

## NIAGARA FALLS POLICE DEPARTMENT

### GENERAL ORDER

EFFECTIVE DATE: 08/09/2013	SUBJECT: <b>INFECTIOUS DISEASES</b>	Number 106.00 (NYSLEAP A-3-1)
RESCINDS:  04/15/2003		Number of pages 9

Purpose:

The purpose of this policy is to provide guidelines for members of the Niagara Falls Police Department in preventing the contraction of communicable diseases.

Policy:

It is the responsibility of the Niagara Falls Police Department to insure that its members are able to perform their duties in a safe and effective manner while at the same time protecting the rights of all individuals. The safe performance of daily operations has recently become threatened by life endangering communicable diseases. Therefore, it shall be the policy of this Department to continuously provide employees with up-to-date safety procedures and communicable disease information that will assist in minimizing potential exposure while increasing their understanding of the nature and potential risks of communicable diseases.

It is also the policy of this department to train all members in the proper procedures to prevent, or minimize infectious disease exposure and, should such exposure occur, to properly report it and secure follow-up care. Finally, it is the policy of the Niagara Falls Police Department to maintain accurate records for an occupational exposure incident.

Definitions:

**Universal Precautions** -- A system of infection control, which assumes that blood, and certain body fluids of all people are infectious and routinely applies preventative strategies and barrier techniques in circumstances where exposure could occur.

**Human Immunodeficiency Virus (HIV)** -- Is the virus that causes AIDS. After latency period, this virus causes a weakening and destruction of the body's ability to fight off germs and infections. Blood, semen, vaginal fluids and certain other body fluids transmit it.

**Hepatitis B Virus (HBV)** -- Hepatitis B (formerly known as serum hepatitis) is a serious blood borne disease caused by infection of the liver with Hepatitis s Virus (HBV). It can, in some cases, be rapidly fatal. It can also lead to prolonged liver disease and has been associated with the development of liver cancer.

**Tuberculosis (TB)** -- Is spread by inhaled airborne droplets of the sputum of infected persons. These droplets are produced in highest concentrations when an untreated infected person coughs or sneezes near another person.

**Impetigo** -- Is a mildly contagious skin infection, which usually occurs on the face but may occur anywhere on the body.

**Opportunistic Infection** -- Is an infection occurring in individuals whose immune system is comprised but not generally seen in individuals with normal immune systems.

**Immune System** -- Is a collection of cells and chemicals that act as the body's defense against anything foreign, including infection and disease.

**Barrier System** -- Protective barriers reduce the risk of exposure of skin or mucous membranes to potentially infective materials; reduced risk of exposure to blood, body fluids containing visible blood and other fluids to which universal precautions apply.

Gloves -- Non-sterile disposable, made of latex or vinyl, to be worn to protect skin exposed to blood or other fluids.

Coveralls and Foot covers -- Should be made of or lined with fluid proof or fluid resistant material.

Protective Eyewear and Mask -- Should be worn during situations where it is likely that splashes or drops of blood or other infectious body fluid may come in contact with the eyes, nose or mouth.

Resuscitation Equipment -- Ventilation devices should be used when administering CPR or rescue breathing. A pocket mask will provide a barrier against saliva that may contain blood.

Sharps Containers -- Sharps refers to needles, disposable blades and other sharp items. This container is puncture resistant.

### **Preventive Strategies:**

Searches: (Person, cell, packages, etc.) - know your skin integrity

1. Ask detainees if there are any sharp objects, needles, etc. on his/her person.
2. Use caution when searching detainees clothing.
3. Never run your hands around a shirt collar, pants waistband or seams i.e.: turn up waistband. Pat search these areas.
4. Use professional skills and judgment in confiscating contents of clothing.

5. Always carry a flashlight to search hidden areas, and
6. Empty contents of purse, packages, backpack, etc. gently on the table by turning them up side down and visually examining contents before handling.

