

	DELMAR POLICE DEPARTMENT	
	Policy 7.17 Communicable Diseases	
	Effective Date: 10/03/13	Replaces: N/A
	Approved: <u>Ivan Barkley</u> Chief of Police	
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I. POLICY

The department bears an obligation to the public and to its own personnel to increase awareness about risks, modes of transmission, and procedures for handling communicable diseases such as hepatitis B, tuberculosis, HIV (Human Immunodeficiency Virus) and AIDS (Acquired Immune Deficiency Syndrome), and AIDS-related infections.

Officers cannot refuse to work with or handle anyone--victim, complainant, or suspect--because of the fear of a possible infection. Officers shall not refuse to arrest or otherwise refuse to handle any person in a legitimate law-enforcement context, provided that appropriate protective equipment is available. The measures provided herein will assist officers in carrying out their duties while simultaneously minimizing health risks. Officers shall act responsibly in minimizing the risk of infection when dealing with any person, male or female, child or adult, or with any body fluids. A few simple precautions, however, will avoid the risk of infection almost entirely.

The department shall provide employees with information and education on prevention of communicable diseases, as well as safety equipment and procedures to minimize their risks of exposure. The department has instituted post-exposure reporting, evaluation, and treatment for all members exposed to communicable diseases.

II. PURPOSE

The purpose of this order is to establish guidelines and procedures to be followed when a member of the department is exposed to a communicable disease with a risk of major illness or death, and for handling of evidence or property that may be contaminated.

III. DEFINITIONS

A. Communicable disease

An infectious disease capable of being passed to another by contact with an infected person, body fluids or on a contaminated object.

B. HIV (Human Immunodeficiency Virus)

The virus that causes AIDS. HIV infects and destroys certain white blood cells, undermining the body's ability to combat infection. (Also named HTLV-III or LAV). Technically speaking, this general order aims to reduce the chance of HIV transmission, the virus that causes AIDS. HIV is transmitted through very specific body fluids including blood, semen, vaginal fluids, and breast milk.

C. ARC (AIDS-Related Complex)

A condition caused by the AIDS virus (HIV) and has a specific set of symptoms. Such symptoms include persistent fever, weight loss, skin rashes, diarrhea and swollen lymph nodes. Although these symptoms may be debilitating, they are generally not life-threatening.

D. AIDS (Acquired Immune Deficiency Syndrome)

A blood borne and sexually-transmitted disease that attacks and destroys the body's immune system. It makes people susceptible to infections, malignancies, and diseases not generally life-threatening to persons with normal immune systems. AIDS also causes disorders of the central nervous system. There is no vaccine against the virus. Personnel are advised that AIDS is not transmitted through any of the following (according to the Centers for Disease Control):

- a. Sneezing, coughing, spitting.
- b. Handshakes, hugging or other nonsexual physical contact.
- c. Toilet seats, bathtubs or showers.
- d. Various utensils, dishes or linens used by persons with AIDS.
- e. Articles worn or handled by persons with AIDS such as doorknobs, pens or cups.
- f. Being near someone with AIDS frequently or over a long period of time.
- g. Riding the same transportation.
- h. Eating in the same public place with an AIDS-infected person.
- i. Working in the same office.

E. Seropositivity

Refers to a person having antibodies to HIV, meaning that infection has occurred at some time in the past. A seropositive person can be infected with HIV for years

without ever developing symptoms of AIDS. Infected persons can transmit the virus even though they may not have symptoms of AIDS.

F. Hepatitis (A,B,C)

A viral infection that can result in jaundice, cirrhosis, and cancer of the liver. The virus is transmitted through exposure to blood, stool, semen, vaginal secretions, breast milk and possibly saliva. There are vaccines currently available against Hepatitis A and B.

G. Tuberculosis

A bacterial disease that can be transmitted through saliva, urine, blood and other body fluids by persons infected with it. Tuberculosis is spread primarily by inhaling airborne droplets from infected coughing people. It can enter the body through infected mucous on the skin (as from coughing or sneezing) or from droplets that are inhaled. It is an airborne, opportunistic disease and it primarily causes lung infection. Although no vaccine against tuberculosis exists, medications are available to treat the disease.

H. Exposure control program

A written agency plan, available to all employees, which details the steps taken to eliminate or minimize exposure incidents, and identifies at-risk tasks and assignments.

I. Personal protective equipment (PPE)

Specialized clothing or equipment worn or used by employees for protection against infection. PPE does not include uniforms or work clothes without special protective qualities.

J. Universal Precautions

Controls or procedures advised by the Centers for Disease Control (CDC) that emphasize precautions based on the assumption that blood and body fluids are potentially infectious.

