
Aerosol Transmittable Diseases (ATD) Plan

1102.1 PURPOSE AND SCOPE

- (a) The intent of the Oakley Police Department's Aerosol Transmissible Diseases (ATD) Plan is to promote safe work practices and to provide an environment that reduces occupational exposure to ATDs such as tuberculosis, SARS, meningitis, pertussis (whooping cough), and seasonal influenza. The objectives of the plan are to:
 - 1. Protect our employees from the illnesses associated with ATDs.
 - 2. Provide appropriate treatment and counseling following an employee exposure incident.
- (b) These procedures have been established in accordance with the Cal/OSHA ATD Standard, California Code of Regulations (CCR), Title 8, Section 5199. The ATD Standard applies to police services provided during:
 - 1. Transport or detention of persons reasonably anticipated to be ATD cases.
 - 2. Health care or public health operations.
- (c) Police services are considered a "referring employer" under the standard if the following conditions are met:
 - 1. There is a process in place to screen persons for further evaluation by a health care provider based on readily observable ATD signs and symptoms.
 - 2. Suspected ATD cases are referred or transported to a facility that can provide appropriate diagnosis, treatment, and isolation.
 - 3. Non-medical transport only is provided (i.e. medical services are not expected to be provided).

1102.2 POLICY

- (a) Members of the Oakley Police Department will comply with the provisions of this plan to prevent or react to an Aerosol Transmittable Disease (ATD).

1102.3 REFERENCES

- (a) CCR, Title 8, Section 5199, Aerosol Transmissible Diseases
- (b) OSHA, Small Entity Compliance Guide for the Respiratory Protection Standard, 2011
- (c) City of Oakley Respiratory Protection Program, OCT 18

1102.4 RESPONSIBILITIES

- (a) **Chief of Police**
 - 1. The Chief of Police has the responsibility to:
 - (a) Review the results of the annual ATD procedure review and correct deficiencies if necessary.

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- (b) Ensure employees comply with ATD procedures.
- (c) Allocate resources and support to appropriately implement the ATD plan including annual employee training.
- (d) Designate the ATD Administrator (may be from within the Police Department or the City HR Department).

(b) Exposure Control Officer

1. The Exposure Control Officer is the designated ATD Administrator and has the authority and full support of the Chief of Police to perform these duties. The Administrator has the responsibility to:
 - (a) Conduct an annual review of the ATD procedures and provide a summary to the Chief.
 - (b) Maintain all required records for the ATD procedures, including employee medical records.
 - (c) Offer required vaccinations and tuberculosis (TB) testing annually.
 - (d) Ensure employees receive initial and annual training in ATD procedures.
 - (e) Document exposure incidents and implement the post-exposure evaluation process for affected employees.
 - (f) Implement communication procedures to inform employees, and other employers involved in the exposure incident who may have had contact with the ATD case.
 - (g) Determine department-specific methods for source control, cleaning/disinfection of work areas and vehicles, and referrals.
 - (h) Ensure ATD procedures are implemented in the department.
 - (i) Provide information on health alerts and community outbreaks from the local health officer.
 - (j) Demonstrate knowledge in infection control principles and practices as they apply to the police department's facilities and operations.

(c) On-Duty Supervisor

1. On-Duty Supervisors have the responsibility to:
 - (a) Monitor the post-exposure evaluation process where an exposure incident has occurred.
 - (b) Ensure employees attend initial and annual training sessions.
 - (c) Train employees on department-specific safe work practices to reduce exposure to ATDs.
 - (d) Ensure compliance with the ATD procedures for employees under their direct supervision and control.

(d) Officers

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1. All police officers and employees have a responsibility to:
 - (a) Follow post-exposure evaluation procedures if an exposure incident occurs.
 - (b) Receive vaccinations and annual TB testing offered by the department.
 - (c) Attend annual ATD training.
 - (d) Provide input regarding the effectiveness of the procedures to the ATD Administrator, including input during the annual review.
 - (e) Comply with safe work practices when exposure to a suspected ATD case occurs.
 - (f) Recognize signs and symptoms of ATDs based on screening procedures.

