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| WRITTEN DIRECTIVE | No. PD15-2009 | Page: 1 of 9 |
| Subject: COMMUNICABLE DISEASE EXPOSURE | Effective Date: | 12-09-15 |
| | Supercedes/ Amends: | PD12-2009 |
| | Reference: | |



I. Purpose

The purpose of this directive is to establish guidelines and procedures to be followed when an employee of the Lynchburg Police Department is exposed to a communicable disease.

II. Policy

It shall be the policy of the Lynchburg Police Department that officers will take appropriate precautions when exposed to a communicable disease on duty.

III. Procedure

A. DEFINITIONS

1. A *communicable disease* is an infectious disease capable of being transmitted through some form of contact between a disease carrier and a non infected person.
2. An *infectious agent* is the means by which a communicable disease is transmitted from the disease carrier to a non infected person.
3. The *designated officer* will be the Lieutenant assigned to the Personnel and Training Unit or his designee, who will be familiar with infection control procedures.
4. *Contact exposure* – when an employee comes in contact with a bodily fluid of another.
5. *Potentially infectious exposure* – an exposure when the bodily fluids of another comes in contact with an employee’s mucous membranes or broken skin (see III. C. 3.)

B. INFECTIOUS AGENTS

1. Acquired Immunity Deficiency Syndrome (AIDS)
 - a. Documented case research has indicated that AIDS is *primarily a blood and blood-products borne infection.*
 - b. The following body secretions have been documented as infectious agents for the AIDS virus:
 - 1) blood/lymph

- 2) semen
 - 3) vaginal secretions
 - 4) breast milk.
- c. According to current AIDS research, there is "no indication" from documented cases that any of the following body secretions has ever transmitted AIDS:
- 1) mucous
 - 2) perspiration
 - 3) tears
 - 4) urine, feces.
- d. Saliva is regarded as a *possible* infectious agent for AIDS, if coming into contact with an open wound in the skin or mucous membrane.
- e. Current AIDS research indicates that mucous, perspiration, saliva, tears, urine and feces samples taken from known AIDS carriers have contained the AIDS virus only in certain cases, and then in extremely low concentrations.
2. Hepatitis B and Hepatitis C
- a. Documented case research indicates that Hepatitis B and Hepatitis C (also known as "Infectious Hepatitis") is:
- 1) *primarily a blood and blood-products borne infection*
 - 2) similar to the AIDS virus in manner of transmission
 - 3) more readily transmitted than AIDS.
- b. The following body secretions have been documented as infectious agents for Hepatitis B and Hepatitis C:
- 1) blood/lymph
 - 2) semen
 - 3) vaginal secretions.
- c. Saliva is regarded as a *possible* infectious agent for Hepatitis B and Hepatitis C, if coming into contact with an open wound in the skin or mucous membrane.
- d. Research by the U.S. Centers for Disease Control shows "no good evidence" for transmission of Hepatitis B and Hepatitis C by means of the following body secretions:
- 1) mucous

- 2) perspiration
 - 3) tears
 - 4) urine, feces.
3. Tuberculosis
- a. Documented case research indicates that Tuberculosis is an organic infection which first localizes in the lungs after airborne transmission of infectious microbes.
 - b. Research further indicates that:
 - 1) body secretions are *not* infectious agents for Tuberculosis
 - 2) extremely close, long-term exposure to a Tuberculosis carrier would be necessary for a person to incur any significant risk of infection.