IV. GENERAL RESPONSIBILITIES

A. The Administrative Lieutenant shall ensure that adequate supplies are available for communicable disease control within the department. Supervisors are responsible for maintaining continuously an adequate supply of Personal Protective supplies for all affected personnel within their purview. Further, supervisors must ensure that:

1. Each patrol vehicle has a supply of disposable latex or nitrile gloves and a bottle of alcohol-based cleanser and a First Aid Kit.

2. Personal protective equipment and supplies (PPE) are available in the **Supervisor's vehicle** and at the Police Department offices.
 3. Hypoallergenic gloves and other materials are available for employees allergic to standard-issue gear.
 4. Supplies are routinely inspected, replaced, cleaned.
 5. First Aid supplies and disinfectants are available at all times.
- B. The Administrative Lieutenant, through his or her subordinate supervisors, shall ensure that the supervisor's vehicle will contain the following PPE supplies at all times:
- a. Supply of disposable latex or nitrile gloves in various sizes
 - b. 3 pairs penetration resistant gloves in various sizes
 - c. 3 disposable face masks
 - d. 6 absorbent disposable towels
 - e. 3 disposable plastic bags with contaminated material seals
 - f. 1 large bottle of alcohol-based cleanser
 - g. 2 CPR shields (with a 1-way valve to prevent the patient's saliva from entering the caregiver's mouth)
 - h. 3 pair of wrap-around safety goggles
 - i. 1 carrying bag with zipper closure
 - j. 6 pair disposable shoe coverings
 - k. puncture-resistant, leak proof containers for needles and other sharp objects
 - l. First Aid kit
 - m. 2 rolls of POLICE LINE barrier tape
- C. Officers using PPE supplies shall replace them or arrange to have them replaced as soon as possible. Officers shall maintain disposable gloves in their personal possession at all times.

- D. The Administrative Lieutenant shall cause to be maintained at the Police Department office the following:
- a. 6 sets of protective coveralls in various sizes
 - b. supply of disposable latex or nitrile gloves in various sizes
 - c. orange/red plastic biohazard bags and sealing tape or ties
 - d. liquid household bleach
 - e. disposable towels/towelettes
 - f. Police Line barrier tape

- E. Personnel shall use protective equipment under all appropriate circumstances unless the officer can justify otherwise.

Officers who, for whatever reason, do not use protective gear when appropriate shall document the incident as soon as practicable for department review.

- F. All personnel whose skin comes into contact with body fluids of another shall begin disinfection procedures immediately: these procedures range from simple soap-and-water washing to the use of alcohol or antiseptic towelettes. All open cuts and abrasions shall be covered with waterproof bandages before personnel report for duty.

V. GENERAL PRECAUTIONS

A. General

Whenever possible, officers shall wear disposable exam gloves when doing any of the following:

1. Handling persons or items with any blood or body fluid products (hypodermic needles, syringes, or surfaces soiled with blood or body fluids, gun or knife wounds).
2. Packaging and handling such items as evidence.
3. Cleaning up blood or other secretions which appear on floors, seats, equipment, handcuffs, shoes, clothing, pens, pencils, etc.

B. Specialized devices

1. Masks shall be worn whenever splashes, spray, spatter, or droplets of potentially infectious fluids endanger contamination through the eyes, nose, or mouth. Masks may be worn with other protective devices such as goggles.

Gowns, jackets, coats, aprons, or coveralls shall be worn as determined by the degree of exposure anticipated.

2. Fire Department personnel have access to complete bio-hazard suits and equipment if needed.

C. Handling people

1. Wash hands thoroughly for thirty seconds with warm water and soap after removing gloves (when handling evidence) or after contact with the subject (if bleeding or vomiting). If water is unavailable, use an alcohol-based cleanser and/or pre-moistened towelettes found in the communicable disease control kit to decontaminate skin.
2. Penetration resistant gloves or their equivalent shall be worn when searching persons or dealing in environments, such as accident scenes, where sharp objects and bodily fluids may reasonably be encountered.
3. When transporting prisoners do not put fingers in or near any person's mouth.
4. Transport persons with body fluids on their persons in separate vehicles from other persons. A person who is bleeding or producing a fluid may have to wear a protective covering.
5. Notify other support personnel or law-enforcement officers during a transfer of custody that the suspect has fluids on his or her person, or that the suspect has stated that he or she has a communicable disease.

D. Handling objects

1. Objects contaminated with body fluids that are required to be recovered shall be completely dried, double bagged in paper bags, and marked to identify possible disease contamination.
2. Contaminated items to be disposed of shall be placed in Bio-Hazard bags and sealed.
3. Officers shall use extra care when handling any sharp objects. If officers find syringes, they shall not bend, recap, or otherwise manipulate the needle in any way, but shall place them in puncture-resistant containers provided by the department.