**Contact with urine, feces or saliva:**

1. Skin that has been soiled with urine, feces or saliva should be washed with soap and hot water, universal precautions always apply.
2. Soiled clothing should be laundered always using standard detergents and hot water (above 160 degrees) for the material. Dry-clean if the fabric cannot be laundered. Soiled surfaces should be cleaned and/or disinfected according to standard operating procedures.

**Sterile:**

1. Free of all life forms

**Contamination:**

**Soiling:** Permitting germs or infected material to touch clean surfaces.

**Procedure:**

- A. **General Precautions:** Whenever a possibility exists that an employee may be exposed to any body fluids or any other body substance that may contain visible blood, the employee should exercise universal precautions; specifically, employees should assume that blood and other body fluids of all people are potentially infectious and therefore should use preventative strategies where occupational exposure may occur. In instances of suspected tuberculosis (untreated) masks should be used. Ventilation is also emphasized where exposure is in a confined space (car, small room, etc.) Saliva is not included but HBV can be transmitted via saliva; i.e. a bite.
- B. **Equipment:** The Niagara Falls Police Department will provide for use by employees impervious protective gear as follows:
  1. Latex/vinyl gloves
  2. Disposable protective body suits
  3. Disposable face mask with shield
  4. Ziploc clear plastic bags
  5. Red plastic disposable bags marked "Infectious Waste" or have biohazard symbol
  6. Disposable waste containers with disposable liners
  7. Biohazard containers (for disposals of "sharps" )
  8. One-way CPR mask

9. Disinfected wipes

**C. Use of Equipment:**

1. The provided equipment is intended solely for the use of on-duty personnel in the performance of their duties.
2. Employees should utilize gloves and masks in the performance of their duties in circumstances in which universal precautions are applicable.

**D. Disposal of Equipment:**

1. Any and all materials which are or may be considered to be contaminated must be disposed of via one of the following approved methods:

**Contaminated Waste** -- Any material or equipment except "sharps" which has had contact with any blood, semen, vaginal fluids or certain other body fluids must be immediately placed into a contaminated waste container.

**Exception:** When the possible contaminated material consists of an employee's uniform, (shirt, pants, jacket, etc.), the item will be placed in a red plastic bag and clearly marked **CONTAMINATED** or have a biohazard label and, sealed for purpose of proper cleaning and disinfection.

**Disinfection Technique:**

- i) thoroughly wash with soap and hot water then rinse;
- ii) rinse or wipe in a solution of 1/4 cup bleach to 1 gallon water for disinfection

**Evidence:** Whenever items, which have been or may have been contaminated by body fluids are to be retained as evidence. Proper evidence packaging and storage procedures shall be followed and the items shall be clearly tagged **CONTAMINATED** in a red plastic bag or have biohazard label.

Equipment to include vehicle, handcuffs, weapons and personal protective gear if possibly contaminated will be disinfected with bleach solution (as outlined previously) and allowed to air dry.

**E. Exposure:**

Exposure (or potential exposure) to HBV and HIV should be defined in terms of actual (or potential) skin, mucous membrane or parenteral contact with blood, body fluids and tissues. (Tissues and fluids or body fluids should be understood to designate not only those materials from humans but also potentially infectious fluids and tissues associated with laboratory investigations of HBV HIV e.g. organs and

excrete from experimental animals embryonated eggs, tissue or cell cultures and cultural media, etc.

The following procedures shall be followed in the event of reported exposure to infectious/contagious disease:

**A. EMPLOYEES RESPONSIBILITY:**

1. Immediately wash the affected area with hot water and soap.
2. Notify your supervisor and relate the circumstances of exposure.
3. Seek immediate medical attention (i.e., local hospital or private physician)
4. The Department will provide transportation to the health care facility if necessary.

