

Communicable Diseases/Exposures

811.1 VERSION

Review Date	Effective Date	Approving Authority
06/08/2021	07/09/18	Gabriel Camacho, Interim Chief of Police

811.2 POLICY AND PURPOSE

This policy provides general guidelines to assist in minimizing the risk of department employees contracting and/or spreading communicable diseases. The purpose of this order is to explain the proper way to handle physical evidence that is contaminated with blood or other body fluids.

The Harrisonburg Police Department is committed to providing a safe work environment for its employees. Employees should be aware that they are ultimately responsible for their own health and safety.

With the advent of Acquired Immune Deficiency Syndrome (AIDS), Hepatitis B (HBV) and Hepatitis C (HCV), health safety concerns have surfaced for those persons whose job is to provide emergency service and assistance to the public, or to handle persons who have been injured. Most experts in the scientific community agree that AIDS, HBV and HCV are spread in several ways; among them is direct contact to blood or other potentially infectious material of an infected person.

In order to address these concerns and to reduce the possibility of becoming infected with the disease, it becomes necessary to modify the method in which evidence is handled when it is contaminated with blood or other potentially infectious material.

This plan will be reviewed at least annually and updated as necessary by the HPD Infection Control-Designated Officer who is primarily responsible for the coordination of the communicable disease program.

811.3 ACCOUNTABILITY STATEMENT

All employees are expected to fully comply with the guidelines and timelines set forth in this policy. Responsibility rests with the supervisor to ensure that any violations of policy are investigated and appropriate training, counseling and/or disciplinary action is initiated. This directive is for internal use only, and does not enlarge an employee's civil 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. Violation of this directive, if proven, can only form the basis of a complaint by this department, and then only in a non-judicial administrative setting.

811.4 DEFINITIONS

Communicable disease - A human disease caused by microorganisms that are present in and transmissible through human blood, bodily fluid, tissue, or by breathing or coughing. These diseases commonly include, but are not limited to, hepatitis B virus (HBV), HIV and tuberculosis.

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Exposure - When an eye, mouth, mucous membrane or non-intact skin comes into contact with blood or other potentially infectious materials, or when these substances are injected or infused under the skin; when an individual is exposed to a person who has a disease that can be passed through the air by talking, sneezing or coughing (i.e., tuberculosis), or the individual is in an area that was occupied by such a person. Exposure only includes those instances that occur due to a employee's position at the Harrisonburg Police Department(See the exposure control plan for further details to assist in identifying whether an exposure has occurred).

811.5 EXPOSURE CONTROL OFFICER

The Chief of Police will assign a person as the Exposure Control Officer (ECO). The ECO shall develop an exposure control plan that includes:

- (a) Exposure prevention and decontamination procedures (6 VAC 15-40-393).
- (b) Procedures for when and how to obtain medical attention in the event of an exposure or suspected exposure.
- (c) The provision that department employees will have no-cost access to the appropriate personal protective equipment (PPE) (i.e., gloves, face masks, eye protection, pocket masks) that is appropriate for each employee's position and risk of exposure.
- (d) Evaluation of persons in custody for any exposure risk and measures to separate them.
- (e) Compliance with all relevant laws or regulations related to communicable diseases, including:
 1. Responding to requests and notifications regarding exposures covered under the Ryan White law (42 USC § 300ff-133; 42 USC § 300ff-136).
 2. Exposure control mandates for bloodborne pathogens in 29 CFR 1910.1030 (Va. Code § 40.1-51.1; 16 VAC 25-90-1910).
 3. Reporting any outbreak of a recordable disease, as identified by the State Board of Health, to the local health director or State Health Commissioner (Va. Code § 32.1-37).
 4. Notifying emergency medical services personnel and/or an infection control officer of a receiving facility when a person who is in the custody of this department is known to have a communicable disease or is subject to a quarantine order prior to being transferred for medical treatment (Va. Code § 32.1-116.3).
 5. Establishing procedures for the safe handling, storage and use of sharps by members (6 VAC 15-40-395).

The ECO should also act as the liaison with the Virginia Occupational Safety and Health (VOSH) Program and may request voluntary compliance inspections. The ECO should annually review and update the exposure control plan and review implementation of the plan.

811.6 EXPOSURE PREVENTION AND MITIGATION

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811.6.1 GENERAL PRECAUTIONS

All employees are expected to use good judgment and follow training and procedures related to mitigating the risks associated with communicable disease. This includes, but is not limited to (29 CFR 1910.1030; 16 VAC 25-90-1910):

- (a) Stocking disposable gloves, antiseptic hand cleanser, CPR masks or other specialized equipment in the work area of department vehicles, as applicable.
- (b) Wearing department-approved disposable gloves when contact with blood, other potentially infectious materials, mucous membranes and non-intact skin can be reasonably anticipated.
- (c) Washing hands immediately or as soon as feasible after removal of gloves or other PPE.
- (d) Treating all human blood and bodily fluids/tissue as if it is known to be infectious for a communicable disease.
- (e) Using an appropriate barrier device when providing CPR.
- (f) Using a face mask or shield if it is reasonable to anticipate an exposure to an airborne transmissible disease.
- (g) Decontaminating non-disposable equipment (e.g., flashlight, control devices, clothing, portable radio) as soon as possible if the equipment is a potential source of exposure.
 - 1. Clothing that has been contaminated by blood or other potentially infectious materials shall be removed immediately or as soon as feasible and stored/decontaminated appropriately.
- (h) Handling all sharps and items that cut or puncture (e.g., needles, broken glass, razors, knives) cautiously and using puncture-resistant containers for their storage and/or transportation.
- (i) Avoiding eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses where there is a reasonable likelihood of exposure.
- (j) Disposing of biohazardous waste appropriately or labeling biohazardous material properly when it is stored.

