
Communicable Diseases

1004.1 MEDICAL SECTION RESPONSIBILITIES

Agency Content

The Supervisor of the Medical Section shall :

- (a) Maintain all records of exposures of members to blood or bodily fluids and immunizations provided by the Department.
- (b) Maintain all records pertaining to the exposure for thirty (30) years after the member has left his employment with the Department.
- (c) Ensure that all members provide personal immunization records and receive communicable disease baseline testing prior to appointment.
- (d) Review Officer Injury/Exposure Reports.
- (e) Arrange immunizations for members, when appropriate.
- (f) Ensure that exposed members receive appropriate medical treatment.
- (g) Insure the confidentiality of all exposure records.
- (h) Process Departmental reports for insurance claims, when necessary.

1004.2 COMMANDING OFFICER RESPONSIBILITIES

Agency Content

The Commanding Officer of the Patrol Services Division shall:

- (a) Obtain and distribute protective equipment for use by members.
- (b) Ensure that all protective equipment is inspected and serviceable.

1004.3 TRAINING DIVISION RESPONSIBILITIES

Agency Content

The Commanding Officer of the Training Division shall:

- (a) Ensure that all members receive annual training in communicable disease procedures.
- (b) Maintain annual training record of all members attending annual training.

1004.4 SUPERVISOR RESPONSIBILITIES

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Supervisors shall:

- (a) Ensure that Officers use protective equipment, when appropriate.
- (b) Report equipment deficiencies to the Commanding Officer of the Patrol Services Division through the member's chain of command.
- (c) If an exposure occurs the supervisor will ensure that the exposed member will receive appropriate medical treatment. Transport shall be provided to ensure the exposed member is seen at an Emergency Department for evaluation.

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- (d) Ensure an Infectious Disease Exposure Blood and Medical release form is signed by the source individual in order for a sample to be taken. If a signature cannot be obtained a search warrant can and should be applied for.
- (e) Supervisors must notify the Health Services Provider of the exposure incident and request all necessary documentation and testing be done on the source individual.
- (f) Ensure the Nurse Supervisor will document and complete all necessary medical procedures with the source individual for blood tests for HBV, HCV, and HIV, and H.I.P.P.A complaint medical release forms for medical information. DOHH-4054.
- (g) Contact the Medical Section.
- (h) Consult the Exposure Control Officer as soon as possible when issues of decontamination or exposure need clarification.
- (i) Ensure that area and equipment contaminated is decontaminated
- (j) Once treated the supervisor will ensure that an exposure incident report (Form 9.53 Rev. 10/08) is completed by the exposed employee.
 - 1. Prepare Officer Injury/Exposure Reports on behalf of members who are incapacitated.
- (k) Review Officer Injury/Exposure Reports.
- (l) Complete the Supervisor's Checklist and send to the Medical Section within 24 hours.
- (m) Send original copy to records, along with any other reports relative to the incident and a copy of all reports to the Exposure Control Officer and the Medical Section.

1004.5 EXPOSURE CONTROL OFFICER RESPONSIBILITIES

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The Exposure Control Officer shall:

- (a) Be available to confer with members, supervisors, and the Police Department's Physician regarding the proper actions to be taken in the event of an exposure incident.
- (b) Ensure follow-up appointments are made with the Department's designated medical provider.
- (c) Conduct follow-up investigations on all exposure incidents and make notifications as needed and as required by OSHA standards.
- (d) Assist in the selection and supply of personal equipment for the Department.
- (e) Make recommendations regarding issues of infectious control within the Police Department.
- (f) Ensure compliance with infectious waste disposal requirements.
- (g) Maintain records/data base of all exposure reports.

