexually transmissible diseases covered by Florida Statutes Section 384.23; HIV, syphilis, and gonorrhea, are listed in Section G, Infectious Risk, of the MDPD Communicable Disease Exposure Incident Form. Hepatitis and Meningitis are not subject to the confidentiality restrictions imposed by Florida Statutes.
 - (5) After personal consultation with the medical staff, it will be the employee's option to begin treatment. If the employee chooses to begin treatment, the employee is expected to continue subsequent follow-up treatments.

- e. If an employee is injured to the extent that emergency treatment from the closest medical facility is required, the employee's supervisor must contact the Department Safety Officer, as outlined in paragraph E.3.d. above, and notify them of the exposure. Follow-up post-exposure treatment, if required, will be conducted at the contract Medical Center.
- f. The supervisor shall ensure that a copy of the MDPD Communicable Disease Exposure Incident Form is forwarded or hand delivered in a sealed and secured envelope marked CONFIDENTIAL to the Departmental Safety Officer, Miami-Dade Public Safety Training Institute, as soon as possible. A copy of the form will also be provided to the employee.
- g. If the officer is injured by another person or exposure has occurred in a manner which may transmit HIV or another sexually transmissible disease (for example, by needle puncture, bite wound, or having blood splashed in mouth, eyes, or other mucous membrane), the procedures outlined in Paragraph F (Subject Screening Procedures), will be followed.
- h. The concerned supervisor shall ensure completion of all reports and notifications as appropriate, indicating possible exposure to the communicable disease as outlined in **Injuries and Physical Examinations**. In the event of an injury or exposure that does not require professional medical treatment or result in lost time from work, the Minor Injury Report and the First Aid and Minor Injury Log shall be completed by the concerned supervisor as indicated in **Injuries and Physical Examinations**.
- i. Confidential counseling is available to employees through the Psychological Services Section.
- j. The Departmental Safety Officer will monitor the Department's Exposure Control Program.

F. Subject Screening Procedures:

1. When an officer is injured by another person or exposure occurs in a manner conducive to the spread of hepatitis, HIV, or other sexually transmissible disease, the officer shall request that the subject be screened for sexually transmissible disease. For this screening process to occur, the officer must, immediately after the suspected exposure, accomplish the following:
 - a. Contact the Police Legal Bureau to begin the court order for screening process and to arrange for blood testing of the subject. Police Legal Advisors are available during regular office hours at (305) 471-2550, or after hours by contacting the on-call legal advisor via the Communications Bureau Shift Commander.
 - b. Document the possible exposure on the original Offense-Incident Report.
 - c. Seek medical attention for the injury and provide the attending physician with a copy of the Physician's Statement (Annex G) for completion as appropriate. A machine copy of this completed Statement shall be included with the officer's personnel file.
 - d. Ensure completion of all reports and notifications indicating possible exposure to hepatitis, HIV, or other sexually transmissible disease as outlined in paragraph II.E. and in **Injuries and Physical Examinations**.
2. The officer's supervisor, after consultation with the Police Legal Bureau, shall immediately attempt to obtain the subject's consent to voluntarily undergo an examination to determine if the person has a sexually transmissible disease.
 - a. Consent, if granted by the subject, shall be documented by completion of a Consent and Authorization to Release Information form (Annex H).
 - b. An Offense-Incident Report, with a new case number, shall be written documenting the officer's actions and the subject's consent. However, the test result is not to be documented in this, or any other, report. As both the identity of the person who is the source of the exposure or injury and the identity of the exposed or injured officer are confidential, the report is exempt from public records provisions. Therefore, the report shall be marked CONFIDENTIAL, at the top and bottom of all pages.
3. If the subject refuses to provide consent for examination, the Police Legal Bureau shall assist with the preparation of the court order.
 - a. The officer or his supervisor, or an officer who witnessed the incident, shall complete an Affidavit for Court Order for Screening for Sexually Transmissible Disease (Annex I), attach the completed Physician's Statement

and a copy of the Offense-Incident Report to the Affidavit, and present these documents to a county or circuit judge for issue of a Court Order for Screening for Sexually Transmissible Disease. (Annex J).

