

	POLICY & PROCEDURE	SERIES # 531	PAGE 1 OF 13
	SUBJECT INFECTIOUS DISEASE CONTROL		EFFECTIVE DATE 04/20/2020
			OVERSIGHT Prof. Standards
	DISTRIBUTION ALL MANUALS	AMENDS/SUPERSEDES/CANCELS P&P # 531 dated 06/04/15..	

I. PURPOSE

The purpose of this policy is to provide guidelines regarding the prevention of infection or the spread of various infectious agents or diseases to members of the Hampton Police Division.

II. POLICY

It shall be the policy of the Hampton Police Division to follow guidelines set forth in this policy when handling individuals who are suspected or confirmed to be infected with a communicable agent or disease.

III. DISCUSSION

Law Enforcement Personnel may have a heightened risk of exposure to pathogens in uncontrolled work situations. These personnel can be easily exposed to blood and / or other body fluids that may be infectious while carrying out the various functions of their duty assignment.

Law Enforcement personnel may also be assaulted and/or encounter contaminated sharps such as needles, razor blades, knives, etc. These events put them at increased risk for contracting bloodborne pathogen infections, including HIV, Hepatitis B virus and Hepatitis C virus.

IV. DEFINITIONS

- A. Airborne Pathogens – any infectious microbe that that can be transmitted through the air. The pathogen usually becomes airborne after being expelled from an infected source and may be spread in aerosols, dust, or liquid.

APPROVED:
CHIEF OF POLICE



- B. Bloodborne Pathogens - Pathogenic microorganisms that are present in the human blood and cause disease in humans. The pathogens include, but are not limited to, Hepatitis B virus (HBV), Hepatitis C virus (HBC), and Human Immunodeficiency virus (HIV).
- C. Exposure Control / Medical Officer
 1. The Exposure Control / Medical Officer is designated by the Commander of the Training Unit.
 2. The Exposure Control / Medical Officer will be responsible for overall management and support of the Division's Bloodborne Pathogens Compliance Program.
- D. Exposure Control Plan – is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens"
- E. Exposure Incident – a specific eye, mouth, mucous membrane, or non-intact skin contact with blood or other potentially infectious materials to include parenteral exposures (needle sticks, human bites, knife wounds, etc.), that results from the performance of an employee's duties.
- F. High Risk Isolation Patient – an individual who presents signs and symptoms of a highly communicable disease and meets CDC established evaluative thresholds (Ex. Anthrax, Ebola, SARS)
- G. Isolation – the separation of sick people with a contagious disease from people who are not sick.
- H. Quarantine – the separation and restriction of movement of people who were exposed to a contagious disease to see if they become sick.
- I. Source Individual – any individual who may be the origin of the pathogen that exists in an occupational exposure incident.
- J. Universal Precautions – treating all persons, human blood, and body fluids as if they are infectious.

V. PROCEDURE

- A. Not all persons and body fluids can be easily identified as infected with pathogens. All Division members will use a standard precautionary approach,

meaning that all individuals, blood, and body fluids will be considered potentially infectious.

- B. Employees of the Hampton Police Division will follow the guidelines prescribed in the Division's Exposure Control Plan regarding general program management, methods of exposure control, exposure determination, general housekeeping procedures, and procedures for potential exposures.
- C. Exposure Control Plan
 - 1. The Exposure Control Plan is a key document to assist in implementing and ensuring compliance with the standard, thereby protecting our employees.
 - 2. The Exposure Control / Medical Officer is responsible for the overall implementation of the Division's Exposure Control Plan.
 - 3. The Exposure Control Plan includes:
 - a. General Program Management
 - 1) Responsible Persons
 - 2) Availability of the Exposure Control Plan to employees
 - 3) Review and Update of the Exposure Control Plan
 - b. Exposure Determination
 - c. Implementation of various methods of exposure control
 - 1) Universal Precautions
 - 2) Engineering Controls
 - 3) Work Practice Controls
 - 4) Personal Protective Equipment (PPE)
 - 5) Housekeeping
 - d. Hepatitis B Vaccination (HBV), Post Exposure Evaluation, and Follow-up
 - e. Education and Training
 - f. Record Keeping
- D. PERSONAL PROTECTIVE EQUIPMENT (PPE)

