

Communicable Diseases

1016.1 PURPOSE AND SCOPE

This policy is intended to provide guidelines for department personnel to assist in minimizing the risk of contracting and/or spreading communicable diseases and to minimize the incidence of illness and injury as required by state (ARS § 23-403(A), AAC § R20-5-602) and federal guidelines (29 CFR § 1910.1030(a)). The policy will offer direction in achieving the following goals:

- To identify, inform and train all Department employees regarding the communicable disease risks to which they may be exposed while performing of their specific job assignments.
- To manage the risks associated with blood-borne pathogens, aerosol transmissible diseases and other potentially infectious substances.
- To assist Department personnel in making decisions concerning the selection, use, maintenance, limitations, storage and disposal of personal protective equipment (PPE).
- To protect the privacy rights of all Department personnel who may be exposed to or contract a communicable disease during the course of their duties.
- To provide appropriate treatment and counseling should an employee be exposed to a communicable disease.

1016.1.1 DEFINITIONS

Definitions related to this policy include:

Blood Borne Pathogen – Pathogenic microorganisms that are present in human blood and can cause disease in humans (29 CFR 1910.1030(b)). These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Communicable Disease -An illness caused by an agent or its toxic products that arises through the transmission of that agent or its products to a susceptible host, either directly or indirectly (AAC § R9-6-101(21)).

Exposure Incident -A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an department member's duties (29 CFR 1910.1030(b)).

Other Potentially Infectious Materials -Includes human body fluids such as semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; any unfixed tissue or organ (other than intact skin) from a human (living or dead) and HIV-containing cell or tissue cultures, organ cultures, and HIV-or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV (29 CFR 1910.1030(b)).

1016.2.1 EXPOSURE CONTROL OFFICER

The Personnel and Training Lieutenant or designee will be designated as the Department's Exposure Control Officer (ECO). The ECO shall be responsible for the following:

- The overall management of the blood-borne Exposure Control Plan (ECP).
- The ECO will work with management to develop and administer any additional related policies and practices necessary to support the effective implementation of this plan and remain current on all legal requirements concerning blood-borne pathogens and other communicable diseases.
- The ECO will act as a liaison during Occupational Safety and Health Administration (OSHA) inspections and shall conduct program audits to maintain an up-to-date Exposure Control Plan.
- The ECO will maintain an up-to-date list of police personnel requiring training, will develop and implement a training program, maintain class rosters and quizzes and periodically review the training program.
- The ECO will review and update the Exposure Control Plan annually (on or before January 1st of each year).

Department supervisors are responsible for exposure control in their respective areas. They shall work directly with the ECO and the affected employees to ensure that the proper exposure control procedures are followed.

1016.2.2 UNIVERSAL PRECAUTIONS

All human blood and bodily fluids such as saliva, urine, semen and vaginal secretions are to be treated as if they are known to be infectious. Where it is not possible to distinguish between bodily fluid types, all bodily fluids are to be assumed potentially infectious.

1016.2.3 PERSONAL PROTECTIVE EQUIPMENT

Personal protective equipment is the last line of defense against communicable disease. Therefore, the following equipment is provided for all personnel to assist in the protection against such exposures:

- Not less than two pair of disposable latex gloves (keeping a box in the car recommended)

Communicable Diseases

- Safety glasses or goggles
- NIOSH N95 particulate respirator with a one-way valve
- Alcohol, or similar substance, to flush skin at emergency site
- Maintaining alcohol hand wipes in the car is recommended

The protective equipment is to be kept in each police vehicle, inspected at the start of each shift and replaced immediately upon returning to the station if it has been used or damaged during the shift, or as otherwise needed.

1016.2.4 IMMUNIZATIONS

All Department personnel who, in the line of duty, respond to emergency medical calls or may be exposed to or have contact with a communicable disease shall be offered appropriate immunization treatment.

1016.2.5 WORK PRACTICES

All personnel shall use the appropriate barrier precautions to prevent skin and mucous membrane exposure whenever contact with blood or bodily fluid is anticipated.

