

245. INFECTIOUS DISEASE CONTROL/BLOODBORNE PATHOGENS



RICHFIELD POLICE DEPARTMENT POLICY

Effective Date: 12/24/91
No. of Pages: 8
Serial Number: 10-145
Authority: Chief Jay Henthorne

NOTE: This policy is for internal use only and does not enlarge an employee's civil or criminal liability in any way. It should not be construed as the creation of a higher standard of safety or care in an evidentiary sense, with respect to third party claims. Violations of this policy, if proven, can only form the basis of a complaint by this Department, and then only in a non-judicial administrative setting.

I. PURPOSE

The purpose of this Policy is to provide officers with necessary information on preventing the spread of infectious disease. This Policy was written in accordance with the universal precautions for preventing the spread of infectious disease in the work place, developed by the Centers for Disease Control. This Policy **shall** serve as the exposure control plan required by OSHA regulations on bloodborne pathogens.

II. POLICY

Department personnel are engaged in duties, including delivery of medical care in the pre-hospital setting, that creates the possibility of occupational exposure to blood borne pathogens. Job duties are often performed in uncontrolled environments that, due to a lack of time and other factors, do not allow for application of a complex decision-making process to the emergency at hand. It is the policy of the Department to provide the training, equipment, and procedures necessary to minimize the risk of employee exposure to infectious agents without compromising the care and safety of patients.

The following procedures should be observed by employees in making decisions concerning the use of personal protective equipment and resuscitation equipment, and when implementing decontamination and disposal procedures. Employees should observe universal precautions, whereby all human blood and certain human body fluids are treated as if known to be infectious.

III. DEFINITIONS

The following definitions apply for the purpose expressed in this Policy:

AIDS (Acquired Immune Deficiency Syndrome): An acquired illness of the immune system which reduces the body's ability to fight special types of infection and cancers. The Human Immunodeficiency Virus (HIV) is thought to be the cause of this illness, which is transmitted through intimate sexual contact, in particular, anal and vaginal intercourse; direct exposure to or infection with infected blood or blood products; and from an infected woman to her fetus or infant. Once the immune system is impaired, persons who are diagnosed as having AIDS may easily develop one or more specific opportunistic infections or rare cancers which become life threatening.

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 also human immunodeficiency virus (HIV).

BODY FLUIDS: Any fluids secreted by the body including, but not limited to, blood, semen, saliva, urine, feces, etc.

COMMUNICABLE DISEASE: A disease or condition that causes serious illness, serious disability, or death, the infectious agent of which may pass or be carried, directly or indirectly, from the body of one person to the body of another.

CONTAMINATION: An item is considered contaminated when there has been contact with body fluids.

GLOVES: Surgical-type latex or nylon disposable gloves.

HEPATITIS B: A viral infection that affects the liver. The effects of the disease on the liver can range from mild, even unapparent, to severe or fatal.

HIGH RISK BEHAVIOR: A term that describes certain activities that increase the risk of transmitting HIV. These include anal intercourse, vaginal intercourse without a condom, oral-anal contact, semen in the mouth, and sharing intravenous needles.

HUMAN IMMUNODEFICIENCY VIRUS: (HIV) The specific AIDS retrovirus which has been identified as destroying the body's immune system, making it susceptible to life-threatening, opportunistic infections or rare cancers. It is particularly resistant to treatment and has a long incubation period. Thus, it may be a long time between the point when a person is infected and when the antibodies can be detected (anywhere from three weeks to six months). It may also take up to five years or more before the disease becomes apparent and is diagnosed.

INFECTIOUS DISEASE: Any of a number of diseases identified in the State of Minnesota Department of Health Code as a communicable reportable disease, including, but not limited to, Hepatitis B, Tuberculosis, AIDS, etc.

OPPORTUNISTIC INFECTION: Infection that usually is warded off by a healthy immune system. If the immune system is not strong and effective, these infections "take the opportunity" to harm the body.

POCKET MASK: A plastic face mask with a one-way valve used to administer mouth to mouth resuscitation.

