**SECTION 15: HEALTH AND SAFETY**

**INTRODUCTION**

The following safety procedures will help limit the risk of exposure to infectious disease. Union County Coroner’s Office personnel may be concerned with contracting an illness from an individual who may have died with or from a contagious disease. Although dead bodies are a potential source of infection, they are less so than the living infected person. A living infected person provides a continuing living source for the infection and may actively shed a virus or bacteria through coughing and sneezing or through their body secretions and excretions. The dead person, on the other hand, merely serves as a repository for the organism. Since infections are caused by living organisms which are not mobile, it is nearly impossible to contract an infectious disease by merely being around an infected dead body or in the same room with one.

However, Deputy Coroners/Investigators often must come into direct contact with dead bodies during death pronouncements, external examinations or assisting with transportation. In these instances, a small potential of being infected from the body exists. The potential can be reduced using reasonable precautions.

**TRAINING**

All new Deputy Coroners/Investigators must attend training coordinated by the Union County Health Dept. Safety training sessions include lectures and/or discussions of health and safety issues and guidelines.

**EMPLOYEE HEALTH REQUIREMENTS**

HEPATITS-B INOCULATIONS are required for employment as a Coroner Investigator. The Union County Coroner’s Office offers this immunization to employees who do not have primary employment in the medical field at no cost. This is a series of three injections over a six-month period. This vaccine provides over 90% protection against Hepatitis B for 7 or more years following vaccination. The vaccine is to be administered at 0, 1, and 6- month intervals.

**POTENTIAL EXPOSURES**

The following are all investigative personnel tasks that offer potential for exposure to infectious disease:

1. Scene investigation
2. Handling bodies, blood, fluids, tissues, or contaminated personal property accompanying bodies
3. External examination
4. Processing toxicology samples, evidence, or items of property from the body or scene

When carrying out any of the above tasks, the Coroner Investigator must wear impermeable gloves at a minimum. When conditions are such that contamination of the Coroner Investigator's clothing may occur, either through splashing or because of workspace limitations, impermeable protection such as aprons and over sleeves are to be used. If the possibility of splashing exists, some form of eye protection, eyeglasses, goggles or face shield and an N95 face mask must be worn. Shoe covers are to be worn over shoes if there is a risk of contaminating them with blood or fluids.

**PERSONAL PROTECTIVE EQUIPMENT (PPE)**

When the Coroner Investigator is participating in any type of postmortem examination, conducting a scene investigation in which there are large amounts of blood and body fluids present, full PPE is required including: protective gloves, plastic apron, surgical mask, shoe covers, over sleeves and protective eyewear must be worn for the duration of the examination and until the scene investigation is complete. When handling, personal property accompanying bodies or items of property from the body or scene, and processing toxicology samples, and conducting scene investigations that are clean (no blood or body fluids visible), protective gloves are required.

**SCENE INVESTIGATIONS**:

The Coroner Investigator will encounter an extremely diverse range of potential scene situations. The Coroner Investigator should access each scene prior to the entry to determine the assumption of contamination that exists. Whenever the possibility for exposure to blood or blood-contaminated body fluids exists, the appropriate protection must be worn.

1. A natural home death where there is no blood or body fluids present:
   1. The Coroner Investigator must wear protective gloves at a minimum.
2. A contaminated scene:
   1. A contaminated scene may be a homicide, suicide, or motor vehicle collision where large amounts of blood and body fluids are present.
   2. The Coroner Investigator must wear protective gloves, plastic apron, protective shoe covers, over sleeves and a mask.
   3. These items are to be changed if torn or soiled and always be removed prior to leaving the scene.
   4. While wearing gloves, avoid handling personal items, such as combs and pens that could become soiled or contaminated.
   5. Face masks and eye protection are required if potential exposure to blood via a splash to the face, mouth, nose or eyes exists.
   6. Where there is massive blood contamination on floors, the use of disposable impervious shoe coverings must be worn.
   7. Protective gloves are to be worn to remove contaminated protective gear.
   8. All protective gear must be removed prior to leaving a scene and placed in biohazard bags and disposed of properly.
   9. Biohazard bags will be provided for the disposal of contaminated items.
3. Handling bodies, blood, fluids and tissues or contaminated personal property accompanying bodies:
   1. The Coroner Investigator must wear gloves and cover all cuts and abrasions to create a barrier when handling bodies, blood, fluids, tissues or contaminated personal property.
   2. If a glove becomes torn it must be immediately replaced.
   3. Carefully wash all exposed areas with disinfectant soap after any contact with blood.
   4. During loading, unloading and bagging of bodies, the Coroner Investigator must wear gloves.
   5. All paperwork processed at the scene must be managed without gloves or with fresh gloves.
   6. The outside of the body bag must be cleaned with disinfectant solution if contaminated with blood.
   7. If the Coroner Investigator is bagging a "known" infectious disease body (one that has been medically documented), do not write "Infectious Disease" on the body bag. Rather, verbally inform the transporter or the mortuary/funeral home personnel that this is a "known" infectious disease case.

