



INFECTIOUS DISEASE CONTROL

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INDEX AS:

Acquired Immune Deficiency Syndrome (AIDS)
 Hepatitis B Virus (HBV)
 Human Immunodeficiency Virus (HIV)
 Infectious Disease
 Infectious Disease Exposure

PURPOSE:

The purpose of this directive is to establish uniform guidelines for the handling of situations which pose an infectious disease exposure risk to humans, and specifically to police officers.

This order consists of the following numbered sections:

- I. Introduction
- II. Policy
- III. Definitions
- IV. Procedure
- V. Personal Protective Equipment
- VI. Disinfection, Decontamination, and Disposal
- VII. Handling of Persons and Employee Conduct
- VIII. Employee Management

I. INTRODUCTION

The Hepatitis A/B Viruses (HAV / HBV) have long been recognized as being capable of causing illness and/or death. Similarly, Human Immunodeficiency Virus (HIV), also referred to as Acquired Immune Deficiency Syndrome (AIDS), is known to cause the same effect on the human body.

Research has demonstrated that when proper barrier techniques are utilized, transmission of HBV and HIV can be prevented. Since law enforcement officers work in environments that provide inherently unpredictable risks of exposure, general infection-control procedures must be adapted to the work situations. Personal protection measures must be exercised in all situations that have a likelihood of exposure to infectious diseases.

II. POLICY

It is the policy of the Police Department to provide methods and equipment sufficient to protect its employees from exposure to infectious diseases that cause or are likely to cause death or serious physical harm. The Department shall maintain a safe working environment for all employees. Adequate training, personal protective equipment, medical precautions, and records shall be available to all employees.

III. DEFINITIONS

OSHA Rule 29 CFR 1910-1030; Exposure Control Plan for Bloodborne Pathogens

<u>Term</u>	<u>Definition</u>
Blood	Human blood, human blood components and products made from human blood.
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) and Human Immunodeficiency Virus (HIV).
Body Fluids	Fluids that have been recognized by CDC as directly linked to the transmission of HIV and/or HAV / HBV and/or to which universal precautions apply; blood, semen, blood products, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, and concentrated HIV or HAV / HBV viruses.
Contaminated	The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
Contaminated Laundry	Laundry which is wet with blood or other potentially infectious materials and presents a reasonable likelihood of soakthrough or leakage from the bag or container; laundry which may contain sharps.

Contaminated Sharps	Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
Decontamination	The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item.
Disinfect	To inactivate virtually all recognized pathogenic microorganisms, but not necessarily all microbial forms (e.g., bacterial endospores) on inanimate objects.
Engineering Controls	Controls that isolate or remove the hazard from the workplace.
Exposure Incident	A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
Occupational Exposure	Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties. This definition excludes incidental exposure that may take place on the job, and that are neither reasonably nor routinely expected and that the worker is not required to incur in the normal course of employment.
Other Potentially Infectious Materials	<p>(1) The following body fluids: Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and any body fluid that is visibly contaminated with blood;</p> <p>(2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and</p> <p>(3) HIV - or HAV / HBV - containing cell or tissue cultures, organ cultures, and culture medium or other solutions; and blood, organs or other tissues from experimental animals infected with HIV or HAV / HBV.</p>
Parenteral	Piercing mucous membranes or the skin barrier through needlesticks, human bites, cuts, abrasions, etc.

Personal Protective Equipment (PPE)	Specialized clothing or equipment worn by an employee for protection against a hazard.
Source Individual	Any individual, living or dead, whose blood, body fluids, tissues, or organs may be a source of exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the mentally retarded; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains prior to embalming; and individuals who donate or sell blood or blood components.
Sterilize	The use of a physical or chemical procedure to destroy all microbial life, including highly resistant bacterial endospores.
Universal Precautions	The term "universal precautions" refers to a system of infectious disease control which assumes that every direct contact with body fluids is infectious and requires every employee exposed to direct contact with body fluids to be protected as though such body fluids were HAV / HBV or HIV infected. Therefore, universal precautions are intended to prevent health care workers from parenteral, mucous membrane and non-intact skin exposure to bloodborne pathogens.
Work Practice Controls	Controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

IV. PROCEDURE

A. Modes and Risk of Infectious Disease Transmission

Hepatitis A/B Viruses (HAV / HBV) and Human Immunodeficiency Virus (HIV) are considered infectious diseases by all health and medical resources. Both have been transmitted in occupational settings only by contact with open wounds, chapped or weeping skin, or mucous membranes to blood, blood-contaminated body fluids, or concentrated virus. There is no evidence that HBV or HIV is spread through the air, through food, or through routine, casual contact.