1102.5 OCCUPATIONAL EXPOSURE DETERMINATION

- (a) Cal/OSHA defines an occupational exposure as exposure from work activity or working conditions that is reasonably anticipated to create an elevated risk of contracting an ATD if protection measures are not in place. The following units/divisions at the Oakley Police Department have the potential for occupational exposure as defined in the standard:
 1. Sworn personnel, including field patrol officers, detectives and reserve officers, have an elevated risk of exposure to suspected ATD cases due to the likelihood of needing to interact with ATD cases during arrests and in-custody settings, responding to medical aid and welfare check calls, transporting ATD cases to a custody facility and/or health care facility and accompanying suspected ATD cases in an ambulance.
 2. Non-sworn personnel, including: personnel who assist with booking and transport duties, have an elevated risk of exposure to suspected ATD cases due to the likelihood of needing to interact with ATD cases in custody, transporting ATD cases to a custody facility and/or a health care facility and accompanying suspected ATD cases in an ambulance.

1102.6 SCREENING PROCEDURES (HEALTHCARE PROFESSIONAL NOT AVAILABLE)

- (a) The police department will initiate non-medical screening procedures based on readily observable symptoms and/or self-reports of the following conditions:
 1. Persistent cough for more than three weeks.
 2. Signs and symptoms of a flu-like illness between March and October (non-seasonal flu months) or for more than two weeks any time of year. Flu-like symptoms include coughing, fever, sweating, chills, muscle aches, weakness, malaise, or a combination
 3. Person states he or she has a transmissible respiratory disease or an infectious ATD case, excluding the common cold and seasonal flu.

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- (b) The department screening criteria below are appropriate for persons in custody with a suspected ATD. Screening may be performed at department facilities, or in the field prior to transport where feasible. The privacy of the person(s) must be maintained during screening procedures.

1102.6.1 SCREENING A POTENTIAL TB CASE

- (a) Cough for more than three weeks and one or more of the following symptoms:
 1. Unexplained weight loss (>5 lbs.)
 2. Night sweats
 3. Fever
 4. Chronic fatigue/malaise
 5. Coughing up blood
- (b) A person who has had a cough for more than three weeks and who has one of the other symptoms must be referred to a health care provider for further evaluation, unless that person is already under treatment. Consider referring a person with any of the above symptoms if there is no alternative explanation.

1102.6.2 SCREENING OTHER POTENTIAL ATD CASES

- (a) Other vaccine preventable ATDs, including pertussis ("whooping cough"), measles, mumps, rubella ("German measles"), and chicken pox, should be considered. The following is a brief list of some findings that should prompt referral to a health care provider for further evaluation when identified through a screening process:
 1. Severe coughing spasms, especially if persistent; coughing fits may interfere with eating, drinking, and breathing
 2. Fever; headache; muscle aches; tiredness; poor appetite followed by painful, swollen salivary glands on one side or both sides of face under jaw
 3. Fever, chills, cough, runny nose, watery eyes associated with onset of an unexplained rash (diffuse rash or blister-type skin rash)
 4. Fever, headache, stiff neck, possibly mental status changes
- (b) **Note:** Seasonal influenza does not require referral. Examples of diseases requiring transfer to a health care facility include TB, severe acute respiratory syndrome (SARS), measles, chicken pox, and pertussis.
- (c) **Any person who exhibits any of the above described findings and/or reports contact with individuals known to have any of these transmissible illnesses in the past two to four weeks should be promptly evaluated by a health care provider.**
- (d) Health officials may periodically issue alerts for community outbreaks of other diseases. Local public health authorities will provide screening criteria which will be communicated by the ATD Administrator.

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1102.7 REFERRAL PROCEDURES

- (a) The ATD Administrator and/or On-Duty Supervisor will be notified of a suspected ATD case requiring referral to a health care facility for further evaluation. If the ATD Administrator is not available, a designated department back-up will assume the responsibilities. If an exposure is believed to have occurred, an exposure packet should be completed and submitted through the Chain of Command.

1102.8 SOURCE CONTROL AND TRANSMISSION REDUCTION PROCEDURES

- (a) The department will provide temporary control measures to protect employees during the period of time when a person requiring referral is waiting for transfer to another facility. These procedures apply inside department facilities as well as during field operations where feasible.