- b. All court orders and the accompanying documents, must be sealed by the Clerk of the Court upon their return. Therefore, the following sentence is included at the end of the last paragraph of each court order: **THE CLERK OF THE COURT SHALL SEAL THIS COURT ORDER AND ITS ACCOMPANYING DOCUMENTS UPON THEIR RETURN.**
 - c. When an officer secures a court order, an Offense-Incident Report, with a new case number, shall be written documenting the officer's actions. However, the test result is not to be documented in this, or any other, report. As both the identity of the person who is the source of the injury and the identity of the exposed or injured officer are confidential, the report is exempt from public records provisions. Therefore, the report shall be marked **CONFIDENTIAL**, at the top and bottom of all pages.
4. Florida Statutes Section 384.29 mandates strict confidentiality requirements regarding the results of all consensual or nonconsensual testing. Test results must be released by the Health Department to an exposed or injured officer, but must be kept confidential except for dissemination to the officer's physician.
 5. If tests administered to the offending person indicate that the subject is carrying hepatitis or a sexually transmissible disease, the officer should seek appropriate medical attention and testing by calling the Medical Center as outlined in I.E.3.d. and ensure that a Supplemental Report of Injury is completed. Subsequent testing for the suspected disease should be administered at frequencies determined by medical authorities. Confidential counseling is available to the affected officer through the Psychological Services Section.
 6. Procedures for the examination of persons considered a health risk due to a known or suspected condition related to tuberculosis are addressed in **Mental and Physical Health Commitments**.

G. Training and Information: [CFA 37.02M] [CFA 37.03M]

1. Infectious disease training will be provided to employees listed in Exposure Determination (Annex B) when initially hired and annually thereafter [CFA 37.02M (J)]. Police Officer recruits and Public Service Aides will be given infectious disease training while at the academy. Civilian personnel will be given training on the first day of employment, at the job site, by a certified first responder instructor. The instructor will ensure that a Miami-Dade Public Safety Training Institute (MDPSTI) course sign-in sheet and instructor roster are completed and forwarded to the MDPSTI. The supervisor shall document the training on the Employee Orientation Form (see **Personnel Selection Process**). In addition, the supervisor will also note that the Hepatitis B vaccinations were offered and scheduled, or in the event an employee declines the vaccinations, that a Hepatitis B Declaration form (Annex E) was forwarded to HRD for inclusion in the employee's medical record. The MDPSTI will be responsible for disseminating updated training materials and information and coordinating additional in-service training. The following will be included in training:
 - a. A copy of 29 CFR 1910.1030 with simplified explanatory text
 - b. A general explanation of bloodborne diseases [CFA 37.02M (B)]
 - c. An explanation of modes of transmission [CFA 37.02M (B)]
 - d. A copy of the Departmental Exposure Control Plan [CFA 37.02M (A)]
 - e. How to recognize tasks which may involve exposure [CFA 37.02M (C, E)]
 - f. How to eliminate or minimize exposure risk [CFA 37.02M (C, E)]
 - g. How to utilize and dispose of protective equipment [CFA 37.02M (C, H)]
 - h. Information on Hepatitis B vaccine and its safety and benefits [CFA 37.02M (D)]
 - i. What to do when an exposure incident occurs [CFA 37.02M (E, F)]
 - j. What events follow an exposure incident [CFA 37.02M (E, F)]
 - k. The recognition of signs/labels and containers that concern biohazardous materials [CFA 37.02M (G)]

- l. Familiarization with biohazard waste disposal procedures [CFA 37.02M (H)]
 - m. Opportunity to interact and discuss the course material during the training session [CFA 37.02M (I)]
2. In accordance with the State of Florida General Records Schedule GS1-SL for State and Local Government Agencies, training records shall be kept for 25 fiscal years after separation or termination of employment. Training records shall include: [CFA 37.04M]
 - a. Dates of training
 - b. Contents or summary of course
 - c. Names and job titles of the employees receiving the training
 - d. Names and qualifications of the instructors
 3. Additional training shall be furnished if new tasks or procedures affect employee occupational exposure.
 4. The Miami-Dade Human Resources Department, Internal Services Division, maintains records pertaining to employee vaccinations. The MDPD Departmental Safety Officer shall ensure the maintenance of records pertaining to exposure incidents, post-exposure incident evaluations, and other documents as required by the Federal Occupational Safety and Health Act, Occupational Exposure to Bloodborne Pathogens Regulation and the needs of the Miami-Dade County Risk Management Division. Records shall be maintained for at least the duration of employment plus 30 years. [CFA 37.04M]