Disposable gloves shall be worn on all medical emergency responses. Disposable gloves should be worn before making physical contact with any patient and/or when handling items (e.g., evidence, transportation vehicle) soiled with blood or other bodily fluids. Should one's disposable gloves become contaminated with blood or other bodily fluids, the gloves shall be disposed of as contaminated waste. Care should be taken to avoid touching other items (e.g., pens, books and personal items in general) while wearing the disposable gloves in a potentially contaminated environment.

All procedures involving blood or other potentially infectious materials shall be done in a way to minimize splashing, spraying or otherwise generating droplets of those materials.

Eating, drinking, smoking, applying lip balm and handling contact lenses shall be prohibited in areas where a potential for an exposure exists.

1016.2.6 INFORMATION AND TRAINING

All employees shall participate in occupational exposure training commensurate with the requirements of his/her position (29CFR§1910.1030(g)(2)). The training shall be provided:

- At the time of initial assignment to tasks where an occupational exposure may take place.
- At least annually after the initial training.
- Whenever the employee is assigned new tasks or procedures affecting his/her potential exposure to communicable disease.

The occupational exposure training shall meet the minimum standards set by state and federal regulations (29 CFR § 1910.1030(g)(2)(vii) and ARS § 23-407(3)).

1016.3 DISPOSAL AND DECONTAMINATION

The following procedures will apply to the disposal or decontamination of equipment or personnel after responding to an event that involved contact with a person's blood or bodily fluids:

1016.3.1 USE OF WASTE CONTAINERS

Officers shall dispose of biohazards with the on-scene fire response vehicle, at the attending clinic or hospital, with its approval, or in an appropriately marked biohazard waste container immediately upon arrival.

The biohazard waste container shall be collapsible, leak-proof, red or appropriately labeled with a biohazard warning and routinely emptied.

1016.3.2 DECONTAMINATION OF SKIN AND MUCOUS MEMBRANES

Personnel shall wash their hands immediately, on-scene if reasonably possible, or as soon as reasonably possible following the removal of potentially contaminated gloves. Anti-bacterial soap and warm water or an approved disinfectant shall be used to wash one's hands, paying particular attention to the fingernails.

If an employee's intact skin contacts someone else's blood or bodily fluids or other potentially infectious materials, the employee shall immediately wash the exposed part of his/her body with soap and warm water and/or an approved disinfectant, as soon as possible. If the skin becomes grossly contaminated, body washing shall be followed by an approved hospital strength disinfectant. If large areas of the employee's skin are contaminated, the employee shall shower as soon as reasonably possible, using warm water and soap and/or an approved disinfectant. Medical treatment should be obtained.

Contaminated non-intact skin (e.g., injured skin, open wound) shall be cleaned using an approved disinfectant and then dressed or bandaged as required. Medical treatment is required.

All hand, skin and mucous membrane washing that takes place in the station shall be done in the designated cleaning or decontamination area. Cleaning shall not be done in the kitchen, bathrooms or other locations not designated as a cleaning or decontamination area.

1016.3.3 SHARPS AND ITEMS THAT CUT OR PUNCTURE

All personnel shall avoid using or holding sharps (e.g., needles, blades) unless they are needed to assist a paramedic or are being collected for evidence. Unless required for evidentiary reasons related to evidence preservation, employees are not to recap sharps. If recapping is necessary, a one-handed method shall be employed to avoid a finger prick. Disposal, when practicable, shall be into a puncture-proof biohazard container.

All sharps and items that cut or puncture (e.g., broken glass, razors and knives) shall be treated cautiously to avoid cutting, stabbing or puncturing one's self or any other person. If a sharp object contains known or suspected blood or other bodily fluids, that item is to be treated as a contaminated item. If the item is not evidence, touching it with the hands shall be avoided. Use a device such as tongs, or a broom and a dustpan to cleanup debris. If the material must be hand held, protective gloves must be worn.

1016.3.4 DISPOSABLE PROTECTIVE EQUIPMENT

Contaminated disposable supplies (e.g., gloves, dressings, CPR mask) shall be transported with the patient or suspect in the ambulance or police vehicle. The waste material shall then be disposed of in a biohazard waste container at the hospital or police station. Disposable gloves are to be worn while placing the waste into the waste biohazard container, placing the gloves in with the waste when through.

1016.3.5 DECONTAMINATION OF PERSONAL PROTECTIVE EQUIPMENT

After using any reusable personal protective equipment, it shall be washed or disinfected and stored appropriately. If the personal protective equipment is not reusable (e.g., disposable gloves), it shall be discarded in a biohazard waste container as described in this policy.

