

VILLAGE OF WALDEN
POLICE DEPARTMENT
ONE MUNICIPAL SQUARE
WALDEN, NEW YORK 12586

Jeffry Holmes
Chief of Police

GENERAL ORDER **NO: 10.08**

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Subject: Prevention of Transmission of Communicable Diseases: An Exposure Control Plan	
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Issuing Authority: Chief Jeffry Holmes	

PURPOSE:

The purpose of this General Order is to provide guidelines for department personnel to eliminate or minimize the occupational exposure of blood and infectious diseases. Standards, such as federal rules 29 CFR Part 1910.1030 entitled Occupational Exposure to Bloodborne Pathogens and Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Health-Care and Public-Safety Workers, are referenced in this order.

I. Definitions.

- A. Communicable Diseases: Those infectious illnesses that are transmitted via bloodborne pathogens or infectious bacteria through contact with an infected individual.
- B. Bloodborne Pathogens: Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), and human immunodeficiency virus (HIV).
- C. Infectious Diseases: Pathogenic microorganisms that can be present in air breathed by an infected individual. These pathogens include, but are not limited to, tuberculosis (TB).
- D. Body Fluids: Liquid secretions, including blood, semen, vaginal fluid, or other secretions that might contain these fluids, such as saliva, vomit, urine, or feces.

II. Policy.

It is the responsibility of this department to ensure that its personnel are able to perform their duties in a safe and effective manner. 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.

III. Modes of Transmission.

- A. Communicable diseases can be spread through two means, they being direct and indirect transmission. Bloodborne diseases spread through direct blood to blood contact. Blood is the single greatest source of HIV and HBV in the workplace setting.
- B. Airborne diseases such as TB are spread via droplets expelled in the air by a productive cough or sneeze.
- C. Rabies is an acute viral infection of the central nervous system that affects mammals. It is transmitted by introducing the virus into cuts or wounds to the skin or via the mucous membranes. Bites from affected animals are the usual path of transmission to humans. Transmission may also occur through scratches, abrasions, open wounds, or mucous membrane that come in contact with saliva or other potentially infectious material, such as, brain tissue from a rabid animal. Causal contact, such as petting a rabid animal does not constitute an exposure and is not an indication for protection or treatment from the infection.

IV. Exposure Determination.

- A. It has been determined that the following group(s) of employees have occupational exposure to bloodborne pathogens:
 - 1. Police Officers
 - 2. Court Officers
 - 3. Custodian(s).
 - 4. Dog Control Officers
- B. It has been determined that no groups of employees have occupational exposure to TB as defined by OSHA and NYSPEHS.
- C. It has been determined that the following group(s) of employees may have occupational exposure to rabies:
 - 1. Police Officers
 - 2. Court Officers
 - 3. Custodian(s).
 - 4. Dog Control Officers
- D. The following tasks and procedures are examples of duties performed by the above mentioned groups in which occupational exposure may occur:
 - 1. arrests of infected persons,
 - 2. providing aid to infected or injured persons,
 - 3. handling or being in close contact with infected or injured persons,
 - 4. conducting cell checks,
 - 5. conducting searches,
 - 6. attending autopsies,
 - 7. fingerprinting,

8. handling deceased persons and body removal
9. investigating fights and assaults,
10. handling contaminated evidence, equipment, material or refuse.

V. Universal Precautions.

In order to minimize potential exposure to communicable diseases, personnel must consider that all persons are potential carriers of a communicable disease and that all body fluids shall be considered potentially infectious material.

VI. Work Practice Controls.

The following work practice controls are initiated to eliminate or minimize personnel exposure:

A. Handwashing.

1. Handwashing is the single most important means of preventing the spread of infection. After removing gloves, hands and other skin surfaces will be washed thoroughly. Personnel should scrub hands briskly for 10-15 seconds with warm water and soap. Personnel should wash their hands in a restroom, NEVER in food preparation areas, such as the kitchenette areas.
2. When handwashing facilities are not available, personnel should use a waterless hand cleaner according to the manufacturer's instructions. Waterless microbacterial hand cleaner is available for all police vehicles. When using these cleansers, hands shall be washed with soap and water as soon as feasible.

