

St. Joseph, Missouri Police Department



DIRECTIVE TYPE: GENERAL ORDER		INDEX NUMBER: GO0704
SUBJECT: Infectious Disease Control		
ISSUE DATE: December 14, 2007	REVISED: 11/04/10, 05/15/13, 01/10/17	AMENDS/RESCINDS: No Previous
REVISIONS CONTINUED:		DISTRIBUTION: A

I. PURPOSE

To provide guidelines to prevent the infection or the spread of infectious diseases to department members.

II. POLICY

The St. Joseph Police Department is committed to the safety of its members in the performance of their duties. The department will provide information on recommended disease prevention practices, practical disease prevention equipment, and immunizations. Members will report known and suspected on duty exposures to communicable diseases according to established procedures.

III. DEFINITIONS

A. AIDS (Acquired Immune Deficiency Syndrome): A blood borne and sexually transmitted disease that attacks and destroys the body's immune system. It is transmitted primarily through sexual acts or sharing drug paraphernalia. There is a slight chance of transmission by receiving a blood transfusion (although this chance is becoming rare due to testing procedures), from an infected mother to her fetus during pregnancy and/or from an infected mother through nursing of her infant, and from accidental exposure from needle sticks, cuts, abrasions, and mucous membrane exposure (eyes and mouth to blood or other body fluids) of an infected person. AIDS makes people susceptible to infections, and diseases that are not usually life-threatening when the normal immune system is functioning. AIDS may also cause disorders of the Central Nervous System. There is currently no vaccine against the virus. According to the Center of Disease Control, AIDS is NOT transmitted through any of the following: sneezing, coughing, spitting, handshakes, hugging or other nonsexual physical contact; toilet seats, bathtubs, or showers; articles worn or handled by persons with AIDS, such as, doorknobs, pens or cups; being near someone

- with AIDS frequently or over a long period of time; riding in the same vehicle; eating in the same public place with an AIDS infected person; or working in the same office.
- B. ARC (AIDS Related Complex):** A condition caused by the AIDS virus (HIV) which has a specific set of symptoms, including persistent fever, weight loss, skin rashes, diarrhea, and swollen lymph nodes. Although these symptoms may be debilitating, they are usually not life threatening.
 - C. HIV (Human Immunodeficiency Virus):** The virus that causes AIDS. HIV infects and destroys white blood cells, undermining the body's ability to combat infections. One can be infected with HIV for years, even indefinitely, without ever developing symptoms. However, infected persons with or without symptoms may give the infection to others.
 - D. 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 give the virus to others even though they may not have symptoms of AIDS.
 - E. Hepatitis B (serum hepatitis):** A viral infection that can result in jaundice, cirrhosis, and sometime cancer of the liver. The virus is transmitted through exposure to blood, semen, or vaginal secretions. Two vaccines are available against Hepatitis B.
 - F. Tuberculosis:** A bacterial disease that can be conveyed through saliva, urine, blood, and other body fluids by infected persons. Tuberculosis can be either contagious or non-contagious. Tuberculosis is spread mainly by inhaling airborne droplets of infected coughing people. It can enter the body through infected mucous on the skin (as from coughing) or from inhaled droplets. 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.
 - G. Regulated (Biohazardous) Waste:** Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials. [OSHA 1910.1030(b)]

IV. PROCEDURES

A. Responsibilities:

The department will provide information, training, protective equipment, and immunizations as necessary to protect members from infectious disease.

1. The Training Unit Officer will coordinate all departmental training in infectious disease recognition, prevention, and protection and will maintain all appropriate records on such training.
2. The Professional Standards Sergeant will collect, process, and maintain all reports of exposure.
3. The City/County Health Dept. will provide medical examinations and all necessary immunizations to department members who are exposed to infectious diseases. These efforts will be coordinated through the Professional Standards Sergeant.

4. The Patrol Division Commander will ensure that an adequate stock of disease prevention materials and enough antiseptic/germicidal solution is available for issue.

B. Precautions:

The following precautions are general in scope. Specific assignment oriented precautions and guidelines will be issued as needed:

1. Sharp items (needles, scalpel blades, razors, knives, and other sharp instruments) should be considered potentially infective and must be handled with care to prevent injuries. When practical, sharp items will be enclosed in the appropriate containers issued or available through Support Services Division.
2. Intravenous drug users present a high risk due to frequency of contact. Disposable syringes and needles should be handled with care. To prevent needle sticks injuries, needles should not be recapped, and purposely bent, broken, removed from disposable syringes, or otherwise manipulated by hand.
3. When the chance of exposure to blood or other bodily fluids exists, the use of disposable gloves is recommended. Some circumstances also may require eye protection, masks or other protective coverings when performing procedures involving extensive contact with blood or potentially infective body fluids.
4. Only properly qualified personnel should perform CPR, and then only with the use of proper protective equipment.

C. Hygiene and Cleaning Practices:

1. Washing exposed areas of the skin provides a high degree of protection against infectious diseases. Hands should be washed after touching another person, touching inanimate objects, which may be contaminated by blood or other body fluids, or using any rest room facility.
2. The following cleaning items are effective against infectious diseases.
 - a. Soap and water – used for removing transient microorganisms acquired through direct or indirect contact on the skin. Soap and water provide effective protection and should be used instead of other skin cleaning solutions.
 - b. Infectious Disease Wipes – Disposable wipes supplied by the department, should be used when soap and water are not readily available for cleaning the skin. The skin should be washed as soon as soap and water are accessible.
 - c. Household bleach – A solution of 1 part sodium hypochlorite (household bleach) and 10 parts water is effective for cleaning counter tops and other surfaces that are contaminated with blood or other body fluids.
 - d. Disinfectants – Disinfectants that have a chemical germicide registered with the Environmental Protection Agency, such as a “hospital disinfectant” spray, should be used to clean equipment items, counter tops, or other surfaces that may have been contaminated with blood or other body fluids

3. Clothing:

- a. Since some communicable disease virus are most stable in a room temperature environment, the chemical dry cleaning process should be adequate to decontaminate any clothing contaminated with body fluids. When having blood stained clothing cleaned at dry cleaning facilities, the cleaner should be informed in advance of the stain so appropriate chemicals could be used for removal.
- b. Any clothing item contaminated with blood or other body fluids should be removed and cleaned as soon as possible.