1. The Hampton Police Division's Designated Medical Control Officer is responsible for ensuring PPE that complies with CDC guidelines are maintained in Division inventory.
2. The Forensic Unit is responsible for the inventory, maintenance and supply of all PPE.
3. Daily field deployed PPE
 - a. All employees of the Hampton Police Division who have duties that present risk of occupational exposure to pathogens will be provided with PPE as defined by OSHA and the CDC.
 - b. PPE supplied to employees for daily field operations will include:
 - 1) Latex (or non-allergen type) gloves
 - 2) Disposable face mask / eye shield
 - a) The mask/eye shield is rated to be fluid resistant and will serve as a mitigating option for officers that find themselves in a potential exposure situation where a planned response is not available.
 - b) **EXAMPLE:** If officers encounter a combative suspect and learn that the suspect is a potential infection risk while affecting an arrest, the PPE should be donned quickly until further precautions can be implemented.
 - c) Officers should keep two mask/eye shields available while on duty. The mask/eye shield can be carried in a uniform pocket or belt pouch for quick deployment.
 - d) The mask/eye shield is provided as a piece of PPE that is made available to **potentially mitigate the circumstances of a potential exposure incident where officers cannot reasonably disengage a suspect and retreat to deploy more comprehensive PPE options.**
 - 3) Antiseptic towelettes are provided in each officers Haz-Mat kit and extras are available from Property & Evidence.

4. Enhanced / Specialized PPE
 - a. Enhanced / specialized PPE may be necessary for specialized duties. Examples include attending autopsies and processing significantly contaminated crime scenes. Refer to the Hampton Police Division's Exposure Control Plan for further information.
 - b. Enhanced / specialized PPE is necessary when responding to High Risk Infectious Disease Patients (ex. Ebola.)
 - c. Required enhanced / specialized PPE will be supplied by the Forensic Unit in accordance with OSHA and CDC guidelines associated with each specific pathogen.
 - d. Employees will adhere to all procedures established by the CDC regarding the donning and doffing of PPE.
5. The shift commander, or designee, shall consult with the on duty Hampton Fire Department EMS supervisor regarding identified incidents where exposure to airborne or contact pathogens may occur to determine proper deployment of enhanced / specialized PPE.

E. PUBLIC INFORMATION

1. All dissemination of information in reference to communicable diseases will adhere to policy 509, Public Information.
2. Employees may not share the specifics of an individual's medical status. This includes personal discussions with family, friends, coworkers, radio communication, and mobile messaging.
3. Employees dispatched to or dealing with an individual suspected to be a high risk infectious disease patient will use the term "High Risk Isolation Patient" when communicating details of the event.
4. The Hampton Police Division's Public Information Officer will refer inquiries regarding public health concerns to the Hampton Public Health Department or appropriate public agency.

F. QUARANTINE

1. Legal Requirements
 - a. Quarantine or Isolation orders may only be sought by the Commissioner of the Virginia Department of Health.

- b. The authority to enforce quarantine or isolation orders is outlined in Virginia State Code §32.1-48.014 “Enforcement of orders of quarantine or isolation; penalties.”

2. Citizens

- a. Citizens infected or suspected to be infected with pathogenic microorganisms that present significant threat to the public health may be detained under the provisions of an Emergency Custody Order.
- b. The director of the Hampton Health Department is the point of contact to determine quarantine procedures.
- c. Only the Virginia Commissioner of Health may issue a Quarantine Order.

3. Employees

City Management and Department Heads will consult with representatives from the Virginia Department of Health to evaluate the need for isolation or quarantine of employees who may have been exposed to pathogens during contact with a high risk patient.

4. Animals

The housing and / or quarantine of animals present during an incident requiring the quarantine of a citizen will be referred to the Animal Control Unit.