C. TYPES OF EXPOSURE

1. Non infectious contact:
 - a. The U.S. Health Department, Bureau of Disease Control (Atlanta, Ga.) emphasizes that "casual contact" does not transmit Hepatitis B and Hepatitis C, Tuberculosis, AIDS, or other such diseases.
 - b. "Casual contact" includes:
 - 1) AIDS, Hepatitis B and Hepatitis C:
 - a) touching an infected person's skin with hands
 - b) handling objects previously handled by an infected person
 - c) using toilet facilities after an infected person
 - d) breathing the exhalation of an infected person.
 - 2) Tuberculosis:
 - a) any contact with body fluids/secretions
 - b) short-term breathing of the exhalation of an infected person.
2. Infectious contact (AIDS, Hepatitis B and Hepatitis C):
 - a. Infectious contact to AIDS, Hepatitis B and Hepatitis C is believed to be limited to contact with the *infectious body secretions* of an infected person (see III, B, 1-2).
 - b. "Infectious contact" is believed to be further limited to:
 - 1) percutaneous (i.e. piercing the epidermal skin layer) exposure to an infectious agent or secretion, to include the following:

- a) puncture wounds, cuts, lacerations or avulsions caused by an object contaminated by an infectious agent
 - b) exposure of an existing skin-piercing wound to an infectious agent or secretion
- 2) exposure of any mucous membrane (e.g. mouth or eye linings, nasal passages, tongue, etc.) to an infectious agent or secretion.
3. Infectious Contact (Tuberculosis):
- a. Infectious contact with Tuberculosis is believed to be limited to *long-term* inhalation of Tuberculosis microbes that have been exhaled into the air by a disease carrier (see III, B, 3).
 - b. Research further indicates that extremely close and frequent exposure to a Tuberculosis carrier would be necessary for a person to incur any significant risk of infection.
 - c. Administering artificial respiration (without use of a CPR mask) to a Tuberculosis carrier poses a theoretical risk of infection, due to the close contact involved.

D. PROCEDURES UPON EXPOSURE

1. If an employee is known to be occupationally exposed to the blood and/or body fluids of another person, the following procedure should be followed:
 - a. wash the affected area as soon as possible with soap, warm water and friction for 15-20 seconds
 - 1) If washing facilities are not available, then use an antimicrobial product to rinse exposed area and wash exposed area thoroughly as soon as possible.
 - 2) Always wash exposed area after exposure to blood or body fluids, even if protective clothing was worn.
 - b. the employees immediate supervisor should be contacted and advised of the exposure
 - c. if exposure is known or suspected to be an infectious contact, notify the Designated Officer (P&T Lt), who will assist in seeking medical attention at Lynchburg General's Emergency Department to determine if prophylaxis treatment with Hepatitis B Immune Globulin and Hepatitis B vaccine is necessary.
2. If the victim of an animal bite or scratch, employees will:
 - a. take appropriate first-aid action, to include:
 - 1) encouraging the wound to bleed by applying pressure to "milk" the wound

- 2) washing the area thoroughly with soap and hot water
 - 3) seeking immediate medical attention
 - b. notify their immediate supervisor
 - c. take appropriate action as necessary to quarantine the animal (as specified in Lynchburg City Code, 7-95.
 - 1) An animal warden should be dispatched to assist if the capture of an animal is necessary.
 - 2) The practicality of killing an uncapturable animal at or near the scene, for the purpose of rabies testing, will be at the discretion of the officer's supervisor.
 - a) Officers should remain mindful that damage to an animal's brain may preclude rabies testing.
 - b) Animal wardens are trained in the submission of rabies test samples, and should be utilized in such situations whenever available.
 - d. If an animal warden is unavailable, the contracted City veterinarian may be contacted for advice on proper procedures to be followed.
3. An employee will complete the reports and/or *memoranda* appropriate to the situation, as follows:
 - a. any infectious exposure to a communicable disease will be documented in a memorandum and submitted with due confidentiality through the chain of command to the Chief of Police, simultaneously a confidential copy will be sent to the Personnel and Training Lieutenant, by the end of the next work day.
 - b. any animal bite will be documented on an IBR.
 - c. in addition to the required memorandum, any injury-to-officer situation involving human bites, assaults, etc. will also be documented in an incident report.
 - d. any suspected exposure will be documented in a memorandum and kept in the employee's personnel file. It will not need to be forwarded to the Chief of Police.
4. Upon notification that an employee has been exposed to a communicable disease, the immediate supervisor will be responsible for ensuring that:
 - a. the Designated Officer is notified immediately to ensure all procedures are followed
 - b. paperwork contained in the Exposure Procedure Packet at the Information Desk, is completed