Although blood is the single most important source of HIV and HAV / HBV, police officers are often in adverse situations that make differentiation between body fluids difficult. For example, poor lighting may limit the ability to distinguish blood from other body fluids. Therefore, **all body fluids shall be treated as potentially hazardous under uncontrolled, emergency circumstances in which differentiation between body fluids is difficult. Additionally, all persons should be assumed to be infectious with HIV and/or HBV.**

The risk of exposure to infectious diseases can be minimized by the use of personal protection devices when circumstances dictate. Protection can be achieved through the use of equipment such as gloves, masks, and special clothing designed to provide a barrier between the employee and a risk source. The use of such equipment is often referred to as universal precautions. Police officers must always be aware of potential exposure risk situations and do as much as possible to reduce the risk.

1. Cardiopulmonary Resuscitation (CPR)

Police personnel should be concerned with the possible HIV and HAV / HBV exposure through CPR administration. Therefore, gloves and a protective resuscitation mask ("pocket mask") with a one-way valve must always be used when administering CPR. After such a situation is completed, personnel and equipment must be cleaned.

2. Fights and Assaults

Fights and assaults can place an officer in a situation for potential exposure from a wide range of causes such as human bites and attacks with sharp objects. Such instances may occur during arrest, routine interrogations, domestic disputes, and booking operations. Hands on contact may result in the presence of body fluids and thus a chance of exposure.

Extreme caution must be used in dealing with a suspect or prisoner with assaultive or combative behavior. When blood is present and a suspect displays combative or threatening behavior, an officer must attempt to put on gloves as soon as conditions permit. Should the clothing of an officer become exposed, it should be changed as soon as possible.

Suspects and prisoners may spit or throw body fluids onto an officer during street contact or booking procedures. Any fluids or materials should be removed with a disposable towel after donning gloves, and the area then decontaminated with appropriate cleaning materials. Following clean-up, soiled towels and gloves should be disposed of in a proper manner.

3. Human Bites

Should an employee be bitten by anyone, the employee shall clean the wound with soap and water as soon as possible. The employee shall report the bite to a supervisor and obtain routine medical attention as soon as possible to prevent infection. Appropriate documentation of the incident must be completed, and should include employee injury reports for permanent retention in the employee's personnel file.

4. Searches and Evidence Handling

During searches and evidence handling, exposure to HIV and HAV / HBV may be possible. Injuries such as puncture wounds, needle sticks, or cuts pose a hazard during evidence handling and during searches of persons, vehicles, and places.

The following precautions can help reduce the risk of infection during search situations:

- a) Caution must be used when searching prisoner/suspects' clothing. Discretion should be used to determine if an employee should search a prisoner/suspect's clothing or if the prisoner/suspect should empty his or her own pockets.
- b) A safe distance should always be maintained between an officer and a suspect.
- c) An employee should wear protective gloves if exposure to body fluids is likely to be encountered.
- d) If cotton gloves are to be worn for evidence handling, they should be worn over protective, disposable gloves when exposure to body fluids may occur.
- e) A flashlight should be used when searching areas in which the available light does not permit adequate vision.
- f) Containers such as purses and bags should be searched by turning the container up-side-down to empty the contents. Small compartments must not be searched by the finger or hand-probe method.
- g) Puncture-proof containers should be used to store any sharp objects that may be contaminated with body fluids.
- h) Caution must be used when staples are used to seal evidence so as not to tear gloves or puncture skin.

- i) Wet or damp items of evidence should be air-dried prior to placement in any air-tight containers.
- j) When practical and appropriate, puncture resistant gloves should be worn anytime a search of a person, vehicle or place is conducted.

All officers, and particularly those involved with identification and crime scene processing, must be alert for the presence of sharp objects such as hypodermic needles, knives, razors, broken glass, nails, or other sharp objects. Sharp objects should not be handled with unprotected, bare hands but rather by mechanical means, such as forceps or tongs.

Contaminated evidence shall not be transported, handled, nor stored with or near any food items. An employee who has had contact with or has been near contaminated items must not smoke or consume food until after a thorough hand washing.

5. Deceased Persons and Body Removal

Officers should wear gloves and cover all cuts and abrasions before touching a deceased person or removing a body. Precautions should also be used when handling amputated limbs or other body parts. Safeguards should be followed for contact with the blood of anyone, regardless of whether the person is known or suspected to be infected with HIV or HAV / HBV.

6. Autopsies

Protective masks and eyewear or face shields, laboratory coats, gloves, and waterproof aprons should be worn when attending an autopsy. All autopsy material should be considered infected with HIV and HAV / HBV. Should police equipment come in contact with body fluids or a contaminated surface, it must be thoroughly cleaned with appropriate chemical germicide.

7. Crashes With Injury

When responding to a vehicular collision or other type of accident where injuries are present, protective gloves should be worn if body fluids are likely to be encountered. Additional protective equipment should be worn if body fluids are extensive.