G. DECONTAMINATION

1. Employees will decontaminate their hands thoroughly after contact, even if gloves were worn, through one of the following methods.
 - a. Hand washing with hot soap and water for a minimum of 20 seconds.
 - b. Alcohol based hand sanitizer.
 - c. Antimicrobial agents.
2. Employees will decontaminate equipment and work surfaces. Examples include handcuffs, firearms, and rear seats of patrol vehicles.

- a. Use appropriate PPE.
 - b. Clean with hot soap and water – this process removes visible contaminants.
 - c. Disinfect and sanitize with fresh bleach / water solution (1:10 ratio) or an antimicrobial sanitizing agent.
3. Employees will properly discard equipment and supplies that are or suspected to be contaminated and cannot be properly sanitized. Examples include uniforms, and used PPE, duty belts.)
- a. Use appropriate PPE.
 - b. Discard equipment in appropriate biohazard containers.
 - c. Doff PPE pursuant to CDC guidelines.
 - d. Submit properly secured contaminated equipment to the Property and Evidence Unit for disposal.

H. REPORTING

Employees involved in incidents where potential occupational exposure existed will report the incident to their supervisor as soon as possible. The incident may require further documentation as cited in the appendices of this policy.

I. TRAINING

1. Annual training on Bloodborne Pathogens will occur for all Division members.

Specific updates will be disseminated as they become identified.

2. Annual fit testing of issued masks will be coordinated by the Shift Training Coordinator. The Division Training Coordinator can assist with this process. Once completed the training sign off sheet will be returned to the Training Unit by October of each year.

- a. Types of masks issued are as follows:

- 1) MSA 5479 Full Face Mask
- 2) 3M 6200 Respirator
- 3) N95 Respirator

3. Protocol on how to handle exposure incidents.
 - a. Personnel will follow established Division Procedures.
 - b. Contact Division Medical Officers for any questions.

Appendix A

Airborne Pathogens

Airborne diseases are caused by pathogenic microorganisms discharged from an infected person via coughing, sneezing, or laughing. Airborne pathogens include, but are not limited to, Rhinovirus, Streptococcus, and Tuberculosis.

Exposure occurs when the discharged pathogenic microorganisms are suspended in the air on dust particles, respiratory, or water droplets. Infection occurs when the pathogen is inhaled, contacts mucus membranes or when secretions remaining on a surface are touched and introduced by route of the eyes, nose, or mouth.

Airborne pathogens may be highly communicable. Proper care and preventative measures should be taken by employees when dealing with known or suspected infectious individuals:

1. Employees interacting with individuals who present signs of illness, whether known or unknown should practice proper safety protocol.
 - a. Limit exposure to the individual.
 - i. If possible, attempt to don a surgical mask on the individual to prevent further contamination of the environment.
 - b. Limit exposure to contaminated environments.
 - i. When transporting prisoners who appear to be ill in police vehicles, airborne contaminants can be reduced by opening the front windows and the heating and air conditioning system set on a non-recirculating cycle. Fresh air will help reduce contamination.
 - c. Don PPE as soon as possible, pursuant to CDC guidelines.
 - d. Decontaminate as soon as possible after contact is concluded.

Appendix B

Bloodborne Pathogens

The Occupational Safety and Health Administration (OSHA) has enacted Section 29 of the Code of Federal Regulation, 1910.1030, the Bloodborne Pathogens Standard, to regulate work place practices regarding potential exposure to blood and other potentially infectious materials. The Federal Regulation also requires the development of an Exposure Control Plan. The Division's Exposure Control Plan is available for review to all employees on the Division's Intranet or at the Training Unit.

Sworn personnel, police cadets, animal control officers, and forensic technicians have risk of occupational exposure to bloodborne pathogens as a result of their work responsibilities.

Hampton Police Division members shall treat blood and other body fluids as potentially infectious materials.

While recognizing that the risk of infection is minimal, the Hampton Police Division believes that standard procedures must be followed whenever there is any potential for infection. These procedures adhere to regulations set forth by OSHA and recommended guidelines by the CDC for preventing the transmission of bloodborne pathogens in the workplace.

