

# **MEDINA POLICE DEPARTMENT GENERAL ORDER**

**ORDER NO:** 2016-005

**SUBJECT:** Exposure Control Plan for  
Communicable Diseases

**EFFECTIVE DATE:** January 01, 2016

**RESCINDS ORDER NO:** 99-08-01

**DISTRIBUTION:** All Department Personnel

**PURPOSE:** To establish a policy regarding exposure to communicable diseases.

## **I. POLICY**

- A. The Medina Police Department shall provide employees with up-to-date safety procedures and communicable disease information that shall assist in minimizing potential exposure, while increasing their understanding of the nature and potential risks of communicable diseases.
- B. The Department shall make available appropriate protective equipment to employees, who, through normal duty activities, may come into contact with blood or body fluids. It is the responsibility of the employee to utilize any or all of the equipment as the employee deems necessary. If the employee chooses not to or due to the urgency of the situation, is unable to utilize any of the equipment, the circumstance shall be investigated by a supervisor and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.
- C. Following any on-duty exposure to a potentially communicable disease, the department shall provide a "Designated Officer" (DO) who shall assist the exposed employee with obtaining information concerning the source individual. The DO shall facilitate the testing of the exposed member as well as ensure that the proper follow up procedures, such as the exchange of information and the appropriate treatment, are given to the employee in a timely manner. The DO shall also assist the employee in obtaining any counseling as recommended by the attending physician and shall ensure that all information requested by or given to the exposed employee shall be held in strict confidence.
- D. The Department shall make available vaccinations for the Hepatitis B type virus to all employees who may run the risk of exposure to Hepatitis through contact with blood. If any employee chooses not to receive vaccination series for any reason at the time the series is being made available, the employee shall sign a refusal form (Attachment A) which shall be retained with the

employee's personnel record. The employee, while still employed by the Department, may choose to receive the vaccinations at a later date.

## II. PROGRAM ADMINISTRATOR

- A. The Program Administrator is responsible for the implementation of the Exposure Control Plan. The Program Administrator shall maintain and update the written Exposure Control Plan at least annually and, whenever necessary, to include new or modified tasks or procedures.
- B. The Program Administrator shall be responsible for training, documentation of training, and making the written Employee Exposure Control plan available to employees, OSHA, and NIOSH representatives.
- C. The Program Administrator shall maintain and provide all necessary personal protective equipment, engineering controls (i.e., sharps containers, etc.) labels, and red bags as required.
- D. The Program Administrator shall ensure that adequate supplies of the aforementioned equipment is available.
- E. The Program Administrator shall be the Chief of Police.

## III. EMPLOYEE EXPOSURE DETERMINATION

- A. The following is a list of all job classifications in which employees have occupational exposure:

- Chief of Police
- Lieutenant
- Sergeant
- Investigator
- Patrolman
- School Resource Officer
- Evidence Officer
- Technician
- K- 9 Handler
- Hostage Negotiator
- Special Services Members

## IV. DEFINATIONS

- a. Body fluids: liquids including blood, semen and vaginal or other secretions that might contain these fluids such as saliva, vomit, urine or feces.

- b. Communicable disease: Those infectious illnesses that are primarily transmitted through the body fluids of an infected individual or in the case of Tuberculosis, through the inhalation of infectious airborne particles.
- c. Biohazard Evidence: Any evidence containing blood or body fluids, or any evidence stained or contaminated by blood or body fluids. All evidence of this type is presume to be hazardous and shall be handled accordingly.
- d. Source Individual: Any individual living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.
- e. Acquired Immune Deficiency Syndrome (AIDS): AIDS is a disease characterized by complications indicative of an underlying immune deficiency. The viral agent identified with AIDS is known as Human Immune-deficiency Virus (HIV). As a result of this deficiency, victims develop a variety of infections as well as certain forms of cancer. An AIDS infection is usually characterized by sudden extreme weight loss, swollen glands, joint pain, and ulcerated sores or lesions on the body. However, many infected persons may exhibit no immediate symptoms.

Any persons engaged in high-risk investigatory activities such as those dealing with drug abuse, prostitution, crime scenes where blood or other body fluids are present, serious accident investigation, or are involved in the collection, analysis, and storage of blood-smear and otherwise possibly contaminated evidence are at risk of being exposed to the AIDS virus.

AIDS is a blood borne disease transmitted by direct contact with blood, semen, and possibly other body secretions of an infected person. Sexual activity and intravenous drug abuse are the primary methods of transmission of the AIDS virus. There is no evidence that the disease is transmitted through casual contact, or through the air.