**IN THE CASE OF EXPOSURE TO POTENTIALLY INFECTED TRANSMISSIBLE BODY FLUIDS (BLOOD, SEMEN, VAGINAL FLUIDS AND CERTAIN OTHER BODY FLUIDS, IMMEDIATE HBV/HIV/AIDS ANTIBODY TESTING IS RECOMMENDED. EMPLOYEES WHO OPT FOR HIV/HBV ANTIBODY TESTING MUST FOLLOW ALL THE RECOMMENDATIONS OF THE HEALTH CARE PROVIDER I.E., FOLLOW UP ANTIBODY TESTING AND COUNSELING.**

Management of percutaneous exposure to blood and other infectious body fluids (pass/effected through the skin).

Once an exposure has occurred, and consent is obtained from the individual, a blood sample should be drawn and tested. A Hepatitis Profile and antibody to human immunodeficiency virus (HIV antibody) should be done. All laws regarding consent for testing source individuals will be followed and situations where consent for testing source individuals cannot be obtained (e.g.. an unconscious person.) A court order should be sought authorizing such testing. Testing the source individual should be done at a location where appropriate pretest counseling is available; post-test and referral for treatment should be provided. It is extremely important that all individuals who seek consultation for any HIV related concerns receive counseling as outlined in (public health service guidelines for counseling and antibody testing) to prevent HIV Infection and AIDS.

1. Hepatitis B Virus Post Exposure Management: For an exposure to a source individual found to be positive for HBsAg, the officer/employee who has not previously been given Hepatitis s vaccine should receive the vaccine series in an accelerated dosage (0,1,2,12 mans.) A single dose of Hepatitis B immune globulin (HBIG) is also recommended. This can be given within 7 days of exposure. For exposures from an HBsAg-positive source to officer/employees who have previously received vaccine, the exposed officer/employee should be tested for antibody to Hepatitis s surface antigen (ant-HBs), and given one dose of vaccine and one dose of HBIG if the antibody level in

the officer's/employee's blood sample is inadequate (i.e., I0SRU by RIA negative by EIA.)

If the source individual is negative for HBsAg and the officer/employee has not been vaccinated, this opportunity should be taken to provide Hepatitis B vaccination.

If the source individual refuses testing or he/she cannot be identified, the unvaccinated officer/employee should receive the Hepatitis s vaccine series in an accelerated dosage. See chart pg.10. HBIG should be considered on an individual basis when the source individual is known or suspected to be at high risk of HBV infection.

Management and treatment, if any, of previously vaccinated officers/employees who receive exposure from a source who refuses testing or is not identifiable should be individualized.

2. Human Immunodeficiency Virus Post Exposure Management: For any exposure to a source individual with AIDS who is found to be positive for HIV infection or who refuses testing, the officer/employee should be counseled regarding the risk of infection and evaluated clinically and serologically for evidence of HIV infection as soon as possible after exposure. In view of the evolving nature of HIV post exposure management, the health care provider should be well informed on the current public health service guidelines on this subject. The officer/employee should be advised and report and seek medical evaluation for any acute febrile illness that occurs within 12 weeks after exposure. Such an illness, particularly, one characterized by fever, rash or lymphadenopathy may be indicative of recent HIV infection. Following the initial test at the time of exposure, seronegative officers/employees should be retested three months, six months and twelve months after exposure to determine whether transmission has occurred.

During this follow-up period (especially the first six to twelve weeks after exposure) when most infected persons are expected to seroconvert exposed officers/employees should follow U.S. Public Health Service (PHS) for preventing transmissions of HIV. These include refraining from blood donation and using appropriate protection during sexual intercourse for one year. During all phases of follow-up, it is vital that officer/employee confidentiality be protected.

If the source individual is tested and found to be seronegative, baseline testing of the exposed officer/employee with follow-up testing twelve weeks later may be performed, if desired, by the officer/employee or recommended by the health care provider.

If the source individual cannot be identified, decisions regarding appropriate follow-up should be individualized. This Department will make serologic testing available to all officers/employees who may be concerned that they have been infected with HIV through an occupational exposure.

