



# UW-Madison Police Department

**Policy: 22.4**

**SUBJECT: PRECAUTIONS AGAINST AIR& BLOODBORNE PATHOGENS**

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## **POLICY:**

Universal precautions must be observed by all University of Wisconsin-Madison Police Department employees to prevent employee contact with blood or other potentially infectious materials. All body fluids should be considered as potentially infectious. All procedures involving blood or other potentially infectious materials must be performed in a manner to minimize splashing, spraying, spattering and the generation of droplets.

## **DEFINITIONS:**

“Biohazard bag” is defined as a bag that is red, orange, or red-orange in color, closeable, and leak proof and is marked with a 3" or larger biohazard symbol or larger letters as “INFECTIOUS WASTE.”

“Blood” refers to human blood, human blood components, and products made from human blood.

“Bloodborne pathogens” is defined as 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) and Human Immunodeficiency Virus (HIV).

“Disinfect” refers to the process of deactivating virtually all recognized pathogenic microorganisms but not necessarily all microbial forms on inanimate objects.

“Contaminated” refers to the presence or reasonably anticipated presence of blood or other potentially infectious materials on an item, e.g. contaminated laundry” is laundry that has been soiled with blood or other potentially infectious materials.”

“Decontamination” is the use of physical or chemical means to remove, deactivate, or destroy bloodborne pathogens on a surface or item to the point where they no longer have the capability of transmitting infectious particles. The surface or item is rendered safe for handling, use, or disposal.

“Engineering controls” are controls (i.e., sharps, disposal containers, etc.) that isolate or remove the bloodborne pathogen hazard from the workplace.

“Exposure incident” is a specific eye, mouth, other mucus membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee’s duties.

“Hand-washing facilities” are facilities that provide an adequate supply of running water, soap, and single use towels or hot air drying machines.

“HBV” refers to Hepatitis B Virus.

“HCV” refers to Hepatitis C Virus

“HIV” refers to Human Immunodeficiency Virus (associated with AIDS).

“Occupational exposure” refers to reasonably anticipated skin, eye, mucous membrane, or other contact with blood or other potentially infectious materials that may result from the performance of an employee’s duties.

“Other potentially infectious materials” refers to the following body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood. This category includes all body fluids and unfixed tissue or organs from a human source (living or dead).

“Parenteral” is defined as piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, and cuts and abrasions.

“Personal protective equipment (PPE)” is specialized clothing or equipment worn by an employee for protection from a hazard. General work clothes (i.e., pants, shirts, etc.) are not intended to function as protection against a hazard and are not considered to be personal protective equipment.

“Regulated waste” is liquid or semiliquid blood or other potentially infectious materials, contaminated items that would release blood or other potentially infectious materials and are capable of releasing these materials during handling, sharps, and pathological and microbiological wastes containing blood or other potentially infectious materials.

“Sharps” are objects that can penetrate the skin, including, but not limited to, needles, scalpels, broken glass, and broken capillary tubes.

“Sterilize” is the use of a physical or chemical procedure to destroy all microbial life, including highly resistant bacterial endospore.

“Universal precautions” refers to a method of infection control in which all human blood and other potentially infectious materials are treated as if known to be infectious for HIV, HBV and/or other bloodborne pathogens.

“Work practice controls” refers to actions that reduce the likelihood of exposure by altering the manner in which a task is performed.

## **PROCEDURE:**

### **22.4.1 EMPLOYEE HYGIENE**

The following shall govern employee hygiene following contact with potentially infectious materials:

- A. Following contact with blood or other potentially infectious material, employees must wash their hands and/or other contaminated skin with soap and water or flush mucous membranes with water as soon as possible. Also, employees must wash their hands with soap and water as soon as feasible after removal of gloves or other personal protective equipment.
- B. When hand-washing facilities are not available, such as in the case of crime scenes, alternatives such as antiseptic hand cleaners in conjunction with clean cloth/paper towels or antiseptic towels will be used. However, employees must wash with soap and running water as soon as feasible upon leaving the scene.