E. Handling fluids

1. Clean up blood spills or other body fluids with regular household bleach diluted 1 part bleach to 10 parts water (or use undiluted bleach, if easier). Bleach dilutions should be prepared at least every 24 hours to retain

effectiveness. Fluids may also be cleaned up using the absorbent granulated cleaning kits which are available at the Department.

2. Wear latex or nitrile gloves during this procedure.
3. A soiled uniform (by blood or body fluids) should be changed as soon as possible. Wash in hot water and detergent or dry clean. If dry cleaning, advise the dry cleaner staff of the bio-hazard.
4. Departmental vehicles within which body fluids are spilled require immediate disinfection procedures. Employees who have the vehicles assigned to them shall notify their supervisor of the spill and arrange for a thorough cleaning as soon as possible.
5. All police vehicles will be cleaned with disinfectant liquid or disposable wipes as part of a routine, scheduled washing and maintenance check.

F. Precautions when bitten

The danger of infection through bites is low. The victim cannot be infected with HIV through the blood of the biting person unless that person has blood in his or her mouth which comes into contact with the victim's blood. HIV cannot be transmitted through saliva. With HBV, however, transmission takes place through infected blood or blood-derived body fluids. Infection takes place by exposure of the eyes, mouth, or mucous membranes to the virus. Precautionary procedures to minimize the risk of infection include:

1. Encouraging the wound to bleed by applying pressure and gently "milking" the wound.
2. Washing the area thoroughly with soap and hot running water.
3. Seeking medical attention from EMS or a medical treatment facility if the skin is broken.
4. Complete an incident/offense report.
5. Advising your supervisor who will then complete the Accident Investigation Report.

G. Precautions when punctured by needles or knives

If an officer is cut or punctured by a needle or a knife or other instrument while searching a suspect or handling contaminated evidence, follow these general guidelines:

1. Allow the wound to bleed (unless severe bleeding occurs) until all flow ceases. Then cleanse the wound with alcohol-based cleanser (or pre-moistened towelettes) and then with soap and water. Do not rely exclusively on towelettes: wash wounds thoroughly with soap and water.
2. Seek medical attention from EMS or a medical treatment facility as soon as possible after the injury.
3. Complete an incident/offense report.
4. Advising your supervisor who will then complete the Accident Investigation Report.

H. Precautions at major crime scenes

1. At the crime scene, officers and crime scene technicians confront unusual hazards, especially when the crime scene involves violent behavior such as homicides where a large amount of blood is present.
 - a. No person at any crime scene shall eat, drink, or smoke due to the potential hazard.
 - b. The best protection is to wear disposable latex or nitrile gloves. Any person with a cut, abrasion, or any other break in the skin on the hands should never handle blood or other body fluids without protection. Officers shall carry latex or nitrile gloves on their persons at all times.
 - c. Latex or nitrile gloves should be changed when they become torn or heavily soiled or if an officer leaves the crime scene (even temporarily).
 - d. If cotton gloves are worn when working with items having potential latent fingerprint value, wear cotton gloves over the latex or nitrile gloves.
 - e. Hands should be washed after gloves are removed, even if the gloves appear to be intact. Officers shall take care to avoid contact between skin and soiled gloves.
 - f. Always keep a plastic bag in the communicable disease control kit to be used only to collect contaminated items (gloves, masks, etc.) until they can be disposed of properly. Clearly mark the bag as "Biohazard". The Alamo Heights Fire Department maintains an approved biohazard disposal bin for these types of items.

- g. Shoes and boots can become contaminated with blood. Wash with soap and water when leaving the crime scene, or use protective disposable shoe coverings.
 - h. Wrap-around eye safety goggles and face masks should be worn when the possibility exists that dried or liquid particles of body fluids may strike the face. Particles of dried blood, when scraped, fly in many directions, so wear goggles and masks when removing the stain for laboratory analysis.
 - i. Crime scene search personnel will wear full coveralls, protective goggles, shoe covers, gloves, and particulate masks when entering a crime scene where large amounts of blood or other body fluids are expected.
2. While processing the crime scene, be constantly on the alert for sharp objects, such as hypodermic needles, razors, knives, broken glass, nails, etc. Use of mirrors may be appropriate while looking under car seats, beds, etc.
 3. Use tape--**never metal staples**--when packaging evidence.
 4. If practicable, use only disposable items at a crime scene where blood or other body fluids are present.
 5. Before releasing the crime scene, advise the owner of the potential infection risk and suggest that the owner contact a hazmat or crime scene cleanup service.
 6. Warning labels must be placed on all plastic evidence bags containing potentially contaminated materials to go to the crime laboratory.

VI. VACCINATIONS

The department provides all employees who have occupational exposure to hepatitis A and B the opportunity to take the vaccination series at no cost within 10 working days of assignment to an occupationally exposed duty. The vaccination shall be provided only after the employee has received departmental training in communicable diseases, is medically fit for the vaccinations, and has not previously received them.