- c. any suspected carrier involved in the exposure of an employee to a communicable disease is requested to submit to an appropriate blood test, and to follow-up tests as indicated necessary
 - d. voluntary submission to a blood test will be documented by means of a *Consent to Test Waiver when possible*.
 - e. the medical facility conducting such blood testing will be requested to forward the test results to the Lynchburg General Infection Control Department, who will in turn notify the Department's Designated Officer of the results.
 - f. Upon the refusal by the suspected communicable disease carrier to submit to an appropriate blood test, the supervisor will contact the Personnel and Training Lieutenant who will:
 - 1) advise the suspected carrier of Virginia State Code 32.1-45.1 regarding their consent for testing and release of results
 - 2) document the route of exposure, and the circumstances under which the exposure occurred.
 - 3) refer the employee for medical evaluation and follow-up tests at the Johnson Health Center as necessary.
 - 4) maintain a secured medical file on the employee.
 - g. the Health Department Director is notified of any employee receiving an animal bite or scratch (as specified in Lynchburg City Code, 7-95)
 - h. An injury form is completed by the exposed employee.
5. The Personnel and Training Lieutenant is responsible for:
- a. coordinating any necessary medical testing of suspected communicable disease carriers,
 - b. coordinating any necessary medical testing or treatment of department employees at the expense of the department, and
 - c. notifying the officer of the disposition of the exposure in writing.

E. PREVENTIVE MEASURES

- 1. The City of Lynchburg, in accordance to the *Exposure Control Plan for Occupational Exposure to Bloodborne Pathogens*, will make available to all employees who are deemed to have an occupational exposure risk the Hepatitis B Vaccination, at the expense of the department.
- 2. Any employee who performs a job task in which it is reasonable to anticipate that they will have skin, eye, mucous membranes, or parenteral contact with blood or other potentially infectious materials will be included in training programs relating to occupational exposure to bloodborne pathogens as outlined in the *City Exposure Control Plan for Occupational Exposure to Bloodborne Pathogens*.

3. All blood or other potentially infectious materials will be handled as if contaminated by a bloodborne pathogen.
4. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids will be considered potentially infectious materials.
5. Employees will wear the appropriate personal protective equipment as described in the *City of Lynchburg Exposure Control Plan* when doing procedures in which exposure to the skin, eyes, mouth, or other mucous membranes is anticipated, to include:
 - a. searching arrestees suspected of being contagious disease carriers
 - b. handling items which may contain contaminated blood or other infectious agents (e.g. hypodermic needles, syringes, etc.)
 - c. packaging and handling possibly contaminated items of evidence
 - d. cleaning up blood or other secretions which have contaminated floors, seats, equipment, etc.
6. After removing protective equipment, employees should use soap and water to thoroughly wash hands, or other parts of the body which may have been contaminated with infectious agents.
7. If an article of clothing or footwear is contaminated by blood or other potentially infectious material, the item will be removed as soon as possible and placed in a designated container for laundering.
 - a. All clothing contaminated with blood or other body fluids, to include personal clothing, are to be placed in plastic bags for laundering at no cost to the employee. There is no need to destroy or dispose of contaminated gear.
 - b. The Equipment and Supply Coordinator will be responsible for properly laundering the contaminated items.
8. All personal protective equipment will be removed before leaving the work area; it will be placed in assigned containers for storage, washing, or decontamination.
9. Replacement of contaminated items will be overall responsibility of the Chief's Staff Officer.
 - a. Departmentally owned clothing or equipment will be replaced as soon as practical by the Equipment & Supply Coordinator.
 - b. Personally owned clothing, footwear, or equipment that cannot be decontaminated will be replaced by the department with similar items in quality and price.
 - c. The Equipment & Supply Coordinator will be responsible for coordinating the replacement of personally owned clothing, footwear, or equipment.