B. Flushing.

1. Personnel shall flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

C. Sharp Instruments (Sharps).

1. All sharp instruments such as knives and hypodermic needles shall be handled with extraordinary care, and should be considered contaminated items.
2. Officers shall not place their hands in areas where sharp instruments might be hidden. An initial visual search of the area should be conducted using a pen or flashlight where necessary. The suspect should also be asked to remove such objects from his person.
3. Needles shall not be recapped, bent, broken, removed from a disposable syringe, or otherwise manipulated by hand.
 - a) If a needle must be recapped, it must be accomplished by the following one-handed technique:
 - (1) place the cap on a flat surface or step on it. The needle can then be placed in the cap and then secured with the other hand.

4. Needles shall be placed in the provided puncture resistant container when being collected for evidence or disposal purposes. The red "Biohazard" label is then to be placed over the cap. This container is then to be placed in an evidence bag and forwarded to the evidence/property locker.
- D. Officers should use great caution in searching the clothing of suspects. Individual discretion, based on the circumstances at hand, should determine if a suspect or prisoner should empty his own pockets or if the officer should use his own skills in determining the contents of a suspect's clothing.
- E. Officers shall always carry a flashlight, even during daylight shifts, to search hidden areas.
- F. If searching a purse, carefully empty contents directly from the purse, by turning it upside down over a table.
- G. While processing a crime scene, personnel should be alert for the presence of sharp objects, such as hypodermic needles, knives, razors, broken glass, nails, or other sharp objects.
- H. Protective masks and eyewear, laboratory coats, gloves, and waterproof aprons should be worn when performing or attending all autopsies. All autopsy material should be considered infectious for both HIV and HBV. Onlookers with an opportunity for exposure to blood splashed should be decontaminated with an appropriate chemical germicide.
- I. Officers collecting dried blood may be subject to airborne particles when a stain is scraped. Protective masks and eyewear should be worn when removing the bloodstain for laboratory analysis.
- J. Personnel shall not smoke, eat, drink, apply cosmetics, lip balm, or handle contact lenses where there is a reasonable likelihood of occupational exposure.
- K. Food and drink shall not be kept in refrigerators, shelves, cabinets, or on countertops where blood or other potentially infectious materials are present.
- L. Any evidence contaminated with body fluids will be dried, double bagged in plastic bags, and marked to identify potential or known communicable disease contamination.
- M. Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.
- N. Personnel should not put their fingers in or near any person's mouth.
- O. Individuals with body fluids on their persons shall be transported in separate vehicles from other individuals. The individual may be required to be covered with a suitable protective covering if he is bleeding or otherwise emitting body fluids.
- P. Personnel have an obligation to notify relevant support personnel during a transfer of custody when the suspect has body fluids present on his person.
- Q. Personnel must ensure that any personal cuts, abrasions, wounds, etc., are always properly

dressed for their own protection and that of others.

VII. Personal Protective Equipment.

- A. Personnel often work in unpredictable and uncontrolled situations. To minimize the risk of exposure, safe work practices and appropriate protective equipment must be used. Personal protective equipment includes protective equipment for eyes, face, head, and extremities. The Village of Walden will provide, and personnel must use, personal protective equipment to reduce personal exposure to infected blood or body fluids.

- B. The Village of Walden will provide the following personal protective equipment:
 - 1. Disposable Gloves.
 - a. They shall be worn:
 - (1) When it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials or body fluids, mucous membranes, or non-intact skin,
 - (2) When handling or touching contaminated items or surfaces,
 - (3) For all body cavity searches.
 - b. They shall be replaced as soon as practical if torn, punctured, or when their ability to function as a barrier is compromised.
 - c. They shall be changed after contact with each individual.
 - d. They shall not be washed or decontaminated for re-use.
 - 2. Heavy duty gloves.
 - a. They shall be worn when conducting any searches where contamination by a sharp object is possible.
 - 3. Disposable masks and protective eyewear. There are two types of disposable masks, one all-purpose and one for TB.
 - a. The all-purpose mask with protective eyewear shall be worn whenever splashing, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.
 - b. The TB mask shall be worn when handling any individual with active TB symptoms or when conducting cell checks containing such individual. Personnel can ask the infected individual to wear this mask as well.
 - 4. Plastic mouthpieces or other barrier resuscitation devices designed to isolate emergency response personnel from contact with victims' blood and blood-contaminated saliva, respiratory secretions, and vomitus. They shall be used whenever personnel perform CPR or mouth to mouth resuscitation.