POTENTIALLY INFECTIOUS MATERIALS: The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial (joints) fluid, peritoneal (abdominal) fluid, amniotic (pregnancy) fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

SIGNIFICANT EXPOSURE: Occurs when infectious body fluids or tissues come in contact with a person's blood or mucous membranes. The body fluids/tissues containing the virus in infected persons are blood, semen, and deep organs. These infectious secretions must come in contact with a person's mucous membranes or directly into the person's vascular (blood) system to be defined as a significant exposure. Infectious body fluid contact with intact skin (i.e. no cuts or open sores) is not considered significant exposure.

UNIVERSAL PRECAUTIONS: An approach to infection control where all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

IV: PROCEDURE

UNIVERSAL PRECAUTIONS

When the possibility of exposure to blood or other potentially infectious materials exists, universal precautions should be followed. Employees **shall not** refuse to provide medical care if appropriate protective equipment is not available. However, employees are not obligated to intentionally expose themselves to blood or other potentially infectious materials through direct contact.

PERSONAL PROTECTIVE EQUIPMENT

The Department will make the following available to all officers:

- 1) Disposable latex or nylon gloves and glove pouches.

The Department will make the following equipment items available in the Police Department:

- 1) Disposable plastic bags clearly marked as containers for contaminated materials;
- 2) Puncture resistant containers for securing sharp objects;
- 3) Disposable paper towels and cleaning supplies;
- 4) Gowns and surgical face masks, when necessary;
- 5) Disposable gloves.

Officers should have disposable gloves on their person while on duty. Disposable gloves should be worn when handling persons who are bleeding or have open wounds or lesions, when handling clothing, bedding or other material contaminated by blood or other body fluids, when handling equipment items contaminated by blood or other body fluids and in any situation where it appears they may be exposed to blood or other body fluids. It is especially important that officers wear disposable gloves in these situations if they have uncovered open wounds or breaks in the skin on their hands.

Disposable gloves should be worn only once, and then discarded. If gloves have been contaminated by blood or other body fluids, they should be placed in a disposable bag that is clearly marked for contaminated items. When removing disposable gloves, there should be no contact with the mouth. The gloves should be pulled off inside out to prevent any contaminated fluid from having contact with the skin. Officers should wash their hands as soon as possible after removing the disposable gloves with soap and warm water.

Disposable gloves should never be worn for extended periods of time. Officers should use a pair of gloves when warranted by the situation and then discard them. Replacement disposable gloves should be readily available and easily accessible at the work location.

Officers should be aware that rings, jewelry or long fingernails may compromise the structural integrity of the gloves. They should make certain the gloves are not torn before they are used.

Pocket Masks

Pocket masks should be worn by officers when administering mouth to mouth resuscitation. Pocket masks should be cleaned thoroughly after each use. The masks can be cleaned with soap and warm water or wiped off with alcohol. Either way is sufficient to decontaminate the mask. Pocket masks should be dried thoroughly before being stored.

CUSTODY PROCEDURE

Persons of high-risk groups should be treated with caution. Where violence or an altercation is likely, protective disposable gloves should be worn. Caution should be used during the search of suspected drug users or dealers to prevent accidental skin punctures by needles. Caution must also be used when reaching into areas, such as under car seats, which are not visible.

After the completion of the task or search where protective disposable gloves were utilized, they should be removed with caution, placed in a plastic bag and securely sealed. Upon returning to the station, the officer should place the sealed bag into a designated "Contaminated Item Receptacle."

Subjects with blood or bodily fluids present on their persons should be transported separately from other subjects when possible. Officers will inform communications personnel when a subject should be transported alone. Communications personnel will notify the responding car, ambulance or detox van when separate transportation is required.

Officers should inform other support personnel (firefighters, paramedics, sheriffs, detox personnel, etc.) whenever change or transfer of custody occurs if the subject has blood or bodily fluids present on his person, or if the subject has made a voluntary statement that they have an infectious disease.

Subjects taken into custody with blood or bodily fluids on their persons should be taken directly to and placed in the designated holding area for processing. An "Isolated Area-Do Not Enter" sign should be posted.