F. PROTECTIVE EQUIPMENT

The Chief's Staff Officer will be responsible for ensuring that:

1. an adequate supply of disposable gloves, gowns, shoe covers, eye protection and pocket CPR masks is maintained.
 - a. Disposable gloves, gowns, shoe covers, eye protection and CPR masks will be available to employees through the Equipment and Supply Coordinator.
 - b. Packaged disposable gloves, gowns, shoe covers, eye protection and CPR masks will be available for each marked patrol vehicle.
2. Marked containers are provided for the disposal of all contaminated gloves, gowns, shoe covers, eye protection, masks, etc.
 - a. Portable disposal containers or bags will be carried in the trunk of each marked patrol vehicle, for interim disposal of used protective equipment in the field.
 - b. These field disposal containers will in turn be deposited within a disposal container located in an accessible area of the department.
 - 1) Officers will deposit all contaminated protective equipment within a portable disposal container as soon as practical after use.
 - 2) Officers will transport used field disposal containers to the police department for deposit in the fixed disposal container as soon as practical after use.
 - 3) Officers will procure replacement field disposal containers from a supply cabinet or from the Equipment and Supply Coordinator.
3. The containers are properly disposed of whenever necessary (see III, I, 4).
4. Adequate supplies of approved cleaning solution are available for use by custodial personnel (see III, I, 3).

G. DECONTAMINATION PROCEDURES

1. In situations where a department vehicle used in the transport of a person with a known or suspected communicable disease is contaminated by an infectious agent:
 - a. The appropriate supervisor will ensure that such contaminated vehicle is not used again until all areas contaminated by any infectious agent have been thoroughly cleaned.
 - b. *Lightly* contaminated vehicles will be cleaned by the officer assigned to operate the vehicle.
 - 1) The officer will use cleaning materials (disinfectant spray, gloves, bleach, etc.) made available to him.

- 2) Bleach and disinfectant spray can be located in the janitor's closet in the basement (next to the kitchen)
 - 3) Officers should follow accepted means of decontamination when cleaning a contaminated vehicle (see below)
- c. *Heavily* contaminated vehicles will be cleaned by the facility contracted to decontaminate police vehicles.
- 1) To the extent practical, the contaminated vehicle will be secured in the police parking area until the contaminants have dried.
 - 2) The officer's immediate supervisor will communicate in writing via email or memorandum to the Vehicle Fleet Manager, detailing the nature of the contamination.
 - 3) The Vehicle Fleet Manager will be responsible for coordinating vehicle decontamination with the contracted facility.
- d. During weekends or other absences of the Vehicle Fleet Manager, a supervisor may arrange to have the contaminated vehicle cleaned by the contracted facility.
- 1) The supervisor will notify the contracted facility of the situation and request an appointment for cleaning.
 - 2) If the contracted facility is unable to schedule vehicle decontamination, the vehicle will be secured in the police parking area.
 - 3) The supervisor will will communicate in writing via email or memorandum to the Vehicle Fleet Manager, detailing:
 - a) the nature of the contamination, and
 - b) steps taken to arrange decontamination of the vehicle by the contracted facility.
2. Accepted means of decontamination for certain communicable diseases.
- a. AIDS decontamination procedures are recommended by the U.S. Department for Disease Control as follows:
 - 1) A freshly prepared solution of one part household chlorine bleach (5.25% sodium hypo chlorite) and nine parts water should be utilized for cleaning contaminated areas.
 - 2) Since the chlorine solution deteriorates during storage, it should be mixed only as required.
 - b. Hepatitis B and Hepatitis C decontamination may be effected by normal (soap and hot water) cleaning.
 - c. As Tuberculosis is transmitted by air and not body secretions, no area decontamination procedure is recommended as practical.
 - d. Protective gloves and eyewear should be worn during decontamination.

3. Whenever the special containers for deposit of contaminated material need disposal, the Personnel and Training Lieutenant or the Property and Supply Coordinator will be notified to arrange for proper handling/disposal.

Original Signed

Raul M. Diaz
Chief of Police

December 9, 2015

Date