### **22.4.2 HANDLING SHARPS**

The following shall govern employee handling of sharps:

- A. Employees will use extreme caution when handling sharps.
- B. Items of evidence containing sharps that must be handled and packaged should be handled using universal precautions and personal protective equipment.
- C. Contaminated sharps will be placed in puncture-proof and leak-proof containers. The containers must be labeled as a potential biohazard.

### **22.4.3 PERSONAL PROTECTIVE EQUIPMENT**

The following shall govern the use of personal protective equipment:

- A. The Department will provide all appropriate personal protective equipment necessary at no cost to the employee. This includes but is not limited to: gloves, coveralls, hoods, shoe coverings, face shields, surgical-type masks, and eye protection.
  - 1. The personal protective equipment must be appropriate for the type of exposure and quantity of infectious substances that can be reasonably anticipated to be encountered in the performance of a task or procedure.
  - 2. Personal protective equipment must not permit blood or other potentially infectious material to pass through or reach street clothes, undergarments, skin, eyes, mouth, or mucous membranes under normal conditions of use and for the duration of time the protective equipment will be used.
- B. The Captain or designee of each work unit shall ensure that personal protective equipment (PPE) will be readily accessible to employees and available in appropriate sizes. It is the employee's responsibility to be familiar with the location of this equipment.
- C. The Department is responsible for cleaning, repairing, replacing, and disposing of all personal protective equipment and uniform items that have become contaminated as a result of job duties. The Department may assume responsibility for the repair or replacement of contaminated personal clothing depending on the circumstances in which the clothing was contaminated. Personal protective equipment must be handled correctly after usage.
  - 1. Package the contaminated uniform or equipment in a plastic bag, attach a biohazard label, and notify the Department's uniform quartermaster for a decision or information on cleaning or the destruction of the item;
  - 2. To disinfect, use a 10% bleach solution or other appropriate disinfectants; and
  - 3. To dispose of, properly place in a biohazard container for proper disposal.
  - 4. Provided that an employee was using correct personal protective equipment and the personal clothing becomes contaminated or disfigured in some manner, that personal clothing may be covered under this plan.
- D. Wear gloves when it can be reasonably anticipated that there may be hand contact with blood or other potentially infectious materials. Cover all cuts, wounds, and abrasions prior to putting on the gloves.
  - 1. Replace disposable (single-use) gloves as soon as it is practical when they are contaminated, torn, or punctured or their ability to function as a barrier is compromised. Wash hands every time you remove a pair of disposable gloves.
  - 2. Do not wash, reuse, or decontaminate disposable gloves.
- E. Masks/eye protection/face shields.
  - 1. Use masks to cover nose and mouth in combination with eye protection devices.
  - 2. Wear goggles, or chin-length face shields, whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be reasonably expected to contaminate eyes, nose, or mouth (e.g., use these precautions when present at any autopsy).
- F. Gowns/aprons/other protective body clothing. Wear protective clothing such as coveralls or similar garments in occupational exposure situations. The type and degree of clothing chosen will depend upon your task. For example, surgical caps, coveralls, shoe covers, gloves, masks, and eye protection should be worn when gross contamination from autopsies or a crime scene is anticipated.
- G. Employees are encouraged to use the disposable CPR masks provided by the Department whenever feasible in the performance of CPR.

### **22.4.4 CONTAMINATED EQUIPMENT – LABELING**

The following shall identify procedures for the identification of contaminated equipment:

- A. Any Department equipment, including vehicles and field response equipment, that may have become contaminated with blood or other potentially infectious materials must be examined prior to returning it to service and must be decontaminated as necessary.

- B. If decontamination is not possible, perform the following actions:
  - 1. Attach a readily observable biohazard label to the equipment or vehicle to identify which portions are in a contaminated condition.
  - 2. Convey information about the contaminated equipment or vehicle to all affected employees so that the appropriate precautions will be taken.

