

	PALACIOS POLICE DEPARTMENT	
	Policy 7.17 Communicable Diseases	
	Effective Date: 1/04/2021	Replaces: 02/07/2006
	Approved: <i>Milton Rivera</i> <u>Milton Rivera, Chief of Police</u>	
	Reference:	

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 officer's fears of possible infection. Personnel 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.

This policy is not intended to address all known diseases. For example, Ebola and other highly contagious diseases are not specifically addressed. Officers of this department will work closely with all stakeholders to develop response protocols that are safe and effective for everyone involved.

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 or his/her body fluids or on an 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, i.e., 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 B (HBV)

A viral infection that can result in jaundice, cirrhosis, and, sometimes, cancer of the liver. The virus is transmitted through exposure to blood, semen, vaginal secretions, breast milk, and possibly saliva. Two vaccines are currently available against hepatitis B [Recombivax (synthetic) or Heptivax (serum derived)].

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 through 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. This is true, for example, with persons thought to have been infected with the Ebola virus.

IV. GENERAL RESPONSIBILITIES

A. The Chief of Police 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. Personal protective equipment and supplies (PPE) can be found in sufficient quantities at advertised locations.
 2. Hypoallergenic gloves and other materials are available for employees allergic to standard-issue gear.
 3. Supplies are routinely inspected, replaced, cleaned.
 4. First Aid supplies and disinfectants are available always.
- B. Officers shall maintain disposable gloves in their personal possession at all times.
- C. 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.

- D. 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 latex 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. (TBP: 8.10)

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 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. Search techniques shall be used that require suspects to empty their own pockets or purses and remove sharp objects from their persons.
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. Booking forms should so state.

D. Handling objects

1. Objects contaminated with body fluids shall be completely dried, double bagged, 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.
2. Wear latex 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 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 at the nearest hospital (if the skin is broken).
4. Advising your supervisor, make a report, or follow any other policy for reporting injuries, including the filing of appropriate Worker's Compensation forms.

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 as soon as possible after the injury. A physician will then decide the proper treatment.
3. Advise your supervisor, make a report, or follow any other policy for reporting injuries, including the filing of appropriate Worker's Compensation forms.

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 large amounts of blood have been shed.
 - 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 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 gloves on their persons at all times.
 - c. Latex 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 latex 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 "Contaminated Material."
 - 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 the local health department for advice.
6. Warning labels must be placed on all plastic evidence bags to go to the crime laboratory.

VI. 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 the department 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. HSC 81.050 states that if any person or employee has been exposed to body fluids, the person or employee whose fluids were involved will be requested by the agency to consent to HBV or HIV testing and disclosure of results.
 - c. CCP 21.31 provides measures whereby a person charged with any crime involving sexual assault, or particular offenses against children, may be ordered to submit to HIV testing.
 - d. 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 infection shall be done if indicated by a medical assessment (after an incident involving the possible transfer of blood or other body fluids). The following information details testing methods and their reliability.

1. AIDS/ARC/HIV

- a. Blood tests can detect HIV antibodies (produced by the body's immune system).
- b. The two common tests for HIV antibodies are the ELISA (Enzyme-Linked Immunosorbent Assay) and the Western Blot. Since the ELISA is less expensive and easier to perform, it is usually used as a first screen for HIV. If the ELISA identifies the person as seropositive, a second ELISA is performed. If the second test is also positive, a Western Blot is usually performed to confirm the results.
- c. Since HIV antibodies may not develop for some months after a person has been infected, an initial negative result may not mean freedom from infection. Typically, three to six months elapse following an infection for a positive reaction to occur. High false positive rates also occur with the use of only ELISA test.

- d. One must be tested, then, immediately following the incident (for a baseline) and then six and twelve months later.

2. Hepatitis B

A blood test can confirm the presence of hepatitis B virus six to eight weeks after exposure. Note that different tests exist for hepatitis B depending on the reason for testing.

3. Tuberculosis

- a. This disease is detected first by a skin test, and then confirmed by an x-ray. The department physician can order this test for the department employee.

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. No need exists for a supervisor routinely to know that a person tests positive (for HIV or hepatitis B). 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 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 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-infected person requires medication and shall not return to work until the doctor says he/she is non-communicable. (Tuberculosis is easily transmitted and its incidence in Virginia has recently

shown a slight increase. After exposure to tuberculosis, a person may, after a medical evaluation, take medicine to help prevent the disease.)

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 the department 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 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 Chief 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.

VII. TRAINING

- A. The training officer 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 annual refresher training plus any additional training appropriate to the particular employee assignment.

- B. The training officer 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 training officer 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 B, 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.

VIII. AIDS-RELATED CONCERNS OF PERSONNEL

ISSUE	INFORMATION
Human Bites	A person who bites is typically the one who gets the blood; viral transmission through saliva is highly unlikely. If bitten by anyone, gently milk wound to make it bleed, wash the area, and seek medical attention.
Spitting	Viral transmission through saliva is highly unlikely.
Urine/feces	Virus isolated in only very low concentrations in urine; not at all in feces; no cases of AIDS or HIV infection associated with either urine or feces.
CPR/first aid	To eliminate the already minimal risk associated with CPR, use masks/airways; avoid blood-to-blood contact by keeping open wounds covered and wearing gloves when in contact with bleeding wounds.
Body removal	Observe crime scene rule: do not touch anything; those who must come into contact with blood or other body fluids should wear gloves.
Casual contact	No cases of AIDS or HIV infection attributed to casual contact.

Any contact with blood or
body fluids

Wash thoroughly with soap and water; clean up spills
with 1:10 solution of household bleach.

*Source: Adapted from: AIDS and the Law Enforcement Officer: Concerns and Policy Responses by Theodore M. Hammett, Ph.D., National Institute of Justice, U.S. Department of Justice, June, 1987