H. Exposure Control Plan

This part serves as the Departmental Exposure Control Plan. A documented review of the plan will be conducted annually with consideration for updating procedures designed to eliminate or minimize occupational exposure and for appropriate recommendations on exposure incident follow-up procedural changes. [CFA 37.01M (I)]

III. ANNEXES

- A. **Federal Occupational Safety and Health Act, Occupational Exposure to Bloodborne Pathogens Regulation**
- B. **Exposure Determination**
- C. **MDPD Communicable Disease Exposure Incident Form**
- D. **Characteristics of Selected Communicable Diseases**
- E. **Hepatitis B Declaration Form**
- F. **Supervisor's Exposure Incident Checklist**
- G. **Physician's Statement**
- H. **Consent and Authorization to Release Information**
- I. **Affidavit for Court Order for Screening for Sexually Transmissible Disease**
- J. **Court Order for Screening for Sexually Transmissible Disease**

Memorandum



Date: January 20, 2021

To: Honorable Chairman Jose "Pepe" Diaz
and Members, Board of County Commissioners

Agenda Item No. 8(F)(8)

From: Daniella Levine Cava
Mayor

Resolution No. R-19-21

Subject: Recommendation for Approval to Award - Cleaning Blood Borne Pathogens

Recommendation

It is recommended that the Board of County Commissioners (Board) approve a competitive contract award, *Contract No. FB-01430, Cleaning Blood Borne Pathogens*, for multiple County departments. The County currently uses the following two contracts to obtain these services: (1) Contract No. FB-00698, Cleaning Blood Borne Pathogens, solicited through a competitive process in July 2018, and was awarded to BioResponse, Corp. and International Protective Services, Inc. on a group-by-group basis, for a two-year term; and (2) Contract No. FB-01152, Cleaning Blood Borne Pathogens for the Miami-Dade Public Housing and Community Development, solicited through a competitive process in February 2019, and was awarded to BioResponse, Corp. for a one-year and nine-month term.

This replacement contract will consolidate both existing contracts and will be used for the cleaning and removal of blood borne pathogens, as well as pathological waste and infectious material. Blood borne pathogens are infectious microorganisms present in blood that can cause diseases in humans. The contract will provide for cleaning services which consist of cleanup, disinfection, decontamination, remediation, deodorizing, fogging (when applicable), and disposal of pathological waste and infectious materials from public facilities, public transportation vehicles, or crime scenes in accordance with Occupational Safety and Health Administration standards.

The cleaning services are classified as either normal incidents or pathological waste crime/trauma. Normal incidents are incidents including but not limited to blood, urine, feces, semen, vomit, pleural fluid, synovial fluid, pericardial fluid, saliva, needles, sharps, diapers, infectious animal bedding/feces, and any related substance on County-owned public property. Pathological Waste Crime/Trauma are crime/trauma scene incidents such as unattended deaths, natural deaths, suicides, and homicides on County-owned public property requiring these services. Mobile Cleaning Services are for County vehicles that require cleaning at a vehicle location outside of a County facility. These services are classified as normal incidents as defined above.

This solicitation was advertised under full and open competition on April 14, 2020, and six bids were received in response to the solicitation, including one "No Bid." Of the five vendors that submitted offers, three have local addresses. Award is being recommended to the two responsive and responsible bidders who offered the lowest prices for their respective groups, in accordance with the method of award per the solicitation.

Scope

The scope of this item is countywide in nature.

Fiscal Impact/Funding Source

The fiscal impact for the five-year term is \$1,495,915. There are two current contracts: Contract No. FB-00698 is currently valued at \$1,000,000 for a two-year and three-month term, and Contract No. FB-01152 is currently valued at \$60,927 for a two-year term, both contracts expire on April 30, 2021. The allocation under this replacement contract is lower on an annualized basis than the current contracts due to differing estimated quantities and competitive pricing.