4. Equipment and Department Facilities:

- a. Each member of the department is responsible for infectious disease control to the extent possible by keeping his/her equipment, vehicles, and work area clean and free of potentially contaminated material. Officers are responsible to clean up any deposits of body fluids left in their police vehicles.
- b. When washing hands after a potential exposure to blood or other body fluids, be careful to ensure that the wash basin and surround area should be thoroughly washed down with soap and water. Potentially contaminated fluids should not be left in any common use areas.

D. Protective Equipment:

Current research indicates that barrier protection reduces the risk of exposure to AIDS, Hepatitis B, Tuberculosis, and many other infectious diseases. The use of protective equipment should be enhanced by, not used instead of, the precautions for disease avoidance outlined previously. The following equipment will be furnished by the department to help control infectious disease exposure.

1. A sharps disposal container marked "Biohazard" will be located in the Evidence Processing Room;
2. A trash receptacle marked "Biohazardous Waste" will be located in the CSI (Crime Scene Investigation) Lab; and
3. Individual PPE (Personal Protective Equipment) packs will be issued to each officer, which contain:
 - a. Two pair of disposable gloves;
 - b. One hand sanitizer bottle;
 - c. One Medshield eye protection device;
 - d. One isolation gown;
 - e. One biohazard bag;
 - f. One N95 particulate mask;
 - g. One tissue packet; and
 - h. Three anti-microbial hand wipes.

E. Packaging of Contaminated Material as Evidence:

Extreme care must be exercised when handling possible contaminated evidence and submitting it for forensic examination or for storage in evidence. All evidence containing blood or other bodily fluids must be air dried in the designated area prior to submission for examination, and must be packaged according to the guidelines set by the Missouri State Highway Patrol evidence manual.

F. Disposal of Non-Evidentiary Contaminated Materials:

1. Equipment designated for disposal after use includes any of the items in the PPE packs.
2. Disposal and Re-equipping Responsibility:
 - a. Members of the department are responsible for the proper disposal of any regulated biohazardous waste;
 - b. When appropriate, contaminated item(s) will be placed in red plastic bags marked "biohazard," sealed, and deposited in the designated biohazardous waste receptacle. Contaminated sharps will be disposed of in the sharps disposal container. DO NOT dispose of any regulated biohazardous waste in any other manner.
 - c. Contaminated materials may be disposed of at the officer's convenience during a tour of duty.
 - d. Each individual will maintain the required stock of items in the PPE packs. Replacement supplies will be available from the Patrol Clerk or a patrol supervisor.
 - e. Evidence Control Technicians are responsible to ensure that the department's contaminated material containers are checked and emptied as needed. All contaminated waste bags and sharps containers will be taken to the City Health Department for disposal.
3. When a crime scene is released by the police that may involve a potential for communicable disease contamination, the primary investigating officer in charge of the crime scene will warn the property owner or occupants of possible health risks associated with body fluids and will advise them to contact the City Health Department.

G. Report Procedures:

1. The hygiene and cleaning guidelines listed in Procedure 3 will be followed as soon as possible following any potential exposure to infectious diseases. Such exposures may occur as a result of bites, scratches, cuts with needles and other sharp objects, or through direct contact with infected body fluids. Infection may also occur if a member who has any skin lesion (such as open cuts, tears, chapped areas or sores) comes in direct contact with body fluids from a subject. Such incidents will be reported to the Shift Supervisor who will then report the incident to the Division Commander and Professional Standards Sergeant who may need to work closely with the Department of Health.
2. The Professional Standards Sergeant will:
 - a. Review the report for completeness;
 - b. determine the exposure status (actual exposure or not);
 - c. contact necessary medical personnel to receive a follow-up report;
 - d. contact the affected officer (s) with the results of the medical report;
 - e. assist with any follow-up or coordination of medical attention required; and
 - f. maintain a file, by officer, of each exposure incident. This information shall be kept by the department as required by law.

H. Employee Testing

1. If a member has been exposed, based on the criteria for determining an actual exposure, to a person who has or is suspected to have a communicable disease, the member must be tested for evidence of infection by the cities contracted medical provider, i.e. U.S. HealthWorks or Mosaic Life Care.
2. In the event that a suspect causes an exposure. The suspect will be asked to voluntarily submit to a test. If they do not submit to the test the State Prosecutor will be contacted to obtain a search warrant for testing.
3. The employee who has suffered an exposure has a right to privacy regarding personal health records. Since there is no purpose for a supervisor to be routinely informed that a member has tested positive for HIV or Hepatitis B, all related medical information will be confidential.
4. Employees who test positive of HIV or Hepatitis B will not be summarily removed from duty. The department will not impose any restrictions simply because of the diagnosis, for as long as the employees can continue to perform their assigned duties. These diseases are not spread by the casual contact normally expected in the workplace.
5. Employees who test positive for tuberculosis will be restricted from working until it is determined whether or not it is contagious. Tuberculosis infected person requires medication and will not return to work until authorized to do so by the contract physician.

Chris Connally, Chief of Police

Date