#### **22.4.5 CONTAMINATED EQUIPMENT – CLEANING**

The following shall identify procedures for cleaning uniforms, vehicles, and equipment:

- A. Most equipment that has become contaminated with blood or other potentially infectious material can be cleaned with a 10% bleach solution or other disinfecting agent. Supplies of the 10% bleach solution and disinfecting agents are available at headquarters. Employees should use personal protective equipment while disinfecting equipment and discard the clothing and cleaning equipment in marked biohazard bags. Fiberglass back seats of vehicles should be cleaned with HEPA- Kill Bio Agent or other disinfecting agent.
- B. Vehicle carpets should be covered with Oil-Dri, allowed to dry, and swept or vacuumed and the waste disposed of in a biohazard bag. Carpet should then be cleaned with a HEPA- Kill Bio Agent or other disinfecting agent.
- C. Employees shall keep an extra uniform available in their locker, should the one they are wearing become contaminated with blood or another potentially infectious material.
- D. Uniform leather or nylon items or items such as shoes should be cleaned with a 10% bleach solution or another disinfecting agent, unless they are extremely blood soaked. Leather or nylon items completely saturated with blood or other potentially infectious material should be disposed of in a biohazard bag and biohazard trash container.
- E. Contaminated equipment that is not able to be cleaned with a 10% bleach solution will be packaged in a plastic bag. A biohazard label should be attached and the Department's uniform quartermaster notified for a decision or instructions on cleaning or destruction of the item.

#### **22.4.6 BIOHAZARD WASTE DISPOSAL**

The following shall govern procedures for the disposal of biohazard waste:

- A. Biohazard disposal bags are available at headquarters for the disposal of potentially contaminated materials.
- B. Biohazard trash that has been properly red bagged should be taken to Environment Health and Safety for disposal.
- C. No metal or sharp items should be left in the biohazard trash.

#### **22.4.7 SCENE PROCESSING & EVIDENCE COLLECTION**

The following shall provide guidelines for utilizing universal precautions while processing incident scenes and evidence collection:

- A. Employees should be alert for accident, crime, or other scenes where blood or other potential infectious materials are present. Employees should notify the person responsible for the scene of the potential biohazard so that the area can be disinfected. The hazard should be marked or otherwise secured to prevent the public from accidental exposure.
- B. Officers and evidence technicians will have occasions when they will have to enter an area contaminated with blood and body fluids to process the scene and collect evidence. Officers should use universal precautions whenever they believe they are entering such a scene.
- C. When collecting and processing contaminated evidence, officers should consider using forceps or similar devices in addition to other universal precautions to keep direct contact to a minimum.

- D. Potentially contaminated evidence should be packaged in paper or cardboard products. If necessary, the item should be double bagged. A biohazard label should be attached to each package or container identifying it as containing a potential biohazard.
- E. A biohazard label will be placed on any locker that contains contaminated items.
- F. Air drying of contaminated clothing and similar items of evidence will sometimes be required. Items of evidence contaminated by biohazards should be placed in the Forensic Evidence cabinet located in the Property Room. The locker should be secured and the key shall be placed into an evidence intake locker. If the Forensic Evidence cabinet is in use, an evidence intake locker may be used.
- G. Lockers used for air drying of contaminated materials should be cleaned with a 10% bleach solution after the material is removed. Officers cleaning the lockers should use universal precautions and dispose of cleaning materials in biohazard bags if they are contaminated by biohazards.

#### **22.4.8 RIGHTS & RESPONSIBILITIES**

The following outlines rights and responsibilities of the Department, the employee, and the source regarding exposure to bloodborne pathogens and exposure prevention identified in Wisconsin Statute 146.025 and the OSHA Final Rule, CFR Part 1910.1030 "Occupational Exposure to Bloodborne Pathogens".