**DISPOSAL OF WASTES:**

Waste generated while performing job tasks on cases where there is no contamination of the materials with biological waste matter can generally be double bagged, sealed and dumped in the regular trash for pick up. Waste generated while performing investigative tasks on cases that become contaminated with biological materials must be disposed of in the following manners:

1. Trash - all trash, normal waste generated during a case that becomes contaminated with biological fluids is to be discarded in trash containers marked "Infectious Waste".
2. Sharps - all sharps, contaminated or not, are discarded in labeled "SHARPS" containers
3. Biological - all biological wastes must be double bagged.
4. Receptacles for the above may be found at Memorial Hospital of Union County.

**DISINFECTING EQUIPMENT:**

1. For washable surfaces - first wash excess soil from the equipment then apply one of the following solutions liberally over all surfaces: 70% ethyl alcohol, 70% isopropyl alcohol or 10% household bleach. 10% household bleach is made by mixing 1-part bleach and 9 parts water.
2. For small items: Soaking the item for 20 minutes in a disinfectant solution ensures complete surface contact. All surfaces must be thoroughly rinsed afterward, especially if the bleach solution is used.
3. For clothing: Rinse out excess soil and then soak in 10% household bleach for 20 minutes. Then wash normally. CAUTION: Bleach may fade colors. Check for color fastness first.

**EQUIPMENT AND SUPPLIES:**

The following equipment/supplies shall be issued to and maintained by the Coroner Investigator:

* Eye protection
* Over sleeves
* Sharps container
* Gloves
* Shoe covers
* N95masks
* Biohazard bags

**PROTOCOL FOR BODY FLUID EXPOSURE**

*DEFINITION:* Any exposure to body fluids from another person that is compounded by a cut, needle or other sharps puncture, or a splash to mucous membranes (eyes, mouth, etc.)

**IMMEDIATE PROCEDURES:**

1. Contamination by injury: Stop the activity/task, remove gloves, and wash out the injury. The wound should be flushed for at least 3 minutes with water and then washed with disinfectant soap and betadine.
2. Contamination without injury: Immediately disengage from the activity, remove gloves, and wash the contaminated areas(s) with water and disinfectant. The Coroner Investigator may then return to normal duties.

**REPORTING THE EXPOSURE:**

Union County Coroner’s Office personnel must follow procedures outlined in the Union County Human resources.

1. Report the exposure to your supervisor (usually the Coroner) immediately. The Deputy Coroner/Investigator will be directed on steps to follow.
2. The supervisor will notify the proper county personnel regarding the exposure. Paperwork will need to be completed by all parties including witnesses, if any.
3. If possible; obtain a blood sample from the donor for screening.
4. Contact Human Resources for current Work Related Injuries Care Providers authorized locations for treatment of any work-related injury. If the injury occurs after hours or if the injury is emergent, personnel must go to Memorial Hospital Emergency Department for treatment.

**NON-UNION COUNTY CORONER’S OFFICE PERSONNEL:**

1. In cases where NON-Union County Coroner’s Office personnel are involved in potential exposure, the person exposed must take responsibility to seek medical care as soon as possible.
2. The Union County Coroner’s Office will assist in providing screening information from the donor.

**BACK SAFETY AND LIFTING**

To provide a safe working environment focused on Investigators safety, a “no single lift policy” is integral to a comprehensive safe handling and movement program. This “no single lift policy” does not mean Investigators will never transfer or reposition any decedent individually, but rather that the Investigators will consider the weight loads and mechanics before transferring or repositioning.

**Investigators are required to:**

1. Complete training on body mechanics and proper patient lifting techniques during orientation.
2. Demonstrate proper body mechanics and patient lifting techniques.
3. Request help from others at the scene before lifting.
4. Successfully complete Safe Patient Lifting competency to include:
5. Training/competency assessment to include:
   1. Proper body mechanics
   2. Transfer techniques for bodies, for example from floor to cart, bed to cart.
6. Investigators will encourage their co-workers and contracted transport agents to use proper lift/transfer techniques.