Department	Allocation	Funding Source	Contract Manager
Corrections and Rehabilitation	\$10,000	General Fund	Zuleika Davidson
Juvenile Services	\$9,000	State Funds	Johan Williams
Parks, Recreation, and Open Spaces	\$70,915	General Fund	Fernando L. Robreño
Police	\$455,000	General Fund	Laura Romano
Public Housing and Community Development	\$89,000	Federal Funds	Indira Rajkumar-Futch
Transportation and Public Works	\$847,000	DTPW Operating Funds	Angela Mathews-Tranumn
Water and Sewer	\$15,000	Proprietary Funds	Fred Taylor
Total:	\$1,495,915		

Track Record/Monitor

Vanessa Stroman of the Internal Services Department is the Procurement Contracting Manager.

Delegated Authority

If this item is approved, the County Mayor or County Mayor’s designee will have the authority to exercise all provisions of the contract, including any cancellation or extension provisions, pursuant to Section 2-8.1 of the County Code and Implementing Order 3-38.

Vendors Recommended for Award

An Invitation to Bid was issued under full and open competition. Six bids were received in response to the solicitation, including one “No Bid.” The solicitation includes five groups of services: Group 1: Cleaning Blood Borne Pathogens - Normal Incidents, All Departments; Group 2: Cleaning Blood Borne Pathogens - Pathological Waste Crime/Trauma, All Departments; Group 3: Cleaning Blood Borne Pathogens - Normal Incidents, Public Housing and Community Development only; Group 4: Cleaning Blood Borne Pathogens - Pathological Waste Crime/Trauma, Public Housing and Community Development only; and Group 5: Cleaning Blood Borne Pathogens – Mobile Cleaning Services

Pursuant to Resolution No. R-477-18, the lowest bidder for Groups 1 and 3 is recommended in accordance with the method of award per the solicitation and is local. The lowest bidder for Groups 2, 4 and 5 is recommended in accordance with the method of award per the solicitation and is non-local.

Vendor	Principal Address	Local Address*	Number of Employee Residents	Principal	Groups Awarded
			1) Miami-Dade 2) Percentage*		
BioResponse, Corp	7209 NW 46 Street Miami, FL	Same	17	Manuel Pozo	1 and 3
			94%		
International Protective Services, Inc.	1714 North Dixie Highway Hollywood, FL	None	2	Walter Philbrick	2, 4 and 5
			33%		

*Provided pursuant to Resolution No. R-1011-15. Percentage of employee residents is the percentage of vendor’s employees who reside in Miami-Dade County as compared to the vendor’s total workforce.

Vendors Not Recommended for Award

Vendor	Local Address	Reason for Not Recommending
Extreme Emergency Fire and Water Restoration, LLC	Yes	Higher than lowest bid for Groups 1 through 5
Integrity Janitorial Service Corp.	Yes	
United Restoration of FL, LLC	No	No Bid*
Sunset Survival & First Aid, Inc.	No	

*A "No Bid" means the vendor responded indicating that it will not be providing an offer.


Due Diligence

Pursuant to Resolution No. R-187-12, due diligence was conducted in accordance with the Internal Services Department's Procurement Guidelines to determine vendor responsibility, including verifying corporate status and that there are no performance and compliance issues. The lists that were referenced included convicted vendors, debarred vendors, delinquent contractors, suspended vendors, and federal excluded parties. There were no adverse findings relating to vendor responsibility.

Pursuant to Resolution No. R-140-15, prior to re-procurement, a full review of the scope of services was conducted to ensure the replacement contract reflects the County's current needs. The review included conducting market research, posting a draft solicitation for industry comment, and holding meetings and drafting sessions with the user departments. The scope of services was updated to include mobile cleaning services.

Applicable Ordinances and Contract Measures

- The two percent User Access Program provision applies where permitted by the funding source.
- The Small Business Enterprise Bid Preference and Local Preference were applied where permitted by the funding source.
- The Living Wage applies to Groups 1, 2, and 5, but does not apply to Groups 3 and 4 due to the federal funding source.