- A. Police and security officers have the greatest potential for exposure to air- and bloodborne pathogens and as such will receive annual training in protective measures, personal protective equipment (PPE), and procedures after a significant exposure. All training will be documented.
- B. Regarding significant exposure to Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and other bloodborne pathogens in the occupational setting, this Department shall:
  - 1. Provide employee training on the recognition of potential exposure;
  - 2. Provide pre-exposure vaccination for HBV at no cost to the employee; provided at University Health Services;
  - 3. Provide post-exposure testing for HBV and HIV;
  - 4. Provide vaccine for HBV, medical advice, and follow-up counseling for employees exposed in the course of their work for the Department.
- C. To address the potential for significant exposure the Department:
  - 1. May require that the employee seek medical assessment but cannot mandate that the employee be tested for HIV and HBV; and
  - 2. Shall not require an employee to disclose his or her HIV test results.
  - 3. Initiates contact with the source individual. Referral for testing by the source individual's private medical provider will be made. If the source individual has no medical provider or financial resources for testing, the Department will offer and provide HIV/Hepatitis B testing.
  - 4. The Department may request that the source individual be tested for HIV/HBV. If source individual refuses, a court order may be sought through the District Attorney's Office.
  - 5. The Department will develop a relationship with health care provider(s) where employees will be referred following a suspected significant exposure. Occupational exposures occurring during business hours that require no other physical treatment (eg. stitches or eye flush) should report to University Health Services, 333 East Campus Mall, phone 265-5610. Occupational exposures occurring after business hours should report to University Hospital Emergency Room located at 600 Highland Avenue.
- D. The employee will:
  - 1. Use universal precautions as indicated in training and personal protective equipment (PPE) as provided by the Department;
  - 2. Inform employer when a potentially significant exposure has occurred;
  - 3. May refuse testing, counseling, and follow-up services that are set up by the employer;
  - 4. May obtain testing, counseling, and follow-up with his or her medical provider at the employee's expense;
  - 5. May obtain HIV/HBV test results on the source in any of the following circumstances:
    - a. If the source consents to be tested and consents to release the test results to the employee who was exposed;
    - b. If previous HIV/HBV tests were conducted on the source and the employee was providing emergency care;
 or

- c. Through a court order;
- 6. Must keep all test result information from a source strictly confidential.

E. The source individual:

- 1. Has the right to be informed that a potential significant exposure has occurred;
- 2. May refuse to be tested unless a court order has been obtained.

**22.4.9 OCCUPATIONAL EXPOSURE PROCEDURE**

The following shall govern procedures to be followed in the event of an occupational exposure. It is important that immediate medical evaluation of the employee be of concern, recommended medical guidelines are in Section D.

