



Ithaca Police Department

120 East Clinton Street
Ithaca, New York 14850

General Order Number: 333

Title: Exposure Control Plan for Communicable Diseases

Issuing Authority: Chief John Barber

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Rescinds/Supersedes: All previously issued directives

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I. Purpose

- A. The purpose of this policy is to provide guidelines for Department personnel in preventing the contraction of communicable diseases.
- B. The Department has determined that all employees have the possibility of occupational exposure. Police officers have the highest possibility of exposure because they respond to traffic accidents, physical assaults and emergency medical calls where there is a high risk of exposure to blood borne pathogens. Civilian support personnel have a lower possibility of any direct exposure as they rarely, if ever, come into contact with prisoners.

II. Definitions

- A. Body Fluids - Liquid secretions including blood, semen and vaginal or other secretions that might contain these fluids such as saliva, vomit, urine or feces.
- B. Exposure Incident - A specific eye, mouth, other mucous membrane, non-intact skin, or potential contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
- C. Exposure Control Plan - A written plan developed by this Department and available to all employees that details the steps taken to eliminate or minimize exposure and evaluate the circumstances surrounding exposure accidents.

- D. Infectious Waste - Material soaked or saturated with blood, discarded serums and vaccines; pathological wastes, including human tissues and anatomical parts; laboratory wastes including animal carcasses which have been exposed to pathogenic organisms; wastes from patients in isolation, as well as other articles being discarded that are potentially infectious and that might cause punctures or cuts, including hypodermic needles, intravenous needles, and intravenous tubing with needles attached, pipettes, scalpels that have not been autoclaved or subjected to a similar decontamination technique and crushed or otherwise rendered incapable of causing puncture or cuts.
- E. Acquired Immune Deficiency Syndrome (AIDS): AIDS is a disease characterized by complications indicative of an underlying immune deficiency. The viral agent identified with AIDS is known as Human Immunodeficiency Virus (HIV). As a result of this deficiency, victims develop a variety of infections as well as certain forms of cancer. An AIDS infection is usually characterized by sudden extreme weight loss, swollen glands, joint pain and ulcerated sores or lesions on the body. However, many infected persons may exhibit no immediate symptoms.
1. Any person engaged in high-risk investigatory activities such as those dealing with drug abuse, prostitution, crime scenes where blood or other body fluids are present, serious accident investigation, or are involved in the collection, analysis, and storage of blood-smeared and otherwise possibly contaminated evidence are at risk of being exposed to the AIDS virus.
 2. AIDS is a blood-borne disease transmitted by direct contact with blood, semen, and possibly other body secretions of an infected person. Sexual contact and intravenous drug abuse are the primary activities of transmission of the HIV virus. There is no evidence that the disease is transmitted through casual contact or through the air.
- F. Tuberculosis (TB): TB is a highly infectious bacterial disease, which primarily infects the lungs of its victims, although it may also be present in the bones and other body parts of the body. TB is usually characterized by persistent cough, fatigue, chest pain, breathing difficulty or spitting up blood. Persons with active TB may appear well, in spite of the fact that they may be in an advanced stage of the disease.
1. TB is contracted almost exclusively by inhalation of infectious airborne particles. High risk conditions include:
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 3. Having a person displaying TB symptoms or with a known TB history sneeze, cough, laugh, shout, spit, cry or project droplets of saliva directly in to the face of another.
 4. Drinking from the same glass, eating with the same utensils, or smoking the same cigarette used by a person displaying TB symptoms or with a known TB history.