- C. Personnel may be asked questions by the public arising from the use of personal protective equipment. These inquiries concerning the use of this equipment should be answered as follows:

"Our use of personal protective equipment is for everyone's safety. It assures your safety and ours from any contaminants that may be present."
- D. Supplies.
 - 1. Supervisors are responsible for continuously maintaining and storing in a convenient location an adequate amount of personal protective equipment for their unit.
 - 2. Supervisors are responsible for dissemination of supplies for infectious disease control. Protective gloves, other supplies and disinfecting materials will be made available at all times.
 - 3. Officers using supplies stored in police vehicles are responsible for their immediate replacement.
 - 4. Officers are required to have all issued personal protective equipment accessible to them while on motor patrol. They are to have disposable gloves in their possession while on foot patrol.
- E. Where appropriate protective equipment is available, no officer shall refuse to arrest or otherwise physically handle any person who may have a communicable disease.

VIII. Care and Cleaning.

- A. Personnel who wear their uniform between work and home should routinely change into a freshly laundered uniform before leaving headquarters.
- B. Personnel should remove any clothing that has been contaminated with body fluids as soon as feasible. Any contaminated skin area should then be washed in the prescribed fashion.
- C. Personnel are required to leave all contaminated uniforms in headquarters, properly bagged to minimize the potential of spreading infection. This minimizes the risk of carrying unknown germs or disease home on a dirty uniform to their family. Contaminated uniforms will be properly cleaned by the Village. Uniforms that are grossly blood soiled should be disposed of as biomedical waste.
- D. All equipment and work surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials. Disinfecting procedures shall be initiated whenever body fluids are spilled, or an individual with body fluids on his person is transported in a department vehicle, or where such contamination occurs within police headquarters:
 - 1. Personnel shall remove any excess body fluids from the vehicle paying special attention to any cracks, crevices, or seams that may be holding excess fluids.
 - 2. The affected area should be disinfected and allowed to air dry.
- E. Cleaning Solution

1. The department has commercial cleaning products that are designed to disinfect contaminated equipment and work surfaces. (Commercial name: Herbicide/Quat, Spartan Chemical Company).

IX. Disposal of Biohazard Waste.

- A. The New York State Department of Environmental Conservation (NYSDEC) mandates the disposal of biohazard waste. The Village of Walden supplies biohazard containers that meet or exceed OSHA and EPA specifications.
- B. When personnel generate biohazard waste at an incident, it is their responsibility to dispose of that material in a properly marked biohazard container.
- C. All disposable equipment is to be considered contaminated and **MUST** be disposed of in an approved biohazard bag or container. Personnel should **NEVER** leave used gloves or masks at a scene, or throw them in an ordinary waste receptacle.
- D. Objects contaminated with potentially infectious materials must be placed in an impervious bag. If outside contamination of the bag is likely, a second bag will be used. The bag will have the word "BIOHAZARD" or another biological hazard symbol, or be red in color.
- E. A supervisor is to place all biohazard bags in an approved container for disposal in the Evidence Processing room. The ID. Officer will be responsible for the permanent removal of biohazards from the department.

X. Immunizations; Vaccinations; Medical Screening.

- A. Due to the nature of emergency services, the Centers for Disease Control (CDC) highly recommends that all emergency services personnel maintain immunizations against Hepatitis B, measles, mumps, rubella, diphtheria, polio, and tetanus (DPT).
- B. All personnel at risk to TB are offered the Mantoux skin test. The employee is responsible for ensuring that all recommended immunizations/vaccinations are up to date.

The Village of Walden complies with the OSHA mandate by providing the Hepatitis B vaccination and Tuberculosis screening free of charge to all at risk personnel. Although the Village of Walden cannot require anyone to receive the immunization and testing at this time, it strongly recommends it. If testing becomes mandatory in the future, then all at risk personnel will be required to submit for such tests. Any employee who declines the vaccination and screening must complete and sign a waiver. Such an individual may change their mind at any time and receive the vaccination and screening free of charge.