- A. An occupational exposure must be certified as significant by a physician, physician assistant, or advanced practice nurse prescriber. Significant exposure of an employee in the occupational setting is defined in WI 252.15 (1)(em) as the employee having sustained a contact that carries the potential for a transmission of HIV, HBV, and other bloodborne pathogens by one or more of the following means:
  - 1. Transmission, into a body orifice or onto mucous membrane of blood; semen; vaginal secretions; cerebrospinal, synovial, pleural, peritoneal, pericardial or amniotic fluid; or other body fluid that is visibly contaminated with blood.
  - 2. Exchange, during the accidental or intentional infliction of a penetrating wound, including a needle puncture, of blood; semen; vaginal secretions; cerebrospinal, synovial, pleural, peritoneal, pericardial or amniotic fluid; or other body fluid that is visibly contaminated with blood;
  - 3. Exchange, into an eye, an open wound, an oozing lesion, or where a significant breakdown in the epidermal barrier has occurred, of blood; semen; vaginal secretions; cerebrospinal, synovial, pleural, peritoneal, pericardial or amniotic fluid; or other body fluid that is visibly contaminated with blood.
  - 4. Other factors and routes of exposure or potential routes of exposure as identified by Centers for Disease Control and Prevention.
- B. The exposed employee and the employee’s supervisor are responsible for the following:
  - 1. The exposed employee reports the exposure to any Department supervisor immediately after exposure occurs.
  - 2. The employee (with supervisor assistance if needed) completes the “Employee’s Work Injury and Illness Report”. The form is a computerized template that can be completed online, printed and forwarded to the Human Resources Assistant Advanced [http://bussvc.wisc.edu/risk\\_mgt/wc/OSLP-1EmpForm.pdf](http://bussvc.wisc.edu/risk_mgt/wc/OSLP-1EmpForm.pdf)
  - 3. The supervisor completes the Supervisor and Safety Coordinator Investigation Report for Injury or Illness, also an online form to be printed and forwarded. [http://bussvc.wisc.edu/risk\\_mgt/wc/wkc-sup.pdf](http://bussvc.wisc.edu/risk_mgt/wc/wkc-sup.pdf)
  - 4. The Human Resources Assistant Advanced must complete the Employer’s First Report of Injury or Disease, also an online form to be printed and forwarded. [http://bussvc.wisc.edu/risk\\_mgt/wc/WKC-12E.pdf](http://bussvc.wisc.edu/risk_mgt/wc/WKC-12E.pdf)
  - 5. The supervisor notifies the employee of his/her option of completing the Significant Exposure Form at the emergency room or UHS.
  - 6. The supervisor offers the employee HIV counseling by an AIDS/HIV specialist.
  - 7. The supervisor provides the Recommended Follow-up Information Sheet as a guide for the employee to take to the physician.
  - 8. The employee is referred for assessment to the designated health care facility or his/her personal physician as soon as possible (within 48 hours).
  - 9. The Occupational Medicine physician, physician assistant or advanced practice nurse prescriber assesses and documents the significance of the exposure.
  - 10. If the exposure is significant for transmission of HIV/HBV or other bloodborne pathogens, physician, physician assistant or advanced practice nurse prescribers will provide/coordinate follow-up according to current medically accepted standards, which may include the following:
    - a. If the employee has no history of Hepatitis B vaccination, the physician offers:
      - 1. A baseline test for HBV;
      - 2. Vaccine injection within 24 hours after exposure;
      - 3. Hepatitis B vaccine within seven days of exposure;
      - 4. The second Hepatitis B vaccine dose one month after the first dose;
      - 5. The third Hepatitis B vaccine dose five months after the second dose.
    - b. The physician offers HIV testing:
      - 1. Within 24 hours of exposure as baseline (recommended by Worker's Compensation);
      - 2. At six weeks, three months, six months and twelve months post-exposure.

