



Subject: Communicable Disease Prevention

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## I. Purpose:

The purpose of this Policy is to provide guidelines for Department employees in limiting or preventing exposure to common communicable diseases as described in this policy.

## II. Definitions:

- A. **Body Fluids:** Liquid secretions including blood, semen, vaginal, or other secretions that might contain these fluids such as saliva, vomit or urine.
- B. **Communicable Disease(s):** For purposes of this policy, communicable disease refers to AIDS/H.I.V., Hepatitis, Sexually Transmitted Diseases (STD), Tetanus, and Tuberculosis.
- C. **Exposure Incident:** An on-duty employee's direct contact with body fluids of another person or with other potentially infectious materials. This includes but is not limited to direct contact with an employee's non-intact skin, eyes, nose, mouth, or other mucous membrane. Exposure incidents also include piercing of the skin through needle sticks and human bites.
- D. **Contamination:** Presence or reasonably anticipated presence of blood or other potentially infectious materials on an item or surface
- E. **Decontamination:** The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point that they are no longer capable of transmitting infectious particles
- F. **Personal Protective Equipment:** Specialized clothing or equipment worn by police personnel for protection against the hazards of infection. This does not include standard issue uniforms and work clothes without special protective qualities.

## III. Applicable Communicable Diseases:

- A. **AIDS/HIV:** The human immunodeficiency virus (HIV) can be contracted by another person's HIV-infected body fluids entering one's bloodstream. The effect of the virus is to decrease the ability of the body to fight infection.

After individuals are infected, they may experience a minor viral infection, the symptoms of which could include fever, runny nose, and generally feeling unwell. It is also possible to have no symptoms at all for years. When individuals begin to develop systematic infections, they progress from being HIV-positive to having AIDS and may also be prone to contracting several varieties of cancers. Infection with the HIV/AIDS virus is ultimately fatal.

- B. **Hepatitis:** Hepatitis is an inflammation of the liver. It can be caused by a number of substances and different types of viruses. From an occupational point of view hepatitis B and C are important. Hepatitis B is more infectious and prevalent than AIDS. Its symptoms may include jaundice (yellowing), vomiting,



fever, and generally feeling weak. It can result in liver failure, liver damage, and liver cancer. Hepatitis C is contracted in a similar way but is much more insidious. The individual may not know that he or she has hepatitis. It may be discovered as an incidental finding when liver function tests are checked. If this is not treated, it may result in long-term severe liver damage.

- C. **Sexually Transmitted Diseases (i.e. gonorrhea, syphilis):** These diseases are acquired through direct sexual contact with an infected person or contact with an infected person's blood.
- D. **Tetanus:** The bacteria that causes tetanus is commonly found in the soil. It causes intense muscle spasm and breathing difficulties and has a high mortality rate. A major risk factor for getting tetanus is a contaminated wound.
- E. **Tuberculosis:** TB (short for *tubercles bacillus*) is a common and often deadly infectious disease caused by various strains of mycobacteria, usually Mycobacterium tuberculosis in humans. Tuberculosis usually attacks the lungs but can also affect other parts of the body. It is spread through the air when people who have the disease cough, sneeze, or spit.

#### IV. Policy:

The safe performance of daily operations can be threatened by life-endangering communicable diseases that can be contracted through exposure to infected blood and several types of body fluids. It is the policy of the Department to continuously provide employees with up-to-date information and education on prevention of these diseases, provide safety equipment and procedures that will assist in minimizing potential exposure, while increasing employee understanding of the nature and potential risks associated with these diseases, and to institute post-exposure reporting, evaluation and treatment for all employees' exposure to these diseases.

#### V. Communicable Disease Prevention

In order to minimize potential exposure to communicable diseases, employees should assume that all persons are potential carriers of such diseases.

- A. All open cuts and abrasions should be covered with waterproof bandages before the employee reports for duty.
- B. Disposable gloves shall be worn when handling any persons, clothing or equipment with body fluids on them.
- C. Masks, protective eyewear, and coveralls (Personal Protective Equipment) should be worn where body fluids may be splashed on the officer.
- D. Plastic mouthpieces or other authorized barrier/ resuscitation devices shall be used whenever an officer performs CPR or mouth-to-mouth resuscitation.