5. Performing cardio-pulmonary resuscitation (CPR) on a possible TB infected person without the use of a departmental-issued CPR mask. There is NO certified National Institute for Occupational Safety and Health (NIOSH) filter or respirator for TB yet, except self-contained breathing apparatus.
 6. Close contact with persons with poor personal hygiene, especially those with severe coughing or other TB symptoms especially in poorly ventilated areas, for example automobiles and treatment areas of ambulances.
 7. Entering unsanitary environments and overcrowded residences with poor sanitary facilities, particularly if inhabited by known TB carriers.
- G. Hepatitis: Viral Hepatitis is an infection of the liver caused by either the hepatitis virus type A or hepatitis virus type B. Hepatitis A infection is usually characterized by yellowing of the whites of the eyes and skin, fever, fatigue, upset stomach, possible vomiting, abdominal pain, and dark colored urine. Hepatitis B infection carries the same symptoms as Hepatitis A, only more severe in nature and with much longer recovery period. Hepatitis B symptoms also may include skin rashes, muscle aches, and pain in joints. Persons infected with the hepatitis virus may show no symptoms.
- H. Blood-borne 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 Immune-deficiency Virus (HIV).
- I. Source Individual: Any individual living or dead whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.
- J. Bio-hazardous Evidence: Any evidence containing blood or body fluids, or any evidence stained or contaminated by blood or body fluids. All evidence of this type is presumed to be hazardous and will be handled accordingly.
- K. Universal precautions is an infectious-control method which requires employees to assume that all human blood and specified human body fluids are infectious for HIV, HBV and other blood borne pathogens and must be treated accordingly.

III. Policy

- A. It shall be the policy of this Department to provide all employees with 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.
- B. The primary responsibility for infectious disease control rests with the individual employee. Employees shall thoroughly review this Exposure Control Plan and do everything within their power to follow the policies outlined.
- C. The Chief of Police is responsible for the implementation of this policy. The Deputy Chief of Operations will review this policy annually.

- D. All personnel will treat persons who have contracted a communicable disease fairly, courteously and with dignity.
- E. The Department will make available appropriate protective equipment to employees who, through normal duty activities, may come into contact with blood or body fluids. It is the responsibility of the employee to utilize any or all of the equipment, as the employee deems necessary. If the employee chooses not to or, due to the urgency of the situation, is unable to utilize any of the equipment, the circumstances will be investigated by the Deputy Chief of Professional Standards and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.
- F. The Department will make available vaccinations for Hepatitis B-type virus to all employees who may be at risk of exposure to Hepatitis B through exposure with blood or other body fluids. If an employee chooses not to receive the vaccination series for any reason at the time the series is being made available, the employee must sign a Hepatitis B Vaccine Declination, which will be retained with the employee's file in the Office of the Chief of Police. The employee, while still employed by the Department, may choose to receive the vaccinations at a later date at no charge to the employee.

IV. Procedures

A. Communicable Disease Prevention

1. This agency's exposure control plan shall provide the overall strategy for limiting exposure to HIV and HBV viruses and responding to potential exposure incidents. The plan is available for review by all employees upon request.
2. This agency subscribes to the principles and practices for prevention of HIV and HBV exposure as detailed in the "universal precautions" prescribed by the CDC and the federal regulations of the Occupational Safety and Health Administration. Where otherwise not detailed in this policy, employees shall be guided by these practices and procedures.
3. In order to minimize potential exposure to communicable diseases, all employees should exercise universal precautions and assume that all persons are potential carriers.
4. Disposable gloves will be worn when handling any persons, clothing or anything with body fluids on it.
5. Masks and protective eyewear shall be worn by employees when performing duties, which necessitate the handling of body fluids.
6. Plastic mouthpieces or other authorized barrier/resuscitation devices shall be used whenever an employee performs CPR or mouth-to-mouth resuscitation.

7. All sharp instruments such as knives, scalpels and needles shall be handled with extraordinary care, and should be considered contaminated items.
 - a. Needles shall not be recapped, bent, broken, removed from a disposable syringe or otherwise manipulated by hand.
 - b. Needles shall be placed in a puncture-resistant container when being collected for evidentiary or disposal purposes.
8. Employees shall not smoke, eat, drink or apply makeup or any type of topical creams or ointments around body fluid spills.
9. Employees will take into custody blood or body fluid stained property only when needed for evidence. All items of evidence contaminated with body fluids or blood will be placed into the red biohazard bags, one item per bag. The employee who bags this evidence shall be responsible for the completion of the Property/Evidence Custody Report and the necessary evidence tags. Evidence that needs to be dried must be clearly marked as needing such drying before being placed in the evidence locker. The officer assigned to the drying will remove the items from the evidence locker, take it to a designated area to be determined at the time depending on the size and quantity of the items to be dried and will insure that the area has a leak-proof barrier underneath those items being dried.