- f. Tuberculosis (TB): TB is a highly infectious bacterial disease which primarily infects the lungs of its victims, although it may also be present in the bones and other body parts of the body. TB is usually characterized by persistent cough, fatigue, chest pain, breathing difficulty, or spitting up blood. Person with active TB may appear well, in spite of the fact that they may be in an advanced stage of the disease.

TB is contracted almost exclusively by inhalation of infectious airborne particle. High risk conditions include:

1. Having a person displaying TB symptoms or with a known TB history sneeze, cough, laugh, shout, spit, cry, or project droplets of saliva directly into the face of another.

2. Drinking from the same glass, eating with the same utensils, or smoking the same cigarette used by a person displaying TB symptoms or with a known TB history.
  3. Performing cardio-pulmonary resuscitation (CPR) on a possible TB infected person without the use of a departmental issued CPR mask.
  4. Close contact with persons with poor personal hygiene, especially those with severe coughing or other TB symptoms.
  5. Entering unsanitary environments and overcrowded residences with poor sanitary facilities, particularly if inhabited by known TB carriers.
- g. Hepatitis: Hepatitis is an infection of the liver caused by either the hepatitis virus type A or hepatitis virus type B. Hepatitis A infections is usually characterized by yellowing of the whites of the eyes and skin, fever, fatigue, upset stomach, possible vomiting, abdominal pain, and dark colored urine. Hepatitis B infection carries the same symptoms as Hepatitis A, only more severe in nature and with much longer recovery period. Hepatitis B symptoms also may include skin rashes, muscle aches, and pain in joints. Persons infected with hepatitis may show no symptoms.

The manner in which Hepatitis is transmitted is nearly identical to that of AIDS.

- h. Ryan White Act: Federal regulations published in the Federal Register (59 F.R. 13418) and based on Title IV, Subtitle B of the Ryan White Comprehensive AIDS Resources Emergency Act of 1990 (Ryan White Act), state that medical facilities are required to evaluate and disclose relevant information concerning emergency response employee (ERE) exposure to specific airborne and blood borne infectious diseases, including HIV. Disclosure may be made only to designated officer of emergency response employees after a determination is made that the employee was exposed to an infectious disease listed in the federal regulations. The information to be disclosed by the medical facility may not include the patient name and address. Disclosure of exposure to infectious disease is mandate within 48 hours of receipt of a written request for information from the ERE's designated officer (see Attachment B).

NOTE: Federal law does not mandate HIV testing of patients. In those cases in which there is a positive or negative evidence of possible HIV infection, the facility must advise the patient that Federal Law requires disclosure of the information to the requesting ERE through the designated officer (DO). Disclosure to the DO is required, by law, even without the patient's consent.

## V. PROCEDURES

### A. Communicable Disease Prevention

1. In order to minimize potential exposure to communicable diseases, employees should exercise universal precautions and assume that person are potential carriers.
2. Disposable latex gloves should be worn when it can be reasonably anticipated that he employee may have hand contact with blood, potentially infectious material, mucous membranes, and when handling or touching contaminated items or surfaces.
3. Plastic mouthpieces or other authorized barrier/resuscitation devices should be used whenever an employee performs CPR or mouth to mouth resuscitation.
4. All sharp instruments such as knives, scalpels and needles shall be handled with extraordinary care, and should be considered contaminated items.
  - a. Needles shall be recapped, bent, broken, removed from disposable syringe or otherwise manipulated by hand.
  - b. Needles shall be placed in a puncture-resistant container when being collected for evidentiary or disposal purposes.
5. Employees shall not smoke, eat, drink or apply makeup around body fluid spills.
6. Any evidence contaminate with body fluids shall be dried and packaged in accordance with evidence procedures, and marked to identify potential or known communicable disease contamination.

### B. Transport and Custody

1. Where appropriate protective equipment is available, no employee shall refuse to arrest or otherwise physically handle any person who may have a communicable disease.
2. An individual may be asked to apply a suitable protective covering such as a bandage or a paper face mask, if the individual is bleeding or otherwise emitting body fluids before being transported by an employee for any reason.

3. Employees have an obligation to notify relevant support personnel during a transfer of custody when the suspect has body fluids present on his person, or has stated that he has a communicable disease.

NOTE: All members are advised to familiarize themselves with Article 27F, Section 2782 of the New York State Public Health Law which specifically prohibits anyone from disclosing HIV information when not authorized to do so.