Any personal protective equipment that becomes punctured, torn or loses its integrity, shall be removed as soon as feasible. The employee shall wash up and replace the personal protective equipment if the task has not been completed. If any failure of personal protective equipment results in a contaminated non-intact skin event, decontamination as described in this policy shall be implemented.

Contaminated reusable personal protective equipment that must be transported prior to cleaning it shall be placed into a biohazard waste bag and transported in the ambulance, paramedic truck or police vehicle. Gloves shall be worn while handling the biohazard waste bag and during placement into the biohazard waste container, and then included in with the waste.

1016.3.6 DECONTAMINATION OF NON-DISPOSABLE EQUIPMENT

Contaminated non-disposable equipment (e.g., flashlight, gun, baton, clothing, portable radio) shall be decontaminated as soon as reasonably practicable. If it is to be transported, it shall be done by first placing it into a biohazard waste bag.

Grossly contaminated non-disposable equipment items shall be transported to a hospital, fire station or police station for proper cleaning and disinfecting. Porous surfaces such as nylon bags and straps shall be brushed and scrubbed with a detergent and hot water, laundered and allowed to dry. Non-porous surfaces (e.g., plastic or metal) shall be brushed and scrubbed with detergent and hot water, sprayed with a bleach solution, rinsed and allowed to dry. Delicate equipment (e.g., radios) should be brushed and scrubbed very carefully using a minimal amount of a type of germicide that is approved by the Environmental Protection Agency (EPA).

While cleaning equipment, pay close attention to handles, controls, corners, crevices and portable radios. Equipment cleaning shall not be done in the kitchen, bathrooms or areas that are not designated as a cleaning/decontamination area.

Contaminated equipment should be cleaned using an approved EPA germicide or a 1:100 solution of chlorine bleach (one-quarter-cup of bleach per one gallon of water) while wearing disposable gloves and goggles. Large particles of contaminants such as vomit, feces and blood clots should first be removed (e.g., using a disposable towel or other means to prevent direct contact) and then properly disposed.

1016.3.7 DECONTAMINATION OF CLOTHING

Contaminated clothing such as uniforms and undergarments shall be removed as soon as feasible and rinsed in cold water to prevent the setting of bloodstains. If the clothing may be washed in soap and hot water, do so as soon as possible. If the clothing must be dry cleaned, place it into a biohazard waste bag and give it to the ECO. The ECO will secure a dry cleaner that is capable of cleaning contaminated clothing and will inform them of the potential contamination. This dry cleaning will be done at the Department's expense.

Contaminated leather boots shall be brushed and scrubbed with detergent and hot water. If the contaminant soaked through the boot, the boot shall be discarded.

1016.3.8 DECONTAMINATION OF VEHICLES

Contaminated vehicles and components, such as the seats, radios and doors, shall be washed with soap and warm water and disinfected with an approved germicide as soon as feasible.

1016.3.9 DECONTAMINATION OF STATION AND CLEANING AREA

The ECO shall designate a location at the station that will serve as the area for cleaning/decontamination. This area is to be used to keep equipment clean and sanitary and for the employees to wash any potential contamination from their bodies. This area is to be thoroughly cleaned after each use and maintained in a clean and sanitary order at all times. The application of cosmetics, smoking cigarettes and consuming food and drink are prohibited in this designated area at all times.

1016.4 POST-EXPOSURE REPORTING AND FOLLOW-UP REQUIREMENTS

In actual or suspected exposure incidents, proper documentation and follow-up action must occur to limit potential liabilities and ensure the best protection and care for the employee.

1016.4.1 EMPLOYEE RESPONSIBILITY TO REPORT EXPOSURE

To provide appropriate and timely treatment should exposure occur, all employees shall verbally report the exposure to their immediate supervisor and complete a Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material form as soon as possible following the exposure or suspected exposure (AAC § R20-5-164(E)). The report shall be submitted to the employee's immediate supervisor. Additionally, if the exposure involves contact with the bodily fluids of an individual who has been arrested, the employee must also comply with reporting requirements described in the Communicable Disease Testing Policy.