Jimmy Morales
Chief Operations Officer



Product # 3100

Technical Data Report

PHENOMENAL

HOSPITAL SANITIZER, DISINFECTANT AND DEODORANT

DESCRIPTION

PHENOMENAL is a disinfectant and deodorant that kills TB (Tubercule Bacilli), E. Coli, Herpes Simplex Types 1 and 2, Salmonella enterica, Staphylococcus, Avian Influenza A virus (H5N1), Methicillin-resistant Staphylococcus aureus (MRSA), Pandemic 2009 H1N1 Influenza A Virus and more. Inactivates HIV (AIDS virus) on pre-cleaned environmental surfaces/objects previously soiled with blood/body fluids. Contains a blend of powerful phenolic germicides. Controls mildew. Deodorizes areas where foul odors are present.

APPLICATIONS

Sanitizes and disinfects telephones, toilet seats, urinals, sinks, showers, refuse cans, and office equipment. For use in medical, dental, and health care facilities; including nursing homes, and veterinary clinics. Recommended for prisons, police and fire departments, hotels/motels, funeral services and crematoriums, dairy farms, physicians, sports and recreational clubs, beauty shops and food processing plants.

FEATURES & BENEFITS

- Germicidal—kills Staph, E. Coli, Tuberculosis, Methicillin-resistant Staphylococcus aureus (MRSA), Pandemic 2009 H1N1 Influenza A Virus and more
- Virucidal against HIV-1 (AIDS virus), Herpes Simplex 1 and 2, Avian Influenza A virus (H5N1) and more
- Powerful—combines germ killing ingredients
- Destroys mildew and musty odors at their source

SPECIFICATIONS

FORM: Alcohol Based Aerosol
ODOR: Neutral
COLOR: Clear
DETERGENCY: None
TOXICITY: 1000 ppm OSHA TLV
WETTING ABILITY: None
STORAGE STABILITY: 1 Year +
COLD STABILITY: 0°F
PHOSPHATES: None

FLASH POINT: N/A
FLAME EXTENSION: 12"
SOLUBILITY IN WATER: 100%
SPECIFIC GRAVITY: 0.875
% VOLATILE BY VOLUME: 100%
pH: 7.0 Conc.
PROPELLANT: Hydrocarbon
EVAPORATION RATE: Medium
BIODEGRADABILITY: No

ACTIVE INGREDIENTS:

2-Phenylphenol.....	0.20%
4-tert-Amylphenol.....	0.05%
Ethanol.....	53.00%
INERT INGREDIENTS.....	46.75%
TOTAL.....	100.00%

LABEL INFORMATION

PHENOMENAL HOSPITAL SANITIZER, DISINFECTANT AND DEODORANT

FEATURES, CLAIMS, AND USES

This product is an effective Virucide, Bactericide, Tuberculocide, and Fungicide on hard nonporous surfaces when used as a disinfectant. This product has demonstrated effectiveness on pre-cleaned hard nonporous surfaces against the following microorganisms:

VIRUCIDAL* - Kills Human Immunodeficiency virus Type 1 (HIV-1; a retrovirus that causes "AIDS"), Herpes Simplex Virus Type 1 and Herpes Simplex Virus Type 2, Influenza A2/Hong Kong Virus, Adenovirus Type 5, Vaccinia Virus, Infectious Canine Hepatitis Virus, Canine Distemper Virus, Feline Pneumonitis Virus, and Avian Influenza A Virus (H5N1). Follow instructions for disinfection.

BACTERICIDAL - Kills: Escherichia coli; Pseudomonas aeruginosa; Salmonella enterica; Salmonella schottmuelleri (paratyphoid B); Shigella dysenteriae; Streptococcus pyogenes; Staphylococcus aureus; and Methicillin-resistant Staphylococcus aureus (MRSA).

TUBERCULOCIDAL - Kills Mycobacterium tuberculosis bovis BCG (Tubercle bacilli). Follow instructions for disinfection.

FUNGICIDAL - Kills Trichophyton mentagrophytes ("athlete's foot" fungi; formerly known as T. interdigitale) in bathrooms, shower areas, and locker rooms. Follow instructions for disinfection.