Village of Walden Village Police Department Waiver

Declination Statement

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to me; however, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine I

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continue to be at risk of acquiring hepatitis B, a serious disease. If, in the future I continue have occupational exposure to blood or other potentially infectious materials and I want to vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to

Employee Signature: _____ Date: _____

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1. The Hepatitis B vaccine shall be made available:
 - a. after the employee has received the appropriate training and within 10 working days of initial assignment unless:
 - (1) The employee has previously received the complete hepatitis B vaccination series,
 - (2) Antibody testing has revealed that the employee is immune, or
 - (3) The vaccine is contraindicated for medical reasons,
 - b. to all personnel who have had an occupational exposure incident.
2. TB testing shall be provided as follows for all at risk personnel:
 - a. at the time of employment, unless there is a previous positive test or documented completion of adequate preventive therapy,
 - b. every 6 months for personnel with frequent clinical exposure to people with TB or who are involved with high hazard procedures,
 - c. annual testing for other workers,
 - d. after a TB exposure, that is, if a worker has been exposed to a potentially infectious TB patient for whom infection control procedures have not been taken. If negative, the skin test will be repeated 12 weeks after exposure. This will not be required when an employee's last skin test was within the previous 3 months.

Exemption from TB skin testing is granted to personnel with documented positive TB skin test or documented adequate treatment for disease or preventive therapy for infection unless symptoms develop.

- e. For personnel with positive skin test or for those with a history of positive skin test who are now exhibiting symptoms of TB, the Village of Walden will provide further clinical evaluation in accordance with USPHS and CDC guidelines regarding TB treatment.

XI. Post Exposure Evaluation and Follow-up.

- A. The following is a reference guide concerning the different risk levels of exposure that personnel may encounter:

Low Risk - Contact limited to merely being in the presence of a person suspected of having a communicable disease.
- Contamination of personal protective equipment

Requirements: No special action required; decontamination or disposal of affected personal protective equipment.

Low Risk Exposure to healthy, intact skin from victim's body fluids.

Requirements: Decontamination of exposed area.

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High Risk - Exposure with infected blood or body fluids through open wounds, mucous membranes, or parenteral routes. Examples of High Risk exposure are:

- ...contaminated needlestick injury
- ...blood or body fluid contact with personnel's
- ...mucous membrane of eyes, mouth, or nose
- ...blood or body fluid in contact with non-intact skin
- ...cuts with sharp instrument covered with blood or body fluid
- ...any exposure injury sustained while cleaning contaminated equipment

Requirements: Notify Shift Supervisor and follow outline in High Risk Exposure Protocol, complete Injury Report Form and forward form to the Chief of Police. On the form **MUST** be included the circumstances of how the exposure occurred and the identity of the source individual, unless identification is unfeasible or prohibited by state or local law. If you have had a needlestick injury or a cut with a sharp instrument a Sharps Log must also be filled out

B. High Risk Exposure Protocol.

1. Any employee incurring a High Risk occupational exposure will have available to them an immediate confidential medical evaluation and follow-up.
2. Injuries involving unused, sterile needles should be reported to the shift supervisor the same as any other minor injury. Care at the time of the injury should consist of local wound care and consideration of need for a tetanus shot.
3. All post, exposure testing will be obtained at St. Lukes Hospital, unless directed elsewhere by hospital staff.
4. The supervisor will request of the receiving hospital that blood will be drawn from the source individual and be tested after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the Village of Walden shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.
5. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
6. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
7. The healthcare professional shall be provided with the following information:
 - a. documentation of the route(s) of exposure and circumstances under which exposure occurred,
 - b. results of the source individual's blood testing, if available, and

- c. all medical records relevant to the appropriate treatment of the employee including vaccination status.
8. The results of these tests will be provided to the employee with counseling from a physician. The results of these tests will remain in strict confidence between the employee and the attending physician. The employee will provide the Chief of Police with information necessary to comply with workers' compensation laws, and other village policies. These tests will be done at the expense of the Village of Walden, if not covered by the insurance carrier.