All officers will be issued a pair of single use, non-sterile, non-latex exam gloves. These gloves will be kept in the leather pouch on the officer's duty belt and be replaced immediately after use. Physical evidence having blood or other potentially infectious material on its surface should be handled with care. Non-sterile, non-latex exam gloves shall be worn when collecting or handling evidence likely to be contaminated. Gloves, once contaminated, should not be allowed to contact other surfaces to avoid the possibility of cross contamination. Contaminated gloves should be carefully removed and disposed of in a proper container as soon as possible after use. Special care should be taken by the employee who has open wounds to the hand, since the possibility of becoming infected increases. The remote possibility of becoming infected with AIDS, HBV, HCV or other blood-borne diseases can be further reduced by combining this procedure with personnel hygiene to include hand washing after handling potentially contaminated material. It should be noted that thousands of contaminated samples are handled daily with no scientific

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link between those who develop the disease and those handling contaminated samples in a professional manner.

Special precautions should be taken when recovering used hypodermic needles and syringes for evidence. The needle should be placed in a protective container without recapping or breaking of the needle. The protective container should then be placed in an evidence container for submission to the Consolidated Laboratory for analysis. Physical evidence submitted to the laboratory for analysis should be clearly marked if blood or other potentially infectious materials are present or suspected. Lab personnel may then take the appropriate precautions to handle the evidence without becoming contaminated.

811.6.2 IMMUNIZATIONS

Employees who could be exposed to HBV due to their positions may receive the HBV vaccine and any routine booster at no cost (29 CFR 1910.1030; 16 VAC 25-90-1910).

811.7 POST EXPOSURE

811.7.1 INITIAL POST-EXPOSURE STEPS

Employees who experience an exposure or suspected exposure shall (29 CFR 1910.1030; 16 VAC 25-90-1910):

- (a) Begin decontamination procedures immediately (e.g., wash hands and any other skin with soap and water, flush mucous membranes with water).
- (b) Obtain medical attention as appropriate.
- (c) Notify a supervisor as soon as practical.
- (d) The notification process for any employee exposed or potentially exposed to a blood-borne pathogen or tuberculosis shall conform with the "Designated Officers for Disease/Exposure Reporting and Medical Follow Up" policy*. This policy can be found in Section 5 of the City of Harrisonburg Police Department/Fire Occupational Exposure to Blood-borne Pathogens and Tuberculosis Plan.
- (e) If you know that you have been exposed, or think that you may have been exposed, to an infectious disease on an incident, you are to immediately notify the Exposure Control Officer.

811.7.2 REPORTING REQUIREMENTS

The supervisor on-duty shall investigate every exposure or suspected exposure that occurs as soon as possible following the incident. The supervisor shall ensure the following information is documented (29 CFR 1910.1030; 16 VAC 25-90-1910):

- (a) Name and Social Security number of the employee exposed
- (b) Date and time of incident
- (c) Location of incident
- (d) Potentially infectious materials involved and the source of exposure (e.g., identification of the person who may have been the source)

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- (e) Work being done during exposure
- (f) How the incident occurred or was caused
- (g) PPE in use at the time of the incident
- (h) Actions taken post-event (e.g., clean-up, notifications)

The supervisor shall advise the employee that disclosing the identity and/or infectious status of a source to the public or to anyone who is not involved in the follow-up process is prohibited.

The supervisor should complete the incident documentation in conjunction with other reporting requirements that may apply (see the Work-Related Disease, Injury and Death Reporting policy).

All exposure documentation, medical consultation, evaluation, treatment, counseling, and source testing will be done in accordance with the current City of Harrisonburg Fire/Police Department Occupational Exposure to Blood-borne Pathogens and Tuberculosis Plan.

811.8 CONFIDENTIALITY OF REPORTS

Medical information shall remain in confidential files and shall not be disclosed to anyone without the employee's written consent (except as required by law). Test results from persons who may have been the source of an exposure are to be kept confidential as well.

811.9 TRAINING

All employees shall participate in training regarding communicable diseases commensurate with the requirements of their position. The training (29 CFR 1910.1030; 16 VAC 25-90-1910):

- (a) Shall be provided at the time of initial assignment to tasks where an occupational exposure may take place and at least annually after the initial training.
- (b) Shall be provided whenever the employee is assigned new tasks or procedures affecting his/her potential exposure to communicable disease.
- (c) Should provide guidance on what constitutes an exposure, what steps can be taken to avoid an exposure and what steps should be taken if a suspected exposure occurs.