- E. Employees should not smoke, eat, drink, or apply cosmetics near body fluid spills. Evidence that is contaminated with body fluids will be dried, double-bagged in plastic bags, and marked to identify potential or known communicable disease contamination.
- F. All sharp instruments such as knives, scalpels and needles shall be handled with extraordinary care, and should be considered contaminated items. Gloves specifically designed to resist needle sticks, cuts, and abrasions should be worn when searching for or handling sharp instruments.
- G. Employees should not place their hands in areas where sharp instruments are likely to be hidden. An initial visual search of the area should be conducted, using a flashlight where necessary. Employees should use extreme caution when removing any sharp instruments that are located.
- H. Needles should not be recapped, bent, broken, removed from a disposable syringe, or otherwise manipulated by hand. Needles shall be placed in a puncture-resistant container when being collected for evidentiary or disposal purposes.
- I. Tongs, pliers, or other appropriate grasping devices should be used to retrieve sharp objects that are contaminated with blood.

## VI. Transport and Custody of Persons with Communicable Disease

- A. Where appropriate protective equipment is not readily available, police officers shall use extreme caution to arrest or otherwise physically handle any person who may have a communicable disease.
- B. Employees shall not put their fingers in or near any person's mouth.
- C. Individuals with body fluids on their persons shall be transported in separate vehicles from other individuals after appropriate medical treatment by paramedics or other qualified medical personnel. The individual may be required to wear a suitable protective covering if he/she is bleeding or otherwise emitting body fluids where reasonable or possible.
- D. Police officers shall notify relevant support personnel during a transfer of custody when the suspect has body fluids present on his person.
- E. Suspects taken into custody with body fluids on their persons shall be placed directly in the designated holding area for processing, and should change into uncontaminated clothing where reasonable/possible. The holding area shall be posted with an **"Isolated Area - Do Not Enter"** sign.
- F. Police officers should document on the appropriate arrest and/or incident reports when a suspect taken into custody has body fluids on his person.



## VII. Non-Exposure Contact with Body Fluids

- A. When the body fluids of another person come into contact with an employee's **intact** skin, no exposure incident has occurred, medical treatment is not necessary and generally no first report of injury form should be completed.
- B. In these cases, the areas affected should be disinfected per Section IX of this policy and any contaminated clothing should be removed as soon as possible to eliminate prolonged skin contact.

## VIII. Exposure Incident Procedures

- A. Initial Exposure Management
  - 1. Non-intact skin and punctures should be cleaned with soap and clean water and/or saline solution.
  - 2. Eyes, nose, mouth and other mucous membranes exposed should be flushed with clean water, saline solution or other sterile irrigates.
- B. Medical Evaluation / Treatment
  - 1. Immediately after exposure, Ocean City EMS shall be summoned to respond to the scene for initial evaluation and treatment.
  - 2. The employee should be encouraged to undergo testing to determine if he/she has been exposed to a communicable disease and, upon request and/or consent shall be transported to the appropriate health care facility for clinical and serological testing for evidence of infection. If testing is elected by the employee, the Department shall ensure continued testing of the employee for evidence of infection.
  - 3. Unless disclosure to an appropriate departmental official is authorized by the employee or by State law, the employee's test results shall remain confidential.
  - 4. The Department will provide for the continual monitoring of the exposed officer for evidence of infection.
- C. Administrative Responsibilities
  - 1. Any person responsible for potentially exposing the employee should be encouraged to undergo testing to determine if the person has a communicable disease.
  - 2. Anytime an exposure incident occurs, a supervisor shall be contacted and a First Report of Injury shall be completed by the supervisor and submitted to Risk Management.



#### D. Post-Exposure

1. All employees who have contracted a communicable disease will be treated with fairness, courtesy and dignity.
2. Employees who test positive for a communicable disease may continue working as long as they maintain acceptable performance and do not pose an additional safety and health threat to themselves, the public or Department employees.
3. The Department will make all decisions concerning the employee's work status solely on the medical opinions and advice of the Town's healthcare officials.
4. The Department will require an employee to be examined by a physician to determine the individual's fitness for duty.
5. The Department, in conjunction with Risk Management, shall make arrangements for follow-up medical evaluations and counseling as necessary.