1016.4.2 SUPERVISOR REPORTING REQUIREMENTS

The supervisor on-duty shall investigate every exposure that occurs as soon as reasonably practicable following the incident, while gathering the following information:

- Names and social security numbers of the employee exposed.
- Date and time of incident.
- Location of incident.
- The potentially infectious materials involved.
- Source of material or person.
- Current location of material or person.
- Work being done during exposure.
- How the incident occurred or was caused.
- PPE in use at the time of the incident.
- Actions taken post-event (e.g., clean-up and notifications).

The supervisor shall ensure that the event was documented (AAC § R20-5-164(F), AAC § R20-5-629, 29CFR § 1904 and 29 CFR § 1910.1030(h)(1)) and advise the members of the laws and regulations concerning disclosure of the identity and infectious status of a source, and Policy § 1016.5, which addresses source testing.

Communicable Diseases

If the ECO is unavailable to seek testing of the person who was the source of the exposure, it is the responsibility of the exposed member's supervisor to ensure testing is sought (Policy § 1016.5).

1016.4.3 MEDICAL CONSULTATION, EVALUATION AND TREATMENT

Any employee who received exposure or suspected exposure shall be seen by a physician (or qualified health care provider) as soon as reasonably possible pursuant to 29 CFR § 1910.1030(f)(3). The doctor or qualified health care provider should be provided with the supervisor's report and the member's medical records relevant to the visit and examination.

The blood of the exposed member shall be tested at the expense of the Department (AAC § R20-5-164(J)).

The employee shall be made aware of the laws and regulations concerning disclosure of the identity and infectious status of a source. If possible, the exposed employee will be informed of the source's test results.

The health care professional shall provide the ECO and/or the City's risk manager with a written opinion/evaluation of the exposed employee's situation. This opinion shall only contain the following information:

- If a post-exposure treatment is indicated for the employee
- If the employee received a post-exposure treatment
- Confirmation that the employee received the evaluation results
- Confirmation that the employee was informed of any medical condition resulting from the exposure incident that will require further treatment or evaluation
- Whether communicable disease testing from the source is warranted, and if so, the possible diseases to be tested

All other findings or diagnosis shall remain confidential and are not to be included in the written report.

1016.4.4 COUNSELING

The Department should provide the exposed employee, and his/her family if necessary, the opportunity for counseling and consultation.

1016.4.5 CONFIDENTIALITY OF REPORTS

Most of the information involved in the process must remain confidential. The ECO shall ensure that all records and reports are kept confidential (ARS § 36-664(A)).

The ECO shall be responsible for maintaining records containing the employee's treatment status and the results of examinations, medical testing and follow-up procedures that took place as a result of an exposure.

The risk manager shall be responsible for maintaining the name and social security number of the employee and copies of any information provided to the consulting health care professional as a result of an exposure.

This information is confidential and shall not be disclosed to anyone without the employee's written consent, except as required by law.

1016.5 SOURCE TESTING

Testing for communicable diseases of a person who was the source of an exposure to an employee of this department should be sought when it is desired by the department member or is otherwise appropriate. It is the responsibility of the ECO to ensure the proper testing and reporting occur. These methods are:

Obtaining voluntary consent that covers testing for any communicable disease from any person who may be the source of an exposure.

Seeking a court order when the person who may be the source of an exposure will not consent to testing if:

- The person is charged with interfering with the official duties of an employee of this department by biting, scratching, spitting or transferring blood or other bodily fluids to the skin or membranes of the member (ARS § 13-1210(A)(1)).
- There is probable cause to believe that a person interfered with the official duties of an employee of this department by biting, scratching, spitting or transferring blood or other bodily fluids to the skin or membranes of the member and that person is deceased (ARS § 13-1210(A)(2); ARS § 13-1210(D)).
- The person is arrested, charged or in custody and the employee of this department alleges by affidavit that the person interfered with the official duties of the employee by biting, scratching, spitting or transferring blood or other bodily fluids to the skin or membranes of the employee (ARS § 13-1210(A)(3)).

If the person for whom testing is sought neither volunteers nor can be compelled to submit to testing, the ECO should seek a court order for the disclosure of communicable disease-related information from the person's health care provider based upon a showing of a clear and imminent danger that the life or health of an employee of this department is at risk, pursuant to ARS § 36-665(B).