3. Any employee who reports a possible exposure to an infectious/contagious disease will complete an employee accident/injury report before the end of his/her tour of duty. This

report shall fully describe the circumstances of the reported exposure including medical attention obtained.

4. Any clothing, equipment, materials or substances, which may have been contaminated during the reported exposure, must be properly disposed of in accordance with the guidelines set forth in this directive. The reporting employee shall personally handle the packaging and sealing of said items.

A. Administrative Captain's Responsibility:

1. Upon notification by any employee that possible exposure to an infectious/contagious disease has occurred, the Administrative Captain shall immediately investigate and document the circumstances of the reported exposure to include:
  - a. The source of the exposure
  - b. The site of the exposure
  - c. Date and time of the exposure
  - d. Nature of exposure (suspected diseases)
  - e. Witnesses to the exposure
  - f. Any and all pertinent details related to the reported exposure.

**Note: This information should be forwarded to the medical provider.**

2. Advise the employees of his/her right to and options for immediate medical treatment and of his/her incumbent responsibilities as outlined in this directive.

**Note: Any declination of treatment or assistance on the part of the employee shall be duly noted in the supervisor's report.**

3. Insure that the reporting employee has fully complied with all of the duties and responsibilities placed - upon him/her by this directive.

F. Training

1. Having well informed and educated employees is extremely important when attempting to eliminate or minimize departmental members' exposure to blood borne and airborne pathogens. Because of this, all members who have the potential for exposure to infectious diseases must have thorough comprehensive training program on the OSHA Regulations.
2. Members will be retrained annually to keep their knowledge current. Additionally, all new members, as well as members changing jobs or job functions, will be given additional training that their new position requires at the time of their new job assignment.

3. The Training Director is responsible for seeing that all members who have potential exposure to blood borne and airborne pathogens receive this mandatory training.

#### 4. Training Topics

The topics covered by the department's training program shall include, but not be limited to, the following:

1. The Bloodborne Pathogens Standard itself;
2. The epidemiology and symptoms of infectious diseases;
3. The modes of transmissions of infectious diseases;
4. The Department Exposure Control Plan;
5. Appropriate methods for recognizing tasks and other activities that may involve for exposure to:
  - a. Blood and other potentially infectious material airborne infectious diseases;
  - b. A review of the use and limitations of methods that will prevent or reduce exposure, including:
    - 1) Engineering controls;
    - 2) Work Practice control;
    - 3) Personal Protective Equipment
6. Selection and use of personal protective equipment including:
  - a. Types available;
  - b. Proper use;
  - c. Location within the facility;
  - d. Removal;
  - e. Handling;
  - f. Contamination;
  - g. Disposal.
7. Visual warning of Bio-Hazards within facilities including labels, signs, and "color-coded" containers;
8. Information on the Hepatitis B vaccine, including its:
  - a. Efficacy;
  - b. Safety;
  - c. Method of Administration;
  - d. Benefits of Vaccination;
  - e. City's free vaccination program;

9. Actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
10. The procedures to follow if an exposure incident occurs, including incident reporting;
11. Information on the post-exposure evaluation and follow-up, including medical consultation, that city will provide.

**G. Training Records**

To facilitate the training of departmental members, as well as to document the training process, The Niagara Falls Police Department Training Division shall maintain training records containing the following information:

Dates of all training sessions;  
Contents and summary of the training sessions;  
Names of the instructors;  
Names and Job Classifications of members attending the training sessions.

The training records shall be available for examination and copying to members and their representatives, as well as OSHA and its representatives.

**H. Medical Records**

The Niagara Falls Police Department shall establish and maintain an accurate record for each member with occupational exposure. All records will be secured and stored by the Administrative Captain.

2. Confidentiality - The Superintendent of Police shall ensure that member medical records are kept confidential and are not disclosed or reported without the member's written consent to any person within or outside the work place except as required by this section or as may be required by law.