CONTROLS MOLD/MILDEW - Completely inhibits the growth of Aspergillus niger and Penicillium glaucum fungi on fabric.

SANITIZES - Controls Staphylococcus aureus and Klebsiella pneumoniae on porous fabric and leather surfaces, such as on shoes, athletic mats, athletic shoes and other athletic equipment.

DEODORIZES - Pleasant fragrance quickly suppresses existing unpleasant odors from many sources.

FOR USE IN: Industrial, Institutional, Commercial, Medical, and Residential facilities, equipment, and vehicles, including hospitals; ambulances; nursing homes; medical and dental offices and clinics; veterinary offices and animal areas; schools; laboratories; hotels and motels; restaurants and cafeterias; food storage, processing, packaging, handling, and serving establishments and equipment; offices; stores; factories and manufacturing plants; and apartment buildings and homes.

FOR USE ON: Most glass, glazed porcelain, glazed ceramic, enameled, painted, plastic (such as ABS, acrylic, latex rubber, phenolic resin, polyamide, polycarbonate, polyester, polyethylene, polyolefin, polypropylene, polystyrene, polytetrafluorethylene, polyurethane, and vinyl), rubber, metal, sealed leather, finished wood, sealed grout, and sealed concrete, and similar nonporous surfaces.

PRECAUTIONARY STATEMENTS HAZARDS TO HUMANS AND DOMESTIC ANIMALS

WARNING: Causes substantial but temporary eye injury. Harmful if absorbed through skin. Do not get in eyes or on skin or clothing. Wear long-

sleeved shirt and long pants, protective eyewear (safety glasses), shoes and socks, and chemical resistant gloves (such as or made out of any water proof material). Wash hands thoroughly with soap and water before eating, drinking, chewing gum, using tobacco or using the toilet. Remove contaminated clothing and wash clothing.

FIRST AID

If in eyes: Hold eye open and rinse slowly and gently with water for 15-20 minutes. Remove contact lenses, if present, after the first 5 minutes, then continue rinsing. Call a Poison Control Center or doctor for treatment advice.

If on skin or clothing: Take off contaminated clothing. Rinse skin immediately with plenty of water for 15-20 minutes. Call a Poison Control Center or doctor for treatment advice.

HOT LINE NUMBER: In case of an emergency call toll free 1-800-222-1222. Have the product container or label with you when calling a poison control center or doctor or going for treatment. Probable mucosal damage may contraindicate the use of gastric lavage.

PHYSICAL/CHEMICAL HAZARDS: Flammable. Contents under pressure. Keep away from heat, sparks, pilot lights, and flames. Do not puncture or incinerate container. Exposure to temperatures above 130°F (54°C) may cause bursting.

DIRECTIONS FOR USE

It is a violation of Federal law to use this product in a manner inconsistent with its labeling.

This product is not to be used as a terminal sterilant/high level disinfectant on any surface or instrument that (1) is introduced directly into the human body, either into or in contact with the bloodstream or normally sterile areas of the body, or (2) contacts intact mucous membranes but which does not ordinarily penetrate the blood barrier or otherwise enter normally sterile areas of the body. This product may be used to preclean or decontaminate critical or semi-critical medical devices prior to sterilization or high level disinfection.

GENERAL: Shake container well before each use and hold it upright while spraying. For use on precleaned, hard nonporous surfaces; not for use on humans or animals. Not for use where food or related products are prepared, processed or stored. Remove food or related products from the area being treated. Avoid use where product would contact counters or tabletops where food may be stored, prepared or processed. Do not use on waxed/polished surfaces, water-based "latex" paint, shellac, cellulose (such as rayon) or other alcohol-sensitive materials.

To disinfect hard, non-porous surfaces: Preclean surfaces as directed above. Hold container upright about 6-8" from surface. Spray to thoroughly wet hard, nonporous surfaces. Treated surfaces must remain wet for 10 minutes. Allow to air dry. Rinse all surfaces that come in contact with food such as counters, appliances, tables with potable water. Do not use on utensils, glassware, and dishes.

Before use in federally inspected meat and poultry plants, all food products and packaging materials must be removed or carefully protected before disinfection.