VII. OCCUPATIONAL EXPOSURE TO COMMUNICABLE DISEASES

A. Notification

1. As soon as practicable, all employees shall document possible exposure to infectious fluids or materials. In any case, employees shall immediately notify their supervisor of possible exposure.

2. Examples of such exposure include:

- a. Direct contact with body fluids on chapped or open areas (cuts, scratches) on the skin or on mucous membranes (i.e., eyes, mouth).
- b. Direct mouth-to-mouth resuscitation (CPR) without use of a one-way valve.
- c. Receiving a cut or puncture wound as a result of searching or arresting a suspect or handling contaminated evidence.

B. Testing

1. If a member of the department is exposed to the body fluids of a person who has or is suspected to have a communicable disease, the member must be evaluated for evidence of infection by a physician.
 - a. The person whose body fluids came into contact with an officer may state that he or she has AIDS. Often, a person may try to prevent police from withdrawing blood for drug screening (as in a DWI arrest), although, in fact, he or she is not infected at all. While the department cannot coerce an individual--suspect or otherwise--to take periodic tests for infection, the department shall try to convince the subject who may have transmitted infection to do so.
 - b. Personnel should understand the difficulty of transmitting HIV and hepatitis B. If infection control measures have been followed, the risk is very low.

C. Testing for presence of the following infections shall be done if indicated by a medical assessment (after an incident involving the possible transfer of blood or other body fluids).

1. AIDS/ARC/HIV
2. Hepatitis
3. Tuberculosis

D. Confidentiality

1. Confidentiality of information concerning test results is paramount. The victim has a right to privacy in employer-maintained information about his/her health. Under routine circumstances, disclosure of an employee's diagnosis of HIV, hepatitis or tuberculosis shall be on a need to know basis. The department views a breach of confidentiality as a serious disciplinary problem which may result in suspension or termination of employment.

2. Under most circumstances, medical authorities will retain confidential records unless the employee tested requests it or state law requires it.

E. Positive test results

1. Any person who tests positive for HIV or hepatitis A/B shall not be summarily removed from duty. The department shall make no restrictions simply because of diagnosis. These diseases are not spread by casual contact (as between coworkers in the department). The department shall alter an employee's assignment only when he or she can no longer perform the required duties.
2. The department shall ensure continued testing, if necessary, of members for evidence of infection, and shall provide psychological counseling if necessary.
3. Any person who tests positive for tuberculosis, hepatitis C or other communicable disease may be restricted from working for a period of time. The medical evaluation will determine the stage and type of disease the person has contracted and if he/she is contagious. A tuberculosis or hepatitis C infected person shall not return to work until the doctor says he/she is non-communicable.

F. Job performance

1. Infected employees shall continue working as long as they maintain acceptable performance and do not pose a safety or health threat to themselves or others in the department.
2. Where feasible, an employee who has medical complications from a communicable disease will either be reassigned to another job or have his/her job restructured so that he/she can remain employed. As necessary, medical documentation shall support requests for job restructure or reassignment. All personnel shall treat such employees in the same manner as employees who suffer from other serious diseases or handicaps: that is, fairly, courteously, and with dignity.

The department may require an employee to be examined by a physician to determine if he/she is able to perform his/her duties without hazard to him/herself or others.

G. Discrimination

The department expects all personnel to continue working relationships with any fellow employee recognized as having AIDS/ARC, hepatitis A/B, or non-communicable tuberculosis. The department will consider appropriate corrective or

disciplinary action against an employee who threatens or refuses to work with an infected employee or who disrupts the department's mission.

H. Records

The agency maintains a record for each employee detailing incidents of occupational exposure, including information on vaccination status; the results of examinations and tests; health care professionals' written opinion; and any other relevant information. These records are retained by the Administrative Lieutenant in secure storage for the duration of tenure of employment, and shall not be disclosed or reported without the express written consent of the employee.

VIII. TRAINING

- A. The Administrative Lieutenant shall ensure that all members of the agency receive a course of instruction on blood borne diseases and the use of Personal Protective equipment before their initial assignment. Further, each affected employee will receive biennial refresher training plus any additional training appropriate to the particular employee assignment.
- B. The Administrative Lieutenant shall retain complete records on instruction of employees to include dates of training; content of sessions; names and qualifications of trainers; names and job titles of attending employees.
- C. The Administrative Lieutenant is responsible for dissemination of updated information to all personnel and for appropriate educational programs about communicable diseases. These programs shall include at a minimum:
 - 1. Written information concerning AIDS/ARC/HIV, hepatitis and tuberculosis in the form of brochures, bulletins, memorandums, or fact sheets.
 - 2. Group and/or individual presentations and discussions provided by adequately trained personnel or experts from outside the department.
 - 3. Local resources for further medical and law-enforcement information.