If suspected contact occurs, the following guidelines shall be observed (for further information, review the Division's Exposure Control Plan):

1. Thorough hand washing after contact with any individual known or suspected of being infected with HIV/Hepatitis (even if gloves were worn).
2. Use of protective gloves, if there is a likelihood of contact with blood or body fluids of any individual known or suspected of being infected with a bloodborne pathogen.
3. Prompt clean-up of blood or body fluid spills with a solution of pure household chlorine bleach and water. Use a mixture of one-part bleach to ten parts water and mix fresh daily.
4. If an employee is bitten by an individual or sustains an accidental needle stick, the potentially exposed employee should immediately begin the procedures noted below regarding potential exposure / exposure incidents.

5. Behaviors of subjects who bite, spit or throw human waste (urine or feces) are of concern. However, tests show that HIV virus has been isolated in only small concentration in saliva, urine and feces, and only when contaminated with infected blood. Contact with these bodily substances presents little risk of infection with the HIV/AIDS virus. However, the potential exposure to other bloodborne pathogens, such as Hepatitis A, may be present in human waste. Precautions should always be taken when handling any body fluid or material.

Searches and Handling of Sharps

Caution will be used when searching pockets, motor vehicles, or any places hidden from view and when handling potentially contaminated evidence. Use flashlights, mirrors, and other mechanical devices whenever possible to search areas hidden or obscured from direct view. Always use protective gloves.

1. **Do not handle needles.** Needle sticks have a high risk of infection. If needles **must** be handled, they shall not be recapped, bent or broken. One-handed techniques or mechanical devices shall be used to handle needles (for further information, refer to the Division's Exposure Control Plan).
2. Evidence technicians will wear protective gloves and use puncture – proof evidence containers. The containers shall have proper labeling, i.e., infectious or potentially infectious evidence, with BioHazard Identification (refer to the Division's Exposure Control Plan for further information).

Body Removal

Patrol officers on the scene will comply with standard crime scene procedures: DO NOT TOUCH ANYTHING. This eliminates the risk of exposure.

Investigators and Forensic Unit Technicians will wear the appropriate PPE as defined in the Division's Exposure Control Plan.

Potential Exposure / Exposure Incidents

The following steps should be taken immediately or as soon as feasible after the potential exposure incident occurred:

1. The potentially exposed employee shall clean the exposed area with soap and hot water, followed by alcohol, antiseptic wipes / towelettes, an antimicrobial sanitizing agent, or a 1 to 10 bleach / water solution.

2. The potentially exposed employee shall notify their supervisor of the potential exposure incident immediately or as soon as feasible after the incident.
3. The potentially exposed employee's supervisor shall contact the Training Unit Commander who will provide the name of the Division's Designated Control / Medical Officer, speaking to them **either in person or by telephone**, discussing the potential exposure incident.
4. If it is determined that an exposure occurred, the exposed employee will have their blood drawn from the contracted medical facility in order to establish a baseline. If the Officer is admitted to a hospital for injuries, the treating facility will conduct the baseline blood test.
5. If the source subject is identified, in custody, and the incident has been confirmed to be an exposure through consultation with the Division's Designated Control / Medical Officer, he/she shall be transported to the contracted medical provider for the purpose of drawing a sample of blood for testing (contact the Shift Exposure Control Officer or the Division's Designated Control / Medical Officer for this information).
 - i. The source individual may consent to the blood sample being drawn.
 - ii. If the source individual does not give consent, the Division's Designated Control / Medical Officer must be notified. The Division's Designated Control / Medical Officer shall complete the "Petition to Test for Blood-borne Pathogens", form DC-405. Pursuant to § 32.1-45.1 the "Petition to Test for Blood-borne Pathogens" shall be filed with the Hampton General District Court **through consultation with Commonwealth Attorney's Office**. A hearing will be scheduled within 48 hours of being filed, or if the court is closed during that time, on the next business day.
6. The potentially exposed employee will respond to the contracted medical provider if medical treatment for injury is necessary, and to provide the appropriate blood sample (as determined by the emergency room physician). The exposed employee **will not** be treated for the exposure by emergency room personnel (other than the baseline blood test) **unless** the source tests positive for HIV. At which time the physician will prescribe a three day supply of medication. The employee will need to coordinate any follow up with an Infectious Control specialist through Risk Management.