To disinfect toilets and urinals: Remove gross filth prior to disinfection. Empty toilet bowl or

urinal. Hold container upright about 6-8" from surface. Spray to thoroughly wet hard, nonporous surfaces. Brush over exposed surfaces and under the rim. Allow to stand for 10 minutes, then flush.

To disinfect Veterinary offices, animal areas, and animal laboratories: Remove all animals and feed from premises, vehicles, cages, kennels, etc. Remove all litter, droppings, and manure from floors, walls, and surfaces of facilities occupied or traversed by animals. Empty all feeding and water appliances. Thoroughly clean all surfaces with soap or detergent and rinse with water. Hold container upright about 6-8" from surface. Spray to thoroughly wet hard, nonporous surfaces. Treated surfaces must remain wet for 10 minutes. Allow to air dry. Immerse all halters, collars, leashes and other types of equipment used in handling and restraining animals as well as forks, shovels, and scrapers used for removing litter and manure. Ventilate buildings, vehicles, and other closed spaces. Do not house animals or employ equipment until treatment has been absorbed, set or dried. Thoroughly scrub feeding and watering equipment with soap or detergent, and rinse with potable water before reuse.

To Clean/Deodorize: Hold container upright about 6-8" from surface. Spray surface and allow to air dry.

To Control Mold/Mildew and Sanitize Porous Surfaces: Inhibits the growth of *Aspergillus niger* and *Penicillium glaucum* fungi and controls *Staphylococcus aureus* and *Klebsiella pneumoniae* on porous surfaces such as fabric and leather surfaces. Hold container upright about 6-8" from surface. Spray to thoroughly wet surfaces. Treated surfaces must remain wet for 5 minutes. Allow surfaces to air dry. For mold/mildew control, repeat application every 7 days or more frequently if new growth appears.

TO KILL HIV-1 (Human Immunodeficiency virus Type 1; AIDS virus) ON PRECLEANED SURFAC-

ES/OBJECTS in health care or other settings with inanimate environmental surfaces/objects associated with the potential for transmission of HIV-1 and likely to be soiled with blood/body fluids, follow these additional **SPECIAL INSTRUCTIONS FOR CLEANING AND DECONTAMINATING AGAINST HIV-1 ON SURFACES/OBJECTS SOILED WITH BLOOD/BODY FLUIDS:** PERSONAL PROTECTION - Barrier protection items such as disposable latex gloves, gowns, masks, and eye coverings must be worn when handling items soiled with blood/body fluids. **CLEANING PROCEDURE** - Blood/body fluids must be thoroughly cleaned from surfaces/objects before application of this product as a disinfectant. **CONTACT TIME** - 10 minutes. **DISPOSAL OF INFECTIOUS MATERIALS** - Blood/body fluids and other materials removed from or used to clean surfaces/objects must be autoclaved and disposed of according to federal, state and local regulations for infectious waste disposal.

STORAGE AND DISPOSAL

GENERAL: Do not contaminate other materials (including foods/drinks/feeds/water) during transport, use, storage, and disposal. If damaged or leaking, soak up and wrap any waste, then dispose of as below.

STORAGE & DISPOSAL: Keep in a cool, dry, locked area inaccessible to children and away from sources of heat and ignition (including flames, sparks, hot surfaces, and sunlight). Do not puncture or incinerate! **If empty:** Place in trash or offer for recycling if available. **If partially filled:** Call your local solid waste agency or 1-800-CLEANUP for disposal instructions.

WARNING: This product contains a chemical(s) known to the State of California to cause cancer.

HMIS Ratings: Health - 1, Flammability - 3, Reactivity - 1, Personal Protection - A.