V. PERSONAL PROTECTIVE EQUIPMENT

Appropriate personal protective equipment should be used at any time there is a risk of exposure. For many situations, the chance that an employee will be exposed to blood and other body fluids can be determined in advance. Therefore, if the chance of exposure to body fluids is high, the employee should put on

protective equipment before dealing with the situation. Although several types of equipment are recommended for protection, those commonly used may not be all that is available.

A. Gloves

Gloves should be used in all situations in which exposure to body fluids could occur. Extra pairs of gloves should always be available in case of damage. Consideration in the choice of gloves should include dexterity, durability, fit, and the task being performed. Thus, there is no single type of thickness or glove style that is appropriate for all situations.

Thin nitrile gloves may be the preference of patrol officers due to the ease of storage and transportation. These gloves may tear easily when used due to the thin design. Therefore, extra pairs should be available. In known hazardous situations, double-gloving is recommended. No gloves shall be used if they are peeling, cracked, discolored, punctured, torn, or have evidence of deterioration.

Specially designed puncture-resistant gloves are issued to all officers and should be used whenever an officer is handling or searching an area where there is a chance of cuts or punctures occurring.

Heavy, rubber-type gloves may be the preference in situations where the gloves can be easily obtained. This type of situation may occur during crime scene processing. These gloves may be reused if cleaned after each use with appropriate cleaning methods.

Gloves should be carried by each patrol officer and be available for incidents where exposure could occur. Similarly, gloves should be available at the police station for use during booking procedures and prisoner handling.

B. Masks, Eyewear, and Gowns

Masks, eyewear, and gowns shall be available in all patrol vehicles and at the police complex. These protective barriers should be used in conjunction with gloves when there is a situation where splashes of blood or other body fluids could occur. All protective equipment shall be made of materials that are fluid-proof or fluid-resistant and shall protect all areas of exposed skin.

Should splashes or exposure occur when masks and gowns are not worn and clothing becomes contaminated, the clothing should be removed as soon as possible. Employees shall be permitted work time in which to change clothing. If at all possible, the clothing should be changed at the police station to avoid the contamination of an employee's residence. Contaminated clothing should be bagged for laundering.

VI. DISINFECTION, DECONTAMINATION, AND DISPOSAL:

A. Cleansing and Decontamination of Body Fluids Spills

All spills and splashes of body fluids should be promptly cleaned using an approved germicide. Visible materials should first be removed with disposable towels or other appropriate means that will ensure against direct contact with body fluids. Gloves shall be worn during cleaning operations. Eye protection and additional protective clothing shall be worn if splashing is anticipated. Following any cleaning, employees shall wash hands and any other body surface that may have been contaminated during cleaning.

The Department shall ensure that a supply of materials and germicides suitable for the cleaning of HIV and HAV / HBV contamination are available at all times. Cleaning equipment should be used in accordance with the manufacturers' recommendations. Plastic bags should be available for removal of contaminated items from a contaminated area. All contaminated items and cleaning equipment shall either be appropriately cleaned or disposed in a designated container at the police complex.

1. Hand Washing

Hands and other skin surfaces should be washed immediately and thoroughly if exposed or contaminated with body fluids. Hands should always be washed after gloves are removed, even if the gloves appear to be intact. Hands, and any other exposed skin surface, should be washed with warm water and soap. Waterless antiseptic hand cleanser should be available to all officers for use when hand-washing facilities are not available. No food substances may be consumed following exposure to body fluids until after thorough hand washing has been completed.

2. Laundry

Although contaminated clothing has a negligible risk of disease transmission, employees shall treat all contaminated laundry with full universal precautions. Clothing that has received spills or splashes shall be removed as quickly after the exposure as possible. If possible, the clothing removal should be done at the Police Department so as not to contaminate an employee's residence. All sworn officers shall have an additional full uniform available in their locker.

Clothing which has been contaminated with body fluids may be bagged and transported for laundering at the expense of the department. Although normal laundry cycles and detergent used to the manufacturers' recommendations are satisfactory for the cleaning of contaminated clothing, no employee shall be required to launder contaminated clothing if he or she does not wish. The employee is responsible to ensure his or her supervisor is aware of

the need for laundry service. The supervisor shall ensure arrangements are made for the laundry service of the contaminated clothing.

3. Decontamination and Cleaning of Protective Equipment

Reusable protective equipment and interiors of police vehicles contaminated with body fluids shall be cleaned as soon as possible after exposure. If equipment is contaminated at locations other than the police station, the equipment should be transported to the Police Department in bags. Cleaning germicides shall be available at the Police Department and should be used in accordance with the manufacturers' recommendations. Employees involved with equipment cleaning shall wear gloves during the process and additional protection if necessary.