1102.8.1 SEPARATION AND MASKING OF POTENTIAL ATD SOURCE

- (a) Move the person to a separate room or area. If a common area must be used, seat the person at least three feet away from others. While in the Police Department building, they will be placed alone in the booking area. Provide separate ventilation or filtration in the room or area where possible. Determine whether it is appropriate to offer the person awaiting transfer a surgical or procedure mask, paper towels, and hand sanitizer or hand washing facilities. The source control supplies are located in the booking area cabinet and the trunk of each patrol vehicle. The person will be informed about the following police department controls to reduce the potential for disease transmission including:
 1. Cover your cough or sneeze with tissue and dispose of the tissue in the covered receptacle provided (where appropriate).
 2. Offer hand washing facilities for use (where appropriate).
 3. Wear the provided surgical or procedure mask (where appropriate).
- (b) **Note: It is not necessary to offer a N95 respirator to the person awaiting transfer. A surgical or procedure mask is adequate. Officers cannot insist on the use of source controls and must use judgment where the provision of alcohol-based hand sanitizers may be a security risk. Offering a surgical mask may not be advisable where the person is handcuffed or in respiratory distress.**

1102.8.2 USE OF EMPLOYEE RESPIRATORY PROTECTION WHERE SOURCE CONTROLS ARE NOT PRACTICAL

- (a) Employees will use an N95 respirator to enter the room or work area where a suspected ATD case is awaiting transfer where source control procedures are not feasible, or the source is non-compliant with the controls (e.g. refuses or is unable to don a surgical or procedure mask). Employees should use frequent hand hygiene when they come in contact with contaminated surfaces or articles.
- (b) Cleaning and disinfection of the waiting area with appropriate personal protective equipment will be performed following transfer of the person. (Crime Scene Cleaning Contractor). Respiratory protection use must be in compliance with the department's

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Respiratory Protection Program. The Police Department utilizes N95 particulate respirators for protection against potentially infectious aerosols. Supplies of the single use respirators are located in the Booking Area cabinet and all patrol vehicles.

1102.9 TRANSFER OF SUSPECTED ATD CASES

- (a) Transfers will occur within five (5) hours of the identification of the suspected case. The ATD Administrator or the On-Duty Supervisor is responsible for determining if any of the following exceptions are applicable:
1. If initial exposure to the suspected case occurs in the evening (after 3:30 p.m. and prior to 7 a.m.), the transfer must occur no later than 11:00 a.m.; or
 2. If the transfer cannot occur within the 5-hour period, the ATD Administrator will document at the end of the 5-hour period that:
 - (a) The Police Department has contacted the local health officer and determined that there is no facility with an appropriate airborne infection isolation room or area available within that jurisdiction.
 - (b) Reasonable efforts have been made to contact establishments outside of that jurisdiction, as provided in the procedures.
 - (c) All applicable measures recommended by the local health officer or the infection control physician or other licensed health care professional have been implemented.
 - (d) All employees who enter the room or area housing the individual are provided with and use appropriate personal protective equipment and N95 respiratory protection.

1102.9.1 LOCAL HEALTH OFFICER CONTACT

- (a) The local health officer contact information is provided below for suspected ATD cases that will require a period longer than five hours to transfer to a health care facility:

County Name:	Contra Costa County
Health Officer's Name	On-Call Health Officer
Address:	50 Douglas Drive, Suite 210, Martinez, CA
Phone:	(925) 646-2441 Ask for the on-call Health Officer

1102.9.2 TRANSPORT BY EMERGENCY MEDICAL SERVICES

- (a) When feasible, contact emergency medical services to transport the suspected ATD case. This should be coordinated through dispatch.
- (b) Officers required to accompany the suspected ATD case in the ambulance will use N95 respiratory protection, unless the use of respiratory protection would result in a safety hazard.

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1102.9.3 TRANSPORT IN DEPARTMENT VEHICLES (IF APPLICABLE)

- (a) Officers involved in the transport of a suspected ATD case will use N95 respiratory protection or equivalent protection, unless the use of respiratory protection would result in a safety hazard.
- (b) The officers will consider the duration of the transport operation, the signs and symptoms being exhibited and any potential safety hazards presented by the use of an N95 respirator during the specific operation.