Officers should indicate on the appropriate arrest forms when a subject taken into custody makes a voluntary statement that they have an infectious disease; verbatim narratives also will be included when preparing offense reports. Additionally, a notation should be made when a subject has blood or bodily fluids present on their person or clothing (i.e., "Bodily Fluids Present").

SEARCHES

Officers should never put their hands blindly into purses, bags, pockets, or any item that is not a clear container. Always empty out the contents of purses, bags, or any items that are not in a clear container prior to searching.

1) Cell Searches

Care should be used while conducting cell searches. Officers should never put their hands into an area they cannot visually inspect. Flashlights and mirrors should be used to assist in visual inspection.

Officers should exercise extreme care when searching any clothing or bedding items in the cell. Clothing and bedding items should be shaken gently and not patted or groped, to reduce the potential for being stuck by sharp objects that may be hidden in the clothing or bedding. Disposable gloves should be worn while conducting cell searches.

2) Body Searches:

Disposable gloves should be worn while conducting a body search because the searching officer may come into contact with blood or other body fluids. Caution should be exercised by officers when searching the clothing of the person being searched to reduce the likelihood of being stuck by a sharp object that may be hidden in the clothing.

3) Pat-down Searches:

Caution should always be exercised by officers while conducting any pat-down search to reduce the likelihood of being stuck by a sharp object that may be hidden on the person being searched.

Prior to conducting the search, the searching officer should ask the person being searched if they have any sharp objects on their person or clothing. If yes, the officer should have the person tell the officer where the object is located and the officer should carefully remove the sharp object.

Before conducting any pat-down search, the officer should visually inspect the person to be searched for any noticeable bumps in their clothing that would indicate a hidden object. While conducting the pat-down search, the searching officers should avoid rapidly sweeping movements with their hands down the arms, legs and torso of the person being searched. The searching officer should carefully pat areas before using the groping search technique to reduce the likelihood of being stuck by a hidden sharp object.

4) Clothing Searches

Caution should be exercised when searching clothing to reduce the potential for being stuck by sharp objects that may be hidden. As much as possible, clothing should be removed from the person prior to the search. Disposable gloves should be worn by officers if they may come into contact with blood or other body fluids.

SHARP OBJECTS

Officers should handle all sharp objects with caution and all sharp objects should be assumed to be infectious. Needles should never be recapped, bent, broken or otherwise tampered with by Department personnel.

Sharp objects should be placed in a puncture resistant container and clearly marked as containing sharp objects. If puncture resistant containers are not available, officers should carefully wrap the sharp object in paper or cloth, place the wrapped sharp object in an envelope or bag, and clearly mark the envelope or bag as containing sharp objects.

CLEAN UP PROCEDURES

Officers who come into contact with blood or other body fluids, whether wearing disposable gloves or not, should wash their hands (or other area of contact) with warm water and soap as soon as possible.

1) Clothing

Uniform clothing and any other clothing that becomes contaminated with blood or other body fluids should be removed as soon as possible. Heavily contaminated clothing should be put in a disposable bag for taking home.

Normal washing using regular detergents in a washing machine will decontaminate clothing. Normal dry cleaning will decontaminate those uniform items that must be dry cleaned. As an added precaution, heavily soiled clothing items should be washed separately from other wash items.

2) Equipment

Equipment items that are contaminated with blood or other body fluids should be thoroughly cleaned after use. A solution of 1 part household bleach to 9 parts water is a sufficient solution to decontaminate equipment items.

This solution needs to be made freshly every 24 hours. Mixed solutions of bleach and water lose their potency after 24 hours. This solution will not damage equipment items such as weapons, handcuffs, keys, car seats, etc.

3) Spills

A solution of 1 part bleach to 9 parts water is sufficient to clean up any spills of blood or other body fluids. The solution should be poured into the fluid spill and then mopped up. Never pour undiluted household bleach into blood, urine or other body fluids.