PACKAGING INFORMATION

12 - 20 oz. cans per case, 16.5 oz. net weight



VP200ESK



Saves Time

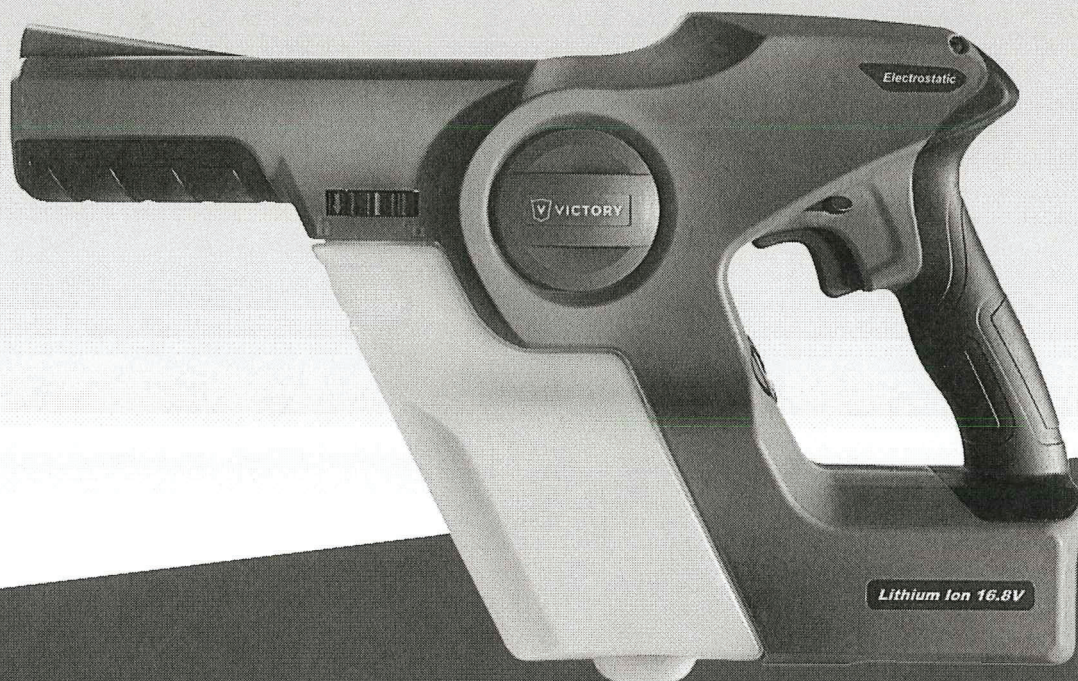


Saves Money



Better Coverage

Professional Cordless Electrostatic Handheld Sprayer



Ideal for Disinfecting, Sanitizing, Odor Removal, Decontamination, Pesticides/Fertilizing & More

LEADING THE CHARGE
IN INFECTION PREVENTION



- 1** LED Light for Better Visibility
- 2** Adjustable 3-in-1 Nozzle with Stainless Steel Spray Tips
- 3** Patented Double-Charge Technology Uses Hydraulic Atomization for Max Coverage
- 4** 1-Liter Chemical & Impact-Resistant HDPE Plastic Easy-Fill Tank
- 5** Long-Lasting Battery VP20A (4 Hr. Run Time)
- 6** Grounding Strips for Increased Performance & User Safety
- 7** Ergonomic Handle with Lock for Comfort & Safety
- 8** Glass-Filled Housing for Increased Durability
- 9** Chemical-Resistant Seals, Pumps, O-Rings & Gaskets
- 10** Ballistic Nylon Carry Bag

Professional Cordless Electrostatic Handheld Sprayer

Product Specifications

Model #	VP200ESK	Weight (Empty)	3.8 lbs.	Sound Level	58.5 dBa
Power	Lithium Ion	Weight (Full)	5.9 lbs	(Per ISO 11203 at 1 meter)	
Tank Size	33.8 ounces / 1 L	Optimum Spray Range	2-3 ft.		

	Nozzle Setting ■	Nozzle Setting ■	Nozzle Setting ■
Nozzle Shape	Full Cone	Full Cone	120° Fan
Particle Size	40 microns	80 microns	110 microns
Flow Rate	3.1 ounce/min	3.8 ounce/min	10.5 ounce/min
Estimated Dwell Time*	5 min	10 min	15 min
Run Time per Tank	11 min	9 min	3.2 min
Coverage per Tank**	2,800 sq ft	2,550 sq ft	1,700 sq ft
Tanks per Charge	21	27	75

*Average dwell times may vary based on humidity, temperature, spray speed and distance.
 **Per internal testing determined by flow rate and particle size.