4. Contaminated Objects Disposal

Disposal of contaminated clothing, protective equipment, and all other objects of concern shall be done by placement in a designated container at the Police Department. A designated container shall be available at all times and shall be emptied by only properly authorized persons. The Police Department will arrange for disposal of contaminated waste by persons or outside agencies properly trained and certified to do so.

5. Contaminated/Infective Waste

All contaminated materials shall be placed only in an appropriate container for disposal at the Police Department.

VII. HANDLING OF PERSONS AND EMPLOYEE CONDUCT:

A. Equal and Nondiscriminatory Treatment

Courtesy and civility toward the public are demanded at all times of all department employees, and any conduct to the contrary will not be tolerated. Facilities, programs, and services shall be available to all members of the public on an equitable basis regardless of known or suspected HIV or HAV / HBV infection. Jokes, discrimination, and refusal or omission of services will not be tolerated towards any member of the public. Should a particular incident require the use of employee protection measures, such protection shall be used with courtesy and civility towards all persons.

Employees of the department shall not discriminate nor treat unequally any other employee known or suspected of being infected with HBV or HIV. If an infected employee receives medical approval to report to work, the employee shall be treated without discrimination by all other employees.

The infected employee shall be employed so long as he or she is able to perform assigned job functions in accordance with department standards.

VIII. EMPLOYEE MANAGEMENT:

The Police Department shall maintain a safe working environment for all employees. Adequate training, personal protective equipment, medical precautions, and records shall be available to all employees.

A. Training and Education

The Police Department shall require employee training regarding HIV and HAV / HBV facts as they relate to the working. No employee should be allowed to perform his or her duties before having received such training. The Police Department should work with the City Personnel Division, and other sources, to provide the needed training.

The training program should ensure that all employees:

1. Understand the modes of transmission of HBV and HIV.
2. Can recognize incidents when universal precautions should be utilized.
3. Know the types of protective equipment appropriate for use in specific instances.
4. Know and understand the limitations of protective clothing and equipment.
5. Are familiar with appropriate actions to take and persons to inform if exposure occurs.
6. Are familiar with and understand all requirements for work practices and department general orders.
7. Know where protective equipment is kept, its proper use, and how to remove, handle, decontaminate, and dispose of contaminated clothing and equipment.
8. Know the corrective actions to be taken in the event of spills or personal exposure to body fluids, the appropriate reporting procedures, and the medical monitoring recommended.

Following the initial HAV / HBV and HIV training, employees should receive refresher training at least annually thereafter.

B. Personal Protective Equipment

The Police Department shall provide all employees access to personal protective equipment as may be necessary for protection from exposure to body fluids. The equipment shall be provided in sufficient quantity so as to be available to all employees without having to share while working a single incident. The department shall pay all costs incurred for the acquisition, cleaning, maintenance, disposal, and replacement of all equipment.

C. Post Exposure Evaluation and Follow-up Procedures

In addition to any health-care or monitoring required by other rules, regulations, or worker agreements, the Police Department shall offer, without charge to an employee:

1. Voluntary HAV / HBV immunization. An employee who has received initial immunization shall be offered booster doses as may be required/recommended by proper medical authorities.
2. Monitoring, at the request of the employee, for HAV / HBV and HIV antibodies following known or suspected exposure to blood or body fluids. The evaluation results shall be confidential.

It is recommended that monitoring be conducted following a known or suspected exposure. Monitoring is particularly important if the exposure was to a person of unknown identity. Monitoring procedures shall be in accordance with the recommendations of qualified medical personnel.

3. Counseling for an employee found, as a result of monitoring, to be seropositive for HAV / HBV or HIV.

D. Recordkeeping

The Police Department shall be responsible for the maintenance of incident and personnel reports pertaining to exposure, suspected exposure, training, and all other incidents dealing with HBV and HIV that are a concern to the Division. Records should include:

1. Training records, indicating the dates of training sessions, the content of training sessions along with the names of all persons conducting the training, and the names of all persons receiving training.
2. The conditions observed during routine, day-to-day operations for compliance with work practices and use of protective equipment. If non-compliance is noted, the conditions should be documented along with corrective actions taken.

3. The conditions associated with each incident of exposure to body fluids, an evaluation of the conditions, and a description of any corrective measures taken to prevent a recurrence or other similar exposure.

Records pertaining to HAV / HBV vaccinations and post-exposure follow-up shall be retained for 30 years after termination of employment with the department.

Samuel Hargadine
CHIEF OF POLICE

WARNING

This directive is for departmental use only and does not apply in any criminal or civil proceeding. The department policy should not be construed as a creation of a higher legal standard of safety or care in an evidentiary sense with respect to third-party claims. Violations of this directive will only form the basis for departmental administrative sanctions.