1004.6 PREVENTATIVE MEASURES

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The following preventative measures shall be taken:

- (a) Personal protective equipment, to include disposable gloves, face masks, protective eyewear, gowns, and resuscitation equipment, shall be utilized or worn by members to reduce the risk of exposure when contact with communicable diseases may be likely.
- (b) Avoid smoking, eating, drinking, nail biting, and all hand-to-mouth, hand-to-nose, and hand-to-eye actions while working in areas potentially contaminated with blood or bodily fluids.
- (c) Members sometimes encounter body fluids under uncontrolled, emergency circumstances in which differentiation between types of body fluids is difficult or impossible. Officers shall treat all body fluids as potentially hazardous and shall take appropriate precautions to prevent exposure.
- (d) Skin is the best protection against disease and infection. Members will cover open wounds while at work and change any dressing or bandage that becomes wet or soiled. Protect hands and face when any open cuts or wounds are present.
- (e) Extreme caution shall be used when dealing with a person who is assaultive or combative. If blood is present, employ protective gloves as soon as conditions permit.
- (f) Use care when conducting searches of persons, vehicles or places. The following precautionary measures will help to reduce the risk of infection when conducting searches:
 - 1. An officer should use great caution in searching the clothing of suspects. Individual discretion, based on the circumstances, should determine if a suspect or prisoner should empty his own pockets or if the officer should use his own skill in determining the contents of a suspect's clothing.
 - 2. A safe distance should always be maintained between the officer and the suspect.
 - 3. Wear protective gloves if exposure to blood or other bodily fluids are likely to be encountered. While wearing gloves, avoid handling personal items, such as combs and pens that could become soiled or contaminated.
 - 4. Wear protective gloves for all body cavity searches.
 - 5. Avoid blindly placing your hands in areas where you could come into contact with sharp objects that could puncture your skin (e.g. needles). Use a mirror and/or flashlight to search hidden areas.
 - 6. When searching a purse, carefully empty contents directly from purse by turning it upside down over a table.
- (g) Officers and evidence technicians may confront unusual hazards when processing crime scenes or physical evidence. The following precautionary measures will help reduce the risk of infection:
 - 1. Use protective rubber gloves when handling items contaminated by blood or bodily fluids or when packaging such items as evidence. If cotton gloves are worn when conducting a latent print examination, they can be worn over protective gloves when exposure to body fluids may occur.

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2. Face masks and eye protection shall be used when there is a potential exposure via splash to the face, mouth, nose or eyes. They shall also be worn when scraping dried bloodstains for laboratory analysis.
 3. Wear a disposable gown if it is likely that you will have your clothing soiled. It should be changed if torn or soiled, and always removed prior to leaving the scene.
 4. Use puncture-proof containers to store sharp instruments and plastic bags to store other possibly contaminated items of evidence. In general, items should be air dried before sealing in plastic. To avoid tearing gloves, use evidence tape or the heat sealer (use the appropriate legal seal) instead of metal staples to seal evidence. Clearly mark the property sheet and container or bag with the notation, "BIO-HAZARD".
- (h) Members shall use a portable pocket mask when administering cardiopulmonary resuscitation. Place the used item(s) in a red biohazard bag for disinfecting. Disinfect the items after each use.
- (i) Members shall not store food or beverages in any area where the possibility of contamination exists. Members shall not eat, drink, smoke, apply cosmetics, or handle contact lenses in contaminated areas or in locations where contaminated items are stored, disposed of, or processed.
- (j) Members shall wash their hands immediately or as soon as possible after removal of gloves and after any contact with potentially infectious materials or persons.

1004.7 INFECTION, DECONTAMINATION AND DISPOSAL PROCEDURES

Agency Content

The following infection, decontamination and disposal procedures shall be followed:

- (a) Needles should not be recapped, purposely bent or broken, removed from syringes, or otherwise manipulated by hand. Needles and other sharp items shall be placed in puncture-resistant containers and disposed of as indicated.
- (b) Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood, other body fluids to which universal precautions apply, or potentially contaminated articles. Hands should be washed after gloves are removed, even if the gloves appear to be intact. Wash hands with warm water and soap. When hand-washing facilities are not available, use a waterless antiseptic hand cleaner such as alcohol wipes.
- (c) To decontaminate and disinfect equipment:
 1. Wear protective rubber gloves.
 2. Wash the item with soap and hot water and then rinse thoroughly. Surfaces must be pre-cleaned of visible material.
 3. Soak the item in a solution containing at least 500 ppm free available chlorine (a 1:100 dilution of common household bleach - approximately 1/4-cup bleach per gallon of tap water).