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9. The Village of Walden has a responsibility under various federal and state disease, including HIV and HBV, to the Centers for Disease Control. laws and regulations to report occupational illnesses and injuries. Existing programs in the National Institute for Occupational Safety and Health (NIOSH), Department of Health and Human Services, the Bureau of Labor Statistics, Department of Labor and the Occupational Safety and Health Administration receive such information for the purposes of surveillance and other objectives. State Health Departments report cases of infections
10. The Chief of Police shall be responsible for the coordination of communicable disease exposures.

XII. Confidentiality; Information Disclosures.

- A. All information related to patients must be considered confidential. Generally, notification laws emphasize patient confidentiality, not full disclosure to the attending emergency response personnel.
- B. Department personnel learn things about patients through their patient care contact that the patient's most intimate friends, or relatives, don't know. They obtain this information because the patients trust them. Emergency personnel have a tremendous moral responsibility not to betray those confidences, as well as a legal one.
- C. In 1989, the State of New York enacted legislation relating to infection with HIV. This legislation was designed to protect health care workers and patients. The following is an excerpt from Section 27-F of the New York State Public Health Law:

"The results of every test to determine infection with human immunodeficiency virus will be confidential. Such information may only be released to the following persons:

1. The subject of the test or his legally authorized representative,
2. Any persons designated in a release signed by the subject of the test or his legally authorized representative,
3. The Department of Health,
4. Health care providers for purposes of consultation or providing care and treatment to the person who was the subject of the test,
5. Health care facility staff committees which monitor, evaluate, or review programs or services,
6. Medical or epidemiological researchers for use as statistical data only,
7. Any persons allowed access to such information by a court order,
8. Any facility that procures, processes, distributes or uses blood, body fluids, tissues, or organs,
9. Any person authorized by law to receive such information,
10. The parents of the subject of the test, if the subject was a minor,

11. The spouse of the subject of the test."
- D. The same confidentiality standards apply to information regarding the communicable disease status of personnel involved in emergency response. This information is between the worker and the attending physician. The sharing of this information through any other means, including the "grapevine," is a violation of confidentiality standards. Appropriate action will be taken towards individuals who violate these confidentiality standards.

XIII. Training.

- A. The Village of Walden will assure that all at risk employees receive education on precautionary measures, epidemiology, modes of transmission, and prevention of HIV/HBV. Also, they shall be trained regarding the hazards and control of tuberculosis. The training shall be given to all at risk personnel upon initial employment and annually thereafter. High-risk employees will receive training regarding the location and proper use of personal protective equipment, work practices, and precautions to be used in handling contaminated articles and infections waste.
- B. Training records will show the dates of training sessions, the content of those training sessions the names of all persons conducting the training, and the names of all whom attended the training. Training records will be maintained for 5 years. All newly hired personnel who are evaluated to be in an at-risk work title will receive this training beginning work.
- C. We will follow OSHA's bloodborne pathogens compliance directive (OSHA Instruction CPL 02-02-069) for trainers: trainers can include a variety of healthcare professionals such as infection control practitioners, nurse practitioners, registered nurses, occupational health professionals, physician's assistants, and emergency medical technicians. Non-healthcare professionals, such as but not limited to, industrial hygienists, epidemiologists, or professional trainers, may conduct the training provided they are knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace.

XIV. Record keeping of Medical Records.

- A. Record of skin testing results and medical evaluations and treatment are considered employee medical records, and, in accordance with 29CFR 1910.20, must be preserved and maintained for at least the duration of employment, plus 30 years.
- B. The following records are to be maintained:
1. a copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccinations as required,
 2. a copy of all results of examination, medical testing, and follow-up procedures as required,
 3. the employer's copy of the healthcare professional's written opinion as required,
 4. a copy of the information provided to the healthcare professional as required.
 5. a Sharps Log
- C. The employer shall ensure that employee medical records as required are kept confidential and are not disclosed or reported without the employee's express written consent to any person,

within or outside the workplace, except as may be required by law.

A handwritten signature in black ink, appearing to read "Jeffry Holmes". The signature is written in a cursive style with a long horizontal stroke at the end.

Jeffry Holmes,
Chief of Police