V. Transport and Custody

- A. Employees shall not intentionally put their fingers in or near any person's mouth.
- B. Whenever possible, individuals with body fluids on their body or clothing shall be transported in separate vehicles from other individuals. The individual may be required to wear suitable protective covering over a wound or affected area if the individual is bleeding or otherwise emitting body fluids.
- C. Employees have an obligation to notify relevant support personnel during a transfer of custody when the suspect has body fluids present on the suspect's body or clothing.
- D. Employees shall document on the appropriate arrest or incident form when a suspect taken into custody has body fluids on the suspect's body or clothing.
- E. If an individual transported to a medical facility is suspected of having a communicable disease, the transporting employee will advise medical service providers attending the individual of the transporting employee's name and office telephone number so that the Department and the employee can be notified in the event that the individual tests positive for TB or Hepatitis.
- F. Officers transporting individuals suspected of having TB should open the vehicle windows and turn the vehicle ventilation system on high so that they are receiving fresh, outside air blowing on them. The more ventilation in the cars, the better.

Note: Employees are reminded that Article 27F, Section 2782 of the New York State Public Health Law specifically prohibits anyone from disclosing HIV information when not authorized to do so.

VI. Disinfection

- A. Any unprotected skin surfaces that come into contact with body fluids shall be immediately and thoroughly washed with hot running water and soap for 15 seconds before rinsing and drying.
1. Alcohol or antiseptic towelettes may be used where soap and water are unavailable. This is not a substitute for washing with hot soapy water, but merely a stopgap measure until you can get to a location that provides hot soapy water, which must be used.
 2. Disposable gloves should be rinsed whenever possible before removal. The hands and forearms should then be washed.
 3. All open cuts and abrasions should be covered before reporting for duty.
 4. Hand lotion should be applied after disinfection to prevent chapping and to seal cracks and cuts on the skin.
 5. All open cuts and abrasions shall be covered with waterproof bandages before reporting to duty.
 6. Employees should remove clothing that has been contaminated with body fluids as soon as practical. Any contacted skin area should then be cleansed with hot soapy water. Contaminated clothing should be handled carefully and laundered to at least 140 degrees. Clothing of this nature should be cleaned at a commercial laundry. The commercial laundry should be notified of the hazard and the clothing should be delivered in a plastic bag.
 7. Disinfection procedures shall be initiated whenever body fluids are spilled, or an individual with body fluids on his/her body or clothing is transported in a Departmental vehicle. Persons performing this task will always wear disposable gloves.
 - a. Excess body fluids shall be removed from the vehicle with paper towels, paying special attention to any cracks, crevices or seams that may be holding excess fluids.
 - b. The affected area should be disinfected using hot water and detergent, bleach solution or an EPA approved disinfectant. Bleach should not be used on fabric surfaces.

8. Non-disposable equipment and areas upon which body fluids have been spilled shall be disinfected as follows:
 - a. Any excess of body fluids should first be wiped up with approved disposable absorbent materials.
 - b. Freshly prepared solutions of one part bleach to 10 parts water or a fungicidal/micro bactericidal disinfectant shall be used to clean the area or equipment.
9. All disposable equipment, cleaning materials or evidence no longer needed and contaminated with body fluids shall be placed in red bio-hazard bags and temporarily placed in upstairs Evidence Room.

VII. Supplies

- A. Protective gloves, other first-aid supplies and disinfecting materials will be made readily available at all times.
- B. Individual police personnel shall be responsible for maintaining the following communicable disease control supplies in adequate quantities and having them in their vehicle in the employee protection kit ("spill kit").
 1. Disposable gloves
 2. Barrier resuscitation equipment
 3. Disposable disinfectant towelettes
 4. Bandages
 5. Red, infectious waste bags
 6. Goggles or other eye protection
 7. Puncture-resistant containers for sharps (syringes, knives, etc.)
- C. Employees using any of the supplies listed above are responsible for their prompt replacement.
- D. Additional equipment and supplies will be maintained in the Arsenal. The equipment includes infection control kits. The infection control kits, carried in the trunk of every marked police vehicle contain the following:
 1. A protective garment, face mask, eye shield, shoe covers, rubber gloves, a disposable micro shield CPR unit, two sharp containers, four anti-microbial hand wipes, two hard surface disinfectant towelettes and a biohazard waste bag.
 - a. The kits are constructed in layers, with the most frequently needed items in the outer layer and less frequently needed items in the inner plastic envelope. The bags are individually heat sealed to prevent contamination.
 - b. Whenever an item from a kit is used, the entire unused portion of the kit should be turned over to the Operations Sergeant who will then issue a new kit from the supply stock in the Arsenal.