Disposable towels should be used as much as possible to clean up blood or other body fluids. Disposable towels should be discarded in a disposable bag that is clearly marked for contaminated items. Mops should be thoroughly cleaned in the same solution (1:9 bleach to water) after being used. Disinfectants used in regular jail cleaning are sufficient to decontaminate areas where spills occur if the bleach and water solution is not available.

Disposable gloves should be worn when cleaning up any spills of body fluids. Gowns and face masks may also be appropriate if there is a potential for the splattering of the body fluids.

4) Vehicle Maintenance

Disinfecting procedures should be initiated when a police vehicle requires maintenance after blood or other bodily fluid discharges. A duty supervisor should be notified and the vehicle should be cleaned by the contracted biohazard cleaning company.

Police officers will affect routine disinfecting procedures. City garage personnel will affect disinfecting procedures when appropriate. Recommended disinfecting procedures are as follows:

- a) Affected vehicles should be immediately designated by the posting of an "Infectious Disease Contamination" sign while awaiting disinfecting. Signs will be made available and kept in the trunk of the vehicle.

- b) Any excess of blood or bodily fluids should first be wiped up with a disposable absorbent Chux or other approved absorbent materials. Afterwards, the absorbent materials should be immediately placed in a plastic bag and placed in the designated "Contaminated Item Receptacle."
- c) Contaminated surfaces may be effectively cleaned with a dilution of 1 part bleach to 9 parts hot water.
- d) The affected area should be cleansed with the bleach solution noted above and allowed to air dry for ten minutes.
- e) All disposable contaminated cleaning items should be placed in plastic bags and placed in the designated "Contaminated Item Receptacle."
- f) Subsequent to the cleaning of the police vehicle, the "Infectious Disease Contamination" sign should be placed in the designated "Contaminated Item Receptacle."

Protective disposable gloves should be worn during all phases of disinfecting. Maintenance personnel and officers should be careful not to contaminate themselves during this cleaning regimen or when taking off their disposable protective gloves.

5) Cell Contamination

An "Isolated Area-Do Not Enter" sign should be immediately posted on the cell. Signs will be kept in the duty supervisor's office and should be obtained from the duty supervisor on duty. The duty supervisor will be responsible for ensuring that the cell will be properly disinfected or sealed off. Recommended disinfecting procedures to be followed are the same as for vehicle disinfecting procedures above.

6) Handling and Storage of Property and Evidence

Evidence containing blood or other bodily fluids should be handled with gloves. If the stain or sample is dry, it should be placed in a paper bag. If the stain or the sample is wet, it should first be placed in a paper bag and then into an unsealed plastic bag. If the evidence consists of a syringe and needle, the puncture proof tube should be used. If the needle and syringe do not fit into the tube, the needle should be made safe by wrapping with tape so that the sharp point is covered and is blunt. The needle/syringe should be placed in a plastic bag so that it can be seen by persons handling the evidence.

It should be noted that if the needle/syringe is to be processed for latent fingerprints, the bag may hinder the obtaining of latents. Remember, the safety of police personnel is of utmost importance. Liquid samples either should be collected as a liquid and stored in a bottle or, if located on clothing or similar materials, should be air-dried and packaged as described above.

All evidence containing blood or other bodily fluids will be treated as if it is contaminated. Evidence should be labeled using the bio-hazard labels. Any item suspected of being contaminated with blood or other bodily fluids should be washed immediately and thoroughly with soap and water after handling. Officers handling such items should wash their hands afterward thoroughly with soap and water even if gloves were worn.

Persons working in areas for extended periods of time where blood or other bodily fluids have been shed (for example, crime scene personnel working for long periods of time at homicide scenes) should wear anti-contamination clothing such as suits, masks, boot covers and gloves.

Property section personnel should exercise extreme caution when handling, processing and storing potentially infectious disease contaminated evidence/property. Any clothing or evidence known to be contaminated with suspected AIDS, Hepatitis B or other contagious diseases should be placed in a specified area and clearly labeled (e.g. "Known AIDS," "Possible Hepatitis B," etc.).