1102.10 CLEANING AND DISINFECTION PROCEDURES

- (a) The Police Department is required to clean and disinfect all contaminated work surfaces with an approved sanitizer after any exposure from a suspected or confirmed ATD case. Contaminated work surfaces include exposed areas at the police station and all transport vehicles.

1. **ATD Cleaning**

- (a) The preferred method used by the Oakley Police Department is to close the area/room/vehicle and have it cleaned by a commercial crime scene contractor. Exposed vehicles will be taken out of service until they are decontaminated.
- (b) The contract cleaning company for the police department is: Advanced Crime Scene Cleaners. Services may be requested through Dispatch. The cleaning tasks are stipulated in the business contract.

2. **Emergency ATD Cleaning.**

- (a) The approved cleaning and disinfecting materials, along with appropriate personal protective equipment, must be available to employees.
- (b) At the Police Department, cleaning supplies are located near the entrance to the evidence processing room.

3. **Routine Area Cleaning (Non-ATD Events).**

- (a) The booking area and restrooms are cleaned nightly by City Staff. This includes the floors, walls as needed, toilet and sink areas.

1102.11 COMMUNICATION PROCEDURES

- (a) The ATD Administrator is responsible for communicating with department employees who have had contact with a suspected ATD case when another employer, local health authorities, or the health care provider notify the department of a confirmed ATD case. **The police department is also responsible for communicating the information to other employers involved in the exposure incident (e.g. fire department, ambulance service) to the extent that exposure information is available.**
- (b) When the diagnosing health care facility reports an ATD case to the local public health officer, the department will receive notification of a confirmed case from the health care facility and/or the local public health officer. The ATD Administrator or the On-Duty

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Supervisor is responsible for implementing the following communication procedures upon notification:

1. Receive feedback from the local health authority or the health care provider on the disease status of the suspected ATD case. The local health authority will call dispatch. The information will be immediately forwarded to the On-Duty Supervisor. A Supervisor is on-duty 24 hours a day and available by both phone and radio. The On-Duty Supervisor will immediately notify the ATD Administrator by phone, who will respond to the department as necessary and immediately begin making the necessary notifications.
2. **Immediately** contact other employers who had employees involved in the specific exposure incident, no later than 72 hours after receiving notification. (Note: This is a maximum timeframe and would not be considered appropriate for an illness such as meningitis where life threatening illness may develop within 48 hours. The department will adjust the timeframe depending on the nature of the specific illness and input from the local health officer.) The department will not provide the identity of the source patient to other employers.
3. The department contact list for other employers likely to be involved in exposure incidents includes: East Contra Costa County Fire protection District, AMR, Contra Costa County Fire, and the Contra Costa County Sheriff's Office.
4. The respective contacts for these organizations are: the on-duty Fire Department Duty Officer (Battalion Chief), the AMR Supervisor via dispatch, the on-duty Watch Commander for the Sheriff's Office, and the on-duty nursing supervisor for each hospital.
5. **Immediately** communicate with affected department employees about the confirmed ATD case and indicate that an exposure analysis is in progress with completion expected no later than 96 hours after receiving notification. (Note: This is a maximum timeframe and would not be considered appropriate for an illness such as meningitis where life threatening illness may develop within 48 hours. The department will adjust the timeframe depending on the nature of the specific illness and input from the local health officer.)
6. The affected employees would be notified via their respective supervisors. This notification would be confirmed by the Police Department ATD Administrator within an appropriate amount of time based on the urgency of the exposure. Employees should be notified in person or by phone if on-duty, and by phone if off-duty. If the situation warranted and they could not be reached by phone, local law enforcement would be asked to attempt to contact them at their homes.
7. Begin the analysis of the exposure incident and report the results to the affected employees within 72 hours after receiving notification except where the nature of the illness requires immediate action.
8. Notify affected employees of the results of the analysis within 96 hours of receiving notification except where the nature of the illness requires immediate action. Refer employees with significant exposure for medical evaluation as soon as possible.