7. The potentially exposed employee shall consult with the Division's Designated Control / Medical Officer regarding procedures to be followed and appointments to be scheduled as soon as feasible after the incident. The "Post Exposure Follow Up Information Sheet" shall be reviewed with the employee and all pertinent medical information will be provided to the employee by the Division's Designated Control / Medical Officer prior to consultation with the appropriate medical personnel.
8. A special report and a Report of Work Related Injury or Illness report form shall be completed by the potentially exposed employee. The employee's supervisor is to confirm that all pertinent information has been documented and shall review the reports prior to their submittal.
9. Supervisors and/or Exposure Control Officers are required to complete all exposure documentation as required and included in the Division's Exposure Control Plan. Supervisors shall also complete a City Accident Loss Package. Copies of the Employee's Special Report, Report of Work Related Injury or Illness, and City Accident Loss Package shall be forwarded to the Professional Standards Branch, Training Unit for investigative and record maintenance purposes.
10. All medical paperwork and required documentation shall be maintained in the exposed employee's medical file.
11. All information regarding the employee's medical condition, tests, results of test, follow up procedures, etc., fall under HIPPA. Any employee and/or supervisor with medical knowledge will maintain the strictest CONFIDENTIALITY. Supervisors are encouraged to discuss incidents for training purposes only; however, WILL refrain from using names of parties involved and will NOT discuss any related medical concerns.
12. If an employee is suspected of being exposed to or experiencing symptoms of being exposed to SARS, COVID-19 or any similar pandemic, a Division Exposure Control Officer will complete a COVID-19 Screening Worksheet with that employee. If it is determined the employee has been exposed to or is symptomatic, they will not enter the workplace for 14 days and follow the CDC guidance for that pandemic.

Housekeeping / Contamination of Division issued equipment

1. Employees of the Division who may be potentially exposed to pathogens through the performance of their duty shall have a change of clothes available should contamination of their Division issued clothing occur.
2. Employee's Division issued clothing that becomes contaminated by blood or other potentially infectious body fluids shall be removed as soon as feasible

and bagged securely in appropriate containers (see Division Exposure Control Plan, Section V). All contaminated clothing shall be turned into the Division's property and evidence unit for laundering or destruction. Employees shall not be allowed to take contaminated clothing home (Division Exposure Control Plan, V Implementation of various methods of exposure control, section D, number 5).

3. Property deemed to be owned/operated by the City of Hampton (i.e., City parking garage, City office building, etc.) that has blood or other biohazardous substances that needs to be cleaned and removed, the following personnel shall be notified immediately in order to coordinate an appropriate expert biohazard removal response:
 - a. Risk Management- 757-870-3472
 - b. If RM is not available, contact General Maintenance Supervisor: 757-810-4631
 - c. If GM is not available, contact Facilities & Operations Manager: 757-879-3276
 - d. If none of the above personnel are available-protocol will be for the supervisor of the City Property to contact a Biohazard Contractor (i.e., ServPro, etc.) and bill to the City of Hampton Risk Management.

Appendix C

Contact Pathogens

Contact Diseases are transmitted when an infected person has direct bodily contact with an uninfected person and the microorganism is passed from one to the other. Contact diseases can also be spread by indirect contact with an infected person's environment or personal items.

Contact diseases include but are not limited to Anthrax (non-aerosolized), Enterovirus, Meningitis, MRSA, and SARS.

The presence of wound drainage or other discharges from the body suggest an increased potential for risk of transmission and environmental contamination.

Procedures:

Employees should treat individuals who present signs and symptoms of contact diseases as if they are infectious.

Precautions that create a barrier and procedures that decrease or eliminate the microorganism in the environment or on personal belongings, form the basis of interrupting transmission of direct contact diseases. PPE should be donned as soon as possible and removed after contact is concluded. Decontamination procedures should follow immediately.

Decontamination:

Follow decontamination procedures as outlined in this policy.

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