All clothing or evidence, and sacks containing the clothing or evidence, that have been exposed to blood or other bodily fluids, should be handled with protective disposable gloves. Property section

personnel will furnish protective disposable gloves to officers, agents, or others handling clothing with blood or other bodily fluids on it while in the property section.

Any clothing known or suspected to be contaminated with any contagious disease, bloody or not, should be handled with protective disposable gloves. Officers should wash their hands thoroughly with germicidal soap after handling any possible contaminated clothing or evidence.

All property for disposal should be kept in sealed plastic bags and placed in the infectious disease receptacle in the property section.

7) Property Contamination

When Department-issued or personal property is contaminated by blood or bodily fluids in the line of duty, officers will place the items in a sealed plastic bag marked hazardous, and deliver it to the duty supervisor. The duty supervisor will write a memo through the chain of command including the following information:

- a) The circumstances by which the property became contaminated;
- b) Whether any person was charged with destruction of public or private property, due to the circumstances by which it became contaminated.

The contracted bio-hazard cleaning company will make the determination whether the item(s) can be decontaminated or replaced.

Officers should keep a second change of uniform in their locker at all times.

CONTAMINATION AND EXPOSURE REPORTING PROCEDURE

At any time, during the course of a work assignment, when an employee has direct contact with blood or other body fluids on open cuts, breaks in skin or in mucous membranes, has given direct mouth-to-mouth resuscitation, is stuck or cut by a sharp object, or is unsure whether an occurrence constitutes a significant exposure, the following steps should be taken:

- 1) Cleanse the area thoroughly, as soon as possible, with warm water and soap for at least 30 seconds, then rinse with plenty of warm water. (If water is not readily available, an alcohol wipe is sufficient for initial cleansing of the area. Washing with warm water and soap should be done as soon as possible.)
- 2) If the exposure includes extensive contamination of clothes, put on disposable gloves, remove soiled articles and rinse with soapy water.
- 3) Remove gloves carefully inside out and wash hands thoroughly with warm soapy water for at least 30 seconds.
- 4) Redress with clean garments.
- 5) Cover any open wounds with a clean bandage.
- 6) Fill out an exposure incident form and, if an injury was involved, the First Report of Injury form.
- 7) Submit the form(s) to the duty supervisor, who, after reviewing the form, should submit it to the Patrol Section Lieutenant.

The Patrol Section Lieutenant will advise command staff of the incident. The Exposure Incident Form and the First Report of Injury form will be reviewed by command staff who will promptly determine whether the exposure constitutes the risk of transmission of an infectious disease. Command staff will contact the employee involved, if necessary, to gather more information or to allay concern. Infectious body fluid contact with intact skin (i.e. no cuts or open sores) is not considered significant exposure.

If command staff determines that the exposure was significant and may be a possible means of transmission, the Patrol Section Lieutenant will make arrangements for the officer to be sent to competent medical authority to be evaluated clinically and serologically for evidence of infection as soon as possible after the exposure. Following the initial test at the time of exposure, seronegative workers should be retested at 6 weeks, 12 weeks and 6 months after exposure to determine whether transmission has occurred. Testing will be conducted by the City designated doctor at no expense to the employee.

The identity of the individual who has an infectious and reportable disease will be confidential. Every effort will be made by all persons involved to protect the individual's right to confidentiality.

HEPATITIS B VACCINATION

The hepatitis B vaccination series is available to all employees at no cost to the employee. The vaccination is optional. Any employee that has not received the vaccination but would like to be vaccinated should contact their supervisor. Employees that decline the vaccine must sign a waiver as required by OSHA regulations Section 1910.1030 Appendix A. If an employee declines the vaccination, he or she may request and receive it at a later time.

TRAINING

Employees will receive training on blood borne pathogens on an annual basis in accordance with OSHA standards. This training should contain the elements required in CFR 1910.1030(g)(2)(vii). All training will be documented and records will be kept on file for three years.

MEDICAL RECORDS

Records of all employees' hepatitis B vaccinations and all records relating to follow-up and evaluation of an exposure incident will be kept by the department for the duration of employment plus 30 years. All such medical records will be kept confidential.

By Order Of:



Chief of Police