### C. Disinfection

1. Any unprotected skin surfaces that come into contact with body fluids shall be immediately and thoroughly washed with hot running water and soap for 15 seconds before rinsing and drying.
  - a. Alcohol or antiseptic toileses may be used where soap and water are unavailable.
  - b. Disposable gloves should be rinsed before removal. The hands and forearms should then be washed.
  - c. All open cuts and abrasions shall be covered with waterproof bandages before reporting for duty.
2. Employees should remove clothing that has been contaminated with body fluids as soon as practical. Any contacted skin area should then be cleansed in the prescribed fashion. Contaminated clothing should be handled carefully and laundered in the normal fashion.
3. Disinfection procedures shall be initiated whenever body fluids are spilled, or an individual with body fluids on his person is transported in departmental vehicles.
  - a. Excess body fluids shall be removed from the vehicle with an absorbent cloth, paying special attention to any cracks, crevices, or seams that may be holding excess fluid.
  - b. The affected area should be disinfected using hot water and detergent or alcohol, and allowed to air dry. Bleach should not be used on fabric surfaces.
4. Non-disposable equipment and areas upon which body fluids have been spilled shall be disinfected as follows:
  - a. Any excess of body fluids should be first wiped up with approved disposable absorbent materials.

- b. A freshly prepared solution of one part bleach to 10 parts water or a fungicidal/mycobactericidal disinfectant shall be used to clean the area or equipment.
5. All disposable equipment, cleaning materials or evidence contaminated with body fluids shall be placed in red bags and placed in the bio-hazard disposal canister.

#### D. Supplies

1. The Program Administrator is responsible for dissemination of supplies for infectious disease control. Protective gloves, other first aid supplies and disinfecting material shall be made readily available at all times.
2. Employees shall be responsible for maintaining their communicable disease control supplies and keeping them in their possession while on routine patrol.
3. Bio-hazard kits assigned to each patrol vehicle and shall be kept available at all times.

#### E. Line of Duty Exposures to Communicable Diseases

1. Any employee who has been bitten by a person, suffered a needle stick, or who has had physical contact with body fluids of another person while in the line of duty shall be considered to have been exposed to a communicable disease.
  - a. A supervisor shall be contacted. The Exposure Incident Report (Attachment C) and a standard incident report shall be completed by the Employee and/or supervisor.
  - b. Immediately after exposure, the employee shall be transported to an appropriate health care facility for clinical and serological testing for evidence of infection.
  - c. Unless disclosure to an appropriate department official is authorized by the employee or by state law, the employee's test results shall remain confidential.
2. In the event of an exposure, the Department shall provide the employee with a designated officer (DO) who shall assist the exposed member in obtaining information and treatment according to the Ryan White Act, as outlined in Section IV.H of this Order. The primary responsibilities of the DO include:

- a. assuring the exposed employee that he shall receive appropriate exposure evaluation and information about the exposure, providing assistance in completing the Request for Evaluation form (Attachment B) and submitting the form to the medical facility treating the source Individual;
  - b. acting as a point of contact for receiving reports of possible exposure events of employees from hospitals that identify that an employee transported a patient with an airborne or other high risk communicable disease;
  - c. assessing available information to determine whether a possible exposure has occurred;
  - d. initiating a request for evaluation with the medical facility of the source individual and continue to communicate directly with employee and the facility to ensure appropriate medical follow-up; and
  - e. maintaining the confidentiality of all information acquired.
3. Any person responsible for potentially exposing the employee to a communicable disease shall be encouraged to undergo testing to determine if the person has a communicable disease.
  4. Employees who test positive for a communicable disease may continue working as long as they maintain acceptable performance in accordance with current departmental policies and procedures and do not pose a safety and health threat to themselves, the public or members of the department.
    - a. The Chief of Police shall make all decisions concerning the employee's work status solely on the medical opinions and advise of professional health care officials.
    - b. The Chief of Police may require an employee to be examined by department health care officials to determine if they are able to perform their duties without hazard to themselves or others. Any disputed medical finding shall be resolved in accordance with the current collective bargaining agreement.
  5. It is the responsibility of each employee to document and follow-up any situation that might lead to possible infection of the employee or fellow employees. Taking into consideration Article 27F, Section 2782 of the Public Health Law, it is recommended that any employee with knowledge of potential high risk situations or persons:



- a. Obtain names of suspected disease carriers, their associates, and any places they may frequent.
  - b. Document possible exposure to disease if exposure may have occurred. If knowledge of a high risk situation is obtained (Officer Safety).
  - c. If an individual transported to a medical facility is suspected of having a communicable disease, the transporting employee shall advise any medical service providers attending the individual of the transporting employee's name, and work phone number so that the employee can be notified in the event that the individual tests positive for any disease (TB, Hepatitis).
6. All personnel shall treat employees who have contacted a communicable disease fairly, courteously and with dignity.

#### F. Record Keeping

The department shall maintain written records of all incidents involving employees who have potentially been exposed to a communicable disease while acting in the line of duty. The records shall be stored in a secured area with limited access, and maintained in conformance with applicable privacy laws.

By Order Of:

Chad D. Kenward  
Chief of Police