- c. The physician keeps all test results and vaccine history in the employee's personal medical record.
11. The employee returns all copies of the Employee's Work Injury Incident Form to the supervisor, who will forward them to the Payroll and Benefits Coordinator for proper processing and routing to the Worker's Compensation Office to assure payment for medical follow-up. UW Risk Management must have within 30 days.
- C. Source follow-up procedures for a significant exposure are as follows:
1. The supervisor offers the procedure to the employee at the time of exposure. This procedure is optional and may only be used when the source of the exposure can be identified.
  2. If reporting to UHS or UW Health Emergency Room, the staff may coordinate contact with the source individual. If not, the supervisor contacts the source individual and explains that a significant exposure occurred. The supervisor requests that the source consent to be tested for HIV/HBV. The supervisor also explains the rights of the source to refuse to be tested. (Have a witness present.)
  3. If the source consents to be tested, the testing may be done by his/her private physician. If no financial resources are available to cover the testing, the Department will provide testing free of charge to the source.
  4. If the source consents to be tested and to release the test results, the supervisor provides a "Consent to Release HIV/HBV Test Results" form, with the employee named to receive the test results. The supervisor also obtains the name and address of the provider who will be conducting the test. A stamped envelope addressed to the employee and marked "Confidential" is given to the health care provider along with the signed release form. A copy of the consent form is provided to the employee.
  5. If the significant exposure occurs while the employee is providing emergency care, the employee may receive the source's previous HIV/HBV test results (if any exist), however, the source individual must "Consent to Release HIV/HBV Test Results" form. This process is facilitated by UHS or UW Health Emergency Room or other medical facility where the employee seeks follow-up. The employee must complete the Significant Exposure Form.
  6. If the source individual refuses consent, a court order will be sought.
    - a. The process starts when an employee informs a supervisor of the significant exposure. The employee must then be examined by a physician, physician assistant or advanced practice nurse prescriber. The physician, physician assistant or advanced practice nurse prescriber must certify that a significant exposure has occurred and complete the significant exposure form.
    - b. The employee or a supervisor contacts the captain in their chain of command and informs him/her of the significant exposure. The exposed employee prepares an affidavit stating that he/she did receive a significant exposure and that a physician, physician assistant or advanced practice nurse prescriber certified it as a significant exposure, identifying the source individual refusing to be tested. The affidavit must be notarized.
    - c. The affidavit, a copy of the significant exposure form, and a police report of the incident must be forwarded to the court officer. The court officer will deliver the police report, the affidavit, and the Significant Exposure Form to the District Attorney as soon as possible.
    - d. The District Attorney's Office will then apply for a court-ordered HIV test of the source individual. The court must schedule a hearing on the matter within twenty days of receipt of the District Attorney's application. If the court finds probable cause that a significant exposure has occurred, the court must order the individual to submit to a HIV test. See exception in WI 252.25(5j(d)). The health provider must disclose the results of the test to the involved employee.
  7. If the source individual is unknown, medical follow-up will occur as stated in section B.10.
- D. Following a significant occupational exposure, immediate medical evaluation of the employee is recommended. After the initial assessment, periodic screening and/or vaccinations are advised. The exposed employee has the responsibility to initiate follow-up procedures at the appropriate times. The information provided below is intended as a guide to assist the exposed employee in obtaining recommended medical follow-up.
1. Hepatitis B follow-up procedure:
    - a. If the exposed employee HAS completed the Hepatitis B vaccine series:
      1. If antibody is detected, employee has immunity—no further follow-up is needed.
      2. If no antibody is detected, give the employee a booster dose of Hepatitis B vaccine as soon as possible.
    - b. If the exposed employee is known not to have responded to the primary vaccine series, give a single dose of vaccine and a dose of Hepatitis B vaccine as soon as possible after exposure, OR two doses of vaccine, one given as soon as possible after exposure and the second one month later.
    - c. If the exposed employee has NOT completed the Hepatitis B vaccine series:
      1. Test for the Hepatitis B antibody at the time of exposure, before giving vaccine;

2. Give vaccine (ideally within 24 hours of exposure, but may be given up to seven days after exposure);
  3. If no antibody is detected, the Hepatitis B Vaccination is to be started or completed as scheduled, with
    - a. The first dose ideally within seven days of exposure;
    - b. The second dose one month after the first dose; and
    - c. The third dose five months after the second dose.
  4. If the source individual is known to be HBV positive, the employee receives and completes the vaccine series.
2. HIV follow-up procedure:
    - a. Test for HIV antibody as soon as possible within 48 hours of exposure.
    - b. Repeat test six weeks, three months, six months, and twelve months after exposure.

#### **22.4.10 EXPOSURE-TO-DISEASE NOTIFICATION (RYAN WHITE LAW)**

The following outlines Department responsibilities for exposure to disease notification:

- A. Federal legislation requires hospitals to notify public safety agencies infection control officers of any exposure to specific diseases.
- B. These diseases are as follows:
  1. Infectious pulmonary tuberculosis;
  2. Hepatitis B;
  3. HIV/AIDS;
  4. Meningococcal disease (meningitis);
  5. Plague;
  6. Hemorrhagic fever; and
  7. Rabies.
- C. This agency's infection control officer is the Support Services Captain or designee. .
- D. The Support Services Captain or designee should maintain contact with area hospitals to facilitate notification of the exposure of Department personnel to disease.

#### **22.4.11 AIRBORNE ILLNESSES**

The following shall govern procedures for reducing the transmission of airborne illnesses:

- A. To minimize contamination, people who may pose a risk for transmission of airborne illnesses may be asked to wear a surgical mask before they enter the transport vehicle.
- B. Each infectious passenger will be requested to don a surgical mask before the transport starts and will be responsible for the disposal of the surgical mask at the conclusion of the transport.
- C. A person requesting transport who declines to wear a mask will be offered information on alternative means of transportation at his or her own expense.
- D. Employee providing transport may don N95 respirator that they have been medically cleared and fit tested to wear.