VIII. Line of Duty Exposures to Communicable Diseases

- A. Any employee who has been bitten by an individual, suffered a needle stick, or who has had physical contact with body fluids of another person in any manner including through the eyes, nose or mouth, while in the line of duty, will be considered to have been exposed.
- B. The Shift Commander or a Supervisor shall be contacted as soon as practical. The Shift Commander or Supervisor will be responsible to see that all appropriate action is taken including:
 - 1. Insure that the Exposure Incident Report is completed. It should be assigned a separate incident number.
 - 2. Where appropriate, insure that a Request for Source Individual Evaluation is completed and forwarded to the appropriate emergency room personnel or Infectious Control practitioner.
 - 3. Insure that when appropriate, the Confidential Documentation and Identification of Source Individual is completed and provided to medical personnel to be completed.
 - 4. Insure that the Employee Exposure Follow-up Record is provided to the employee involved and that the employee involved is directed to see that this form is completed in a timely fashion and returned to the Chief of Police where it will be kept on file in the Office of the Chief of Police.
- C. Any person responsible for potentially exposing an employee of the department to a communicable disease will be encouraged to undergo testing to determine if the source individual has a communicable disease.
- D. Criminal charges may be sought against any person who intentionally acts to expose an employee to a communicable disease.
- E. Employees who test positive for a communicable disease may continue working as long as they maintain acceptable performance and do not pose a safety or health threat to him or her, the public or other employees of the department.
- F. The Department shall make available to each employee, following a report of an exposure incident, a confidential medical evaluation and appropriate medical follow-up conducted by the hospital emergency room or the employee's personal physician. The department highly recommends that this medical evaluation and consultation be done as soon as practical and immediately after the exposure, if at all possible. The following elements should be included:
 - 1. Document the roots of exposure and how exposure occurred.
 - 2. Identify and document the source individual unless the employer can establish that identification is infeasible or prohibited by State or Local Law.

3. Obtain consent and test source individual's blood as soon as possible to determine HIV and HBV infectivity and document the source's blood test results.
 4. If the source individual is known to be infected with either HIV or HBV, testing need not be repeated to determine the known infectivity.
 5. Provide the exposed employee with source individual's test results and information about applicable disclosure laws and regulations concerning the source, identity and infectious status.
 6. After obtaining consent, collect exposed employee's blood as soon as feasible after the exposure incident and test for HBV and HIV serological status.
 7. If the employee does not give consent for HIV serological testing during the collection of blood for base line testing, preserve the base-line blood sample for at least 90 days.
- G. The department will maintain written records of all incidents involving employees who have been tested for potential exposures to a communicable disease while acting in the line of duty. The records will be stored in a secured area, with limited access, for the duration of the employee's employment plus thirty (30) years and maintained in conformance with applicable privacy laws.
- H. It is the responsibility of each employee to document and follow-up any situation that might lead to possible infection of the employee or other employees, taking into consideration Article 27F, Section 2782 of the Public Health Law.
- I. Counseling will be made available to the officer.

IX. Post Exposure Review

The Deputy Chief of Police of Operations will review the circumstances of the exposure incident to determine if procedures, protocols and/or training need to be reviewed or revised.

X. Training

- A. The Department training coordinator shall ensure that all employees are provided with a course of instruction on prevention of blood borne diseases prior to their initial assignment.
- B. All affected employees shall receive annual refresher training and additional training whenever job tasks or procedures are modified in a manner that may alter their risk of exposure.
- C. All trainees shall have access to applicable federal and state regulations pertaining to the regulation of blood borne pathogens.
- D. The training coordinator shall ensure that complete records are maintained on employee training to include information on the dates and content of training sessions, names and job titles of all

persons attending the training sessions. These records shall be maintained for a period of three years from the date of training.

- E. All employees shall receive annual in-service training on infection control and the use of personal protective equipment.