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1102.12 EXPOSURE INCIDENT ANALYSIS AND POST-EXPOSURE EVALUATION

(a) ATD Exposure Incident Analysis.

1. An ATD exposure incident is an event where all of the following have occurred:
 - (a) it reasonably appears from the circumstances of the exposure that transmission of the ATD is likely to require medical evaluation.
 - (b) Source control and risk reduction measures were not present or utilized, and
 - (c) An employee has been exposed to a person who is a case/suspected case of a reportable ATD, and
2. If an exposure incident occurs, the police department will take the following steps **within 72 after receiving notification except where the nature of the illness requires immediate action:**
 - (a) The ATD Administrator will conduct an analysis of the exposure scenario to determine which employees had significant exposures.
 - (b) The ATD Administrator will notify employees who had significant exposure of the date, time, and nature of the exposure.
 - (c) The ATD Administrator will determine if any other employer's employees have been exposed and notify the employer.

(b) Post-Exposure Evaluation and Follow-up.

1. In the event of an exposure incident, the Police Department will provide a post-exposure medical evaluation, as soon as feasible, to all employees who had a significant exposure. All post-exposure evaluations will be performed by the On-Call Nurse through the City's Occupational Medical Program.
2. The police department will provide the health care professional with the following information:
 - (a) A copy of CCR, Title 8; Section 5199.
 - (b) A description of the exposed employee's duties as they relate to the exposure incident
 - (c) The circumstances under which the exposure incident occurred
 - (d) Any available diagnostic information relating to the source of the exposure that could assist in the medical management of the employee
 - (e) The Police Department's medical records for the exposed employee(s)
3. The Police Department will request the following information from the health care professional:
 - (a) An opinion regarding whether precautionary removal from the employee's regular assignment is necessary to prevent spread of the disease agent and what type of alternate work assignment may be provided

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- (b) A written opinion from the health care professional limited to the following information:
 - 1. The employee's test and infectivity status.
 - 2. A statement that the employee has been informed of the results of the medical evaluation and has been offered any applicable vaccinations, prophylaxis, or treatment
 - 3. A statement that the employee has been told about any medical conditions resulting from the exposure that require further evaluation or treatment
 - 4. Any recommendations for precautionary removal from the employee's regular assignment
 - 5. Any limitations on respirator use related to the medical condition of the employee or the working conditions in which the respirator will be used
- 4. All other findings or diagnoses will remain confidential and will not be included in the written report.
- 5. The Police Department will obtain and provide the employee with a copy of the written opinion within 15 working days from the completed medical evaluation.

1102.13 MEDICAL SERVICES

(a) Vaccination Recommendations

- 1. The Police Department offers and recommends all employees in the identified job classifications in Section 4 receive the following vaccination at no cost to the employee.
- 2. If the employee declines to accept the vaccination, he or she must sign the Declination Statement and forward for required record keeping. Note: Seasonal influenza vaccine shall be provided during the period designated by the CDC for administration and need not be provided outside of those periods.

Vaccine	Schedule
Seasonal Influenza	One dose annually

(b) Latent Tuberculosis Infection (LTBI) Annual Test

- 1. All employees in the identified job classifications in Section 4 will receive annual TB tests. Employees with a positive baseline TB test shall have an annual symptom screen. If the employee's TB test indicates a conversion (a change in the TB test results from negative to positive) the police department will refer the employee to the City's Occupational Health Provider.
- 2. In the case of a conversion, the department is responsible for following requirements in the standard:

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- (a) Provide a copy of the ATD Standard (8 CCR 5199) and the employee's TB test records to the health care provider.
- (b) Complete an Exposure Packet on the employee.
- (c) If the department has determined the source of the infection, the department will also provide any available diagnostic test results including drug susceptibility patterns relating to the source patient.
- (d) The department will request, with the employee's consent, that the health care provider perform any necessary diagnostic tests and inform the employee about appropriate treatment options.
- (e) The department will request that the health care provider determine if the employee is a TB case or suspected case, and to do all of the following:
 1. Inform employee and the local health officer in accordance with Title 17.
 2. Consult with the local health officer and inform the employer of any infection control recommendations related to the employee's activity in the workplace.
 3. Recommend whether precautionary removal from the employee's regular assignment is necessary to prevent the spread of disease by the employee and what type of alternate work assignment may be provided. The department will request the recommendation for precautionary removal immediately via phone or fax, and that a written opinion within 15 days containing the information outlined in paragraph (h)(9) of the standard.
3. In cases where the health care provider or local health officer recommends precautionary removal from regular job duties, the department will maintain the employee's earnings, seniority, and other employee rights and benefits, including the employee's right to his or her former job status, as if the employee had not been removed from his/her job. These provisions do not extend to any period of time during which the employee is unable to work for reasons other than precautionary removal.