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4. Portable pocket masks should be resealed in the carry case after disinfecting.
- (d) Spills of blood and blood-contaminated fluids should be promptly cleaned up using a 1:100 solution of household bleach while wearing gloves. Visible materials should first be removed with disposable towels or other appropriate means that will ensure against direct contact with blood. If splashing is anticipated, protective eyewear and an impervious gown should be worn. The area should then be decontaminated with the bleach/water solution. Hands should be washed following removal of gloves. Soiled cleaning equipment should be cleaned and decontaminated or placed in an appropriate container and disposed of as infective waste.
- (e) Clothing that becomes contaminated with bodily fluids should be removed as soon as practical. In no case shall contaminated clothing be taken home. To decontaminate clothing members shall:
1. Remove contaminated clothing while wearing latex gloves and place the items in red BIOHAZARD bags.
 2. Place the clothing in a plastic bag.
 3. Submit the clothing to Inspections Division.
 4. The clothing shall be taken to authorized dry cleaners, cleaned and returned to the member.
 5. Used BIO-HAZARD bags shall be disposed of properly.
- (f) Contaminated members shall shower as soon as practical, prior to the end of their tour of duty. The shower shall be disinfected using 500 ppm free chlorine solution immediately after its use. Spray bottles of this solution shall be located in each locker room.
- (g) When a police vehicle is contaminated by bodily fluids, the member operating the vehicle shall, as soon as practical, remove the vehicle from service. The member shall submit a Vehicle Repair Request form to the Commanding Officer of the Transportation Division, detailing the location and nature of the contamination. Contaminated vehicles shall remain out of service until they have been disinfected.
- (h) Potentially infectious waste must be disposed of properly. Blood, fluids, excretions, and secretions may be carefully poured down a drain connected to a sanitary sewer.
- (i) Sharp items should be placed into puncture-proof containers and other blood-contaminated items should be placed in leak-proof plastic bags, sealed with tape, and labeled with the "BIO-HAZARD" warning. Contaminated waste (e.g., BIO-HAZARD bags, etc.) shall be disposed of in specially marked containers provided by the Department. The infectious waste will be collected periodically and disposed of in accordance with applicable laws.

1004.8 EXPOSURE OF MEMBER TO BLOOD OR BODILY FLUID

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The following procedure shall be followed when a member has skin, eye, mucous membrane, or parental contact with blood or other potentially infectious materials (e.g. contaminated needle

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stick injury, blood or body fluid contact with the surface of the eye or mucous membrane of the nose or mouth, blood or body fluid contact with an open area of the skin, or cuts with sharp objects covered with blood or body fluid) resulting from performance of duties:

- (a) Wash the affected area immediately.
- (b) Notify a supervisor who shall follow the procedures set forth in the Supervisor Responsibilities section of this procedure.

1004.9 EXPOSURE OF MEMBERS TO AIRBORNE DISEASES/TUBERCULOSIS

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Airborne diseases such as Tuberculosis are spread when droplets of pathogens are expelled into the air by an infected person. Exposure can occur, but is not limited to, when an infected person coughs, sneezes, spits, or vomits. Whenever a member is in a confined area (e.g. booking room, patrol car, etc) with a person the member reasonably believes is suffering from an airborne disease (e.g. Tuberculosis) the member shall:

- (a) As soon as possible, provide the subject with a mask covering both the person's nose and mouth.
- (b) Open windows to improve ventilation in the area.
- (c) Wear a mask, latex gloves, and protective eyewear.
- (d) Any article contaminated with saliva, sputum, vomit, or other bodily fluid shall be cleaned and disinfected with 500 ppm free chlorine solution.
- (e) Members shall immediately report the exposure to the airborne disease (e.g. tuberculosis) to a supervisor.
- (f) Complete an "Exposure Incident Report" (form 9.53) documenting the exposure.

Members exposed to Tuberculosis shall be provided with a Tuberculosis Skin Test (i.e. Purified Protein Derivative test) on an annual basis.