### IX. Disinfection

#### A. Intact Skin

Any unprotected intact skin surfaces that come into contact with body fluids shall be immediately and thoroughly washed with soap and warm water. Alcohol antiseptic towels/wipes may be used where soap and water are unavailable. Disposable gloves should be removed and disposed of appropriately. The hands and forearms should then be washed. Hand lotion should be applied after disinfection to prevent chapping.

#### B. Clothing

1. Employees should remove clothing that has been contaminated with body fluids as soon as practical and any skin area that has come into contact with this clothing should then be cleansed in the prescribed fashion.
2. Contaminated clothing should be handled carefully and laundered separately.
  - a. Lightly Contaminated clothing should not be laundered at home. At the employee's request, the Department will make arrangements with the Ocean City Fire Department or a private vendor that has laundry machines and procedures in place for the cleaning of contaminated clothing.
  - b. Grossly contaminated clothing shall be disposed of in accordance with all applicable laws pertaining to the disposal of biohazard waste.



C. Vehicles

Disinfection procedures shall be followed whenever body fluids are spilled, or an individual with body fluids on his/her person is transported in an agency vehicle.

1. A supervisor shall be notified and the vehicle taken to the service center as soon as possible.
2. Affected vehicles should be designated by the posting of an "Infectious Disease Contamination" sign upon arrival at the service center and while awaiting disinfection.
3. All organic matter should be removed with an absorbent cloth before disinfectant is applied to the area.
4. The affected area should be cleansed with a 10% bleach solution or hospital-grade disinfectant. Employees shall not hose/flood the affected area.

D. Equipment

1. Non-disposable equipment and areas upon which body fluids have been spilled shall be disinfected as follows
  - a. All body fluids should first be removed with absorbent materials.
  - b. The area shall be cleansed with a 10% bleach solution or hospital-grade disinfectant.
2. All disposable equipment, cleaning materials or evidence contaminated with body fluids shall be bagged and disposed of in compliance with state law provisions for disposal of biologically hazardous waste material.

**X. Supplies:**

- A.. The Arrest and Detention Section is responsible for continuously maintaining and storing in a convenient location adequate infectious disease control supplies for the Department. The Property Section is responsible for dissemination of supplies for infectious disease control. Protective gloves, other first-aid supplies, and disinfecting materials will be made readily available at all times.
- B. All Departmental vehicles will be continuously stocked with the following communicable-disease control supplies:
  1. Disposable gloves
  2. Puncture-resistant containers and sealable plastic bags
  3. Barrier resuscitation equipment, goggles and masks
  4. Hospital grade disinfectant



5. Disposable towels/wipes or waterless disinfection solution
  6. Waterproof bandages
  7. Absorbent cleaning materials
- C. The Arrest and Detention Section will maintain a supply of the above listed items as well as:
1. Clean coveralls in appropriate sizes
  2. "Isolation Area – Do Not Enter" signs
  3. Red bio-hazard containers
  4. Bleach for disinfectant purposes
- D. Employees who utilize supplies stored in police vehicles are responsible for replacing them.
- E. Employees assigned to operational functions within the Department are required to keep disposable gloves in their possession at all times.

#### **XI. Record Keeping:**

The Department shall maintain written records of all incidents involving employees who have potentially been exposed to any infectious disease while acting in an on-duty capacity. The records will be maintained in the affected employee's medical file under the supervision/custody of the Training and Recruiting Section. Access to such file is limited to the constraints of State and federal privacy laws. The records will be maintained as required by federal regulation for a minimum of thirty (30) years after separation.

#### **XII. Training:**

- A. The Training and Recruiting Section shall insure that all new employees with occupational exposure to HIV/AIDS and HBV are provided with a complete course of instruction on prevention of bloodborne diseases prior to their initial assignments.
- B. All employees will receive additional training in this topic area when job tasks and/or procedures are modified in a manner that may alter individual risk of exposure.





- C. The Training and Recruiting Section will maintain complete records of employee training in this subject matter to include:
  - 1. Dates and content of the instruction provided
  - 2. Instructor(s) and job title of the instructor(s)
- D. Training records will be maintained in accordance with applicable retention policies.

**XIII. Appendices:**

- A. Bloodborne Pathogens Exposure Control Plan
- B. Consent/Waiver Form

<b>References:</b> OCPD Bloodborne Exposure Plan			
<b>Supersedes:</b> S.O.P. ADM-010; dated 10/31/2013			<b>Legal Review / Approval:</b> 01/21/2016
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