1102.14 TRAINING

- (a) All employees with an occupational exposure will receive training:
 1. At the time of initial assignment to tasks where occupational exposure may occur. At least annually thereafter
 2. When changes such as introduction of new engineering or work practice controls or modification of tasks affect the employee's occupational exposure
- (b) Training will be interactive and tailored to the education and language level of all exposed police department employees. It will include the following:
 1. An explanation of ATDs, including the signs and symptoms that require further medical evaluation

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2. Screening methods and referral procedures
 3. Source control measures and how these measures will be communicated to persons the employees contact
 4. Procedures for temporary risk reduction measures prior to transfer
 5. Respiratory protection training
 6. Review of the medical services provided
 7. Exposure incident reporting procedures and communication procedures
 8. Vaccine information and education
- (c) Location of written procedures (ATD Control Procedures and Respiratory Protection Program) and how employees can provide feedback on the effectiveness of the procedures.
- (d) The training will be offered during the normal work shift and will include an opportunity for questions and answers with a person who is knowledgeable about the police department's exposures and ATD control procedures.
- (e) Training not given in person (e.g. web-based training or training videos) shall provide for interactive questions to be answered within 24 hours by a knowledgeable person.

1102.15 RECORD KEEPING

- (a) The ATD Administrator will maintain:
1. Employee training records
 2. Employee medical records (including vaccination records, declination forms, post-exposure medical evaluations)
 3. Exposure incident records (including the ATD Suspect Case Referral Log)
 4. Inspection, testing, and maintenance records for engineering controls.
 5. Respiratory Protection Program records per Title 8 CCR Section 5144.
 6. Respiratory Protection and the department program.
 7. Records of annual ATD procedures review.
- (b) Employee training records will include the following information:
1. The date(s) of the training session(s);
 2. The contents or a summary of the training session(s);
 3. The names and qualifications of persons conducting the training or those who are designated to respond to interactive questions; and
 4. The names and job titles of all persons attending the training sessions.
- (c) Training records will be maintained for three years from the date on which the training occurred. Employee medical records for each employee with an occupational exposure incident will include:

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1. The employee name and employee identification.
 2. The employee's vaccination status since employed with the Oakley Police Department. This includes dates of vaccinations, declination statements, and medical records relative to the employee's ability to receive vaccinations.
 3. A copy of examination results, medical testing, evaluation, and follow up of exposure incidents.
 4. A copy of all written opinions provided by the health care professionals as required and following an exposure incident and/or the results of TB assessments.
- (d) The City of Oakley will ensure employee medical records are kept confidential and are not disclosed or reported without the employee's written consent to any person within or outside the workplace except as required by this standard and by law. Medical records are retained and coordinated by the Human Resources Division. Records will be maintained per Title 8, CCR, Section 3204, Access to Employee Exposure and Medical Records, and made available upon employee request. Medical records will be maintained for at least the duration of employment plus 30 years. Engineering control records, if applicable, will be maintained for a minimum of five years and shall include the names and affiliations of the persons performing the test, inspection or maintenance, the date, and any significant findings or corrective actions.

1102.16 ATD CONTROL PROCEDURES REVIEW

- (a) An annual review of the ATD Control Procedures will be conducted by the ATD Administrator and by employees regarding the effectiveness of the procedures in their respective work areas
- (b) Deficiencies found will be corrected. The review(s) will be documented in writing and reviewed by the Chief of Police. Corrective actions will be initiated where identified.

1102.17 REVISIONS

- (a) 10 AUG 19