

Geneva Police Department GENERAL ORDERS		COMMUNICABLE DISEASES	
<input checked="" type="checkbox"/> new: <input type="checkbox"/> rescinds: <input type="checkbox"/> amends:		cross-reference: G.O. 905 Accreditation/Recognition standards:	
effective date: 8.24.05	issue/amend/review date: 8.24.05 / 10.24.13 / 10.18.19	NYS L.E.A.P.: 3.1	

I. PURPOSE	<p>A. The purpose of this order is to establish guidelines and procedures to be followed when a member comes into contact with a person suspected of having a communicable disease, or is exposed to the bodily fluids of another.</p>
II. POLICY	<p>A. It is the policy of the Geneva Police Department to safeguard to the highest degree possible, Department personnel and the public who come into contact with people who have, or are suspected of having, a communicable disease without sacrificing essential services to the community or individual citizens.</p> <p>B. Personnel are always responsible for treating people fairly and humanely. When handling or assisting persons with medical afflictions, personnel bear the additional responsibility of being especially sensitive towards the person's condition and to treat the person with the same dignity reserved for all people with whom we have contact.</p> <p>C. Information in records (e.g. test results) regarding an employee or arrestee with AIDS or other communicable disease is confidential. Access to such information is limited to only staff that has a legal need to know. Disclosure of any information except as required by law must not be made unless the express written consent of the person is obtained.</p>
III. BACKGROUND	<p>A. There has been a significant increase in the number of persons in the general population identified as infected with Acquired Immune Deficiency Syndrome (AIDS). AIDS is an incurable, contagious disease affecting the body's immune system, rendering the body susceptible to a variety of rare and usually fatal illnesses. A virus called HIV causes AIDS.</p> <p>B. AIDS is transmitted primarily through blood-to-blood contact during sexual acts or while sharing needles. The persons most likely to become infected with AIDS are homosexual and bi-sexual males, intravenous drug users, hemophiliacs and persons receiving blood transfusions. At this time there is no evidence that AIDS is spread by casual contact such as shaking hands, coughing, sneezing, kissing, from using toilet seats, bathtubs, showers, dishes, linens or utensils or from food and water.</p>

<p>IV. DEFINITIONS</p>	<p>A. <u>EXPOSURE</u> - Contact with blood or other body fluids to which universal precautions apply through percutaneous inoculation or contact with skin, an open wound, non-intact skin, or mucous membrane during the performance of job duties.</p> <p>B. <u>UNIVERSAL PRECAUTIONS</u> - Latex gloves, eye protection, resuscitation masks, gowns and other protective garments, which are used whenever contact with bodily fluids is anticipated.</p> <p>C. <u>PERCUTANEOUS INOCULATION</u> - Injection or puncture that introduces a substance under the skin.</p>
<p>V. PROCEDURE</p>	<p>The precautionary measures found in this Order are necessary to minimize the risk of infection to employees of the Department. The following procedures shall be followed by employees of the Department:</p> <p>A. <u>RESPONSIBILITIES</u></p> <ol style="list-style-type: none"> 1. The Chief of Police shall: <ol style="list-style-type: none"> a. Appoint an employee to serve as the Health Safety Officer for the Department. b. Ensure that the Department complies with all standards established by the New York State Public Employee Safety and Health (PESH) Bureau. 2. The Lieutenant/Uniform Force (LT/UF) shall: <ol style="list-style-type: none"> a. Maintain all records of exposures of personnel to blood or bodily fluids and immunizations provided by the Department. b. Obtain protective equipment for use by personnel. c. Arrange immunizations for personnel, when appropriate. 3. The Health Safety Officer shall: <ol style="list-style-type: none"> a. Ensure that all personnel receive annual training in communicable disease procedures. b. Distribute protective equipment for use by personnel. c. Inspect all protective equipment and report deficiencies to the LT/UF through the officer's chain of command. d. Review Officer Injury/Exposure Reports. e. Act as the Department's liaison with health officials. f. Ensure that exposed personnel receive appropriate medical treatment. g. Recommend improvements to the Department's communicable disease procedures. 4. Supervisors shall: <ol style="list-style-type: none"> a. Ensure that subordinate officers use protective equipment, when appropriate. b. Prepare Officer Injury/Exposure Reports on behalf of personnel who are incapacitated.

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B. Preventative Measures

1. Personal protective equipment to include disposable gloves, face masks, protective eyewear, gowns and resuscitation equipment shall be made available to personnel to reduce the risk of exposure.
2. Personnel may at times encounter body fluids under uncontrolled, emergency circumstances in which differentiation between types of body fluids is difficult or impossible. Personnel shall treat all body fluids as potentially hazardous and shall take appropriate precautions to prevent exposure.
3. Skin is the best protection against disease and infection. Personnel should cover open wounds while at work and change any dressing or bandage that becomes wet or soiled. Protect hands and face if any open cuts or wounds are present.
4. Extreme caution shall be used when dealing with a person who is combative. If blood is present, employ protective gloves as soon as conditions permit.
5. 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:
 - a. 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/her own pockets or if the officer should use their own skills in determining the contents of a suspect's clothing.
 - b. A safe distance should always be maintained between the officer and the suspect.
 - c. Wear protective gloves if exposures to blood or other bodily fluid is likely to be encountered. While wearing gloves, avoid handling personal items, such as combs, phones and pens, which could become soiled or contaminated.
 - d. Wear protective gloves for all body cavity searches.
 - e. 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.
 - f. When searching a purse, carefully empty contents directly from purse by turning it upside down over a table or other suitable surface.
6. 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:
 - a. Use protective gloves when handling items contaminated by blood or body fluids or when packaging such items as evidence.
 - b. Facemasks and eye protection shall be used when there is a potential exposure by a splash to the face, mouth, nose or eyes. They shall also be worn when swabbing/scraping dried bloodstains for laboratory analysis.
 - c. Use a disposable gown if it is likely that clothing could become soiled. It should be changed if torn or soiled, and always removed prior to leaving the scene.
 - d. Use a "Sharp" cylinder to store a sharp instrument and plastic bags to store other possibly contaminated items of evidence. In general, items should be air dried before sealing in plastic. Clearly mark the container or bag with a "BIO-HAZARD" warning label. *See GO 905 "Property and Evidence Management"*.

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7. Whenever available, use a portable pocket mask when administering cardiopulmonary resuscitation. Place the used item in a red BIO-HAZARD bag for disposal.
8. Personnel shall not store food or beverages in any area where the possibility of contamination exists. Personnel shall not eat, drink, apply cosmetics or handle contact lenses in contaminated areas or in locations where contaminated items are stored, disposed of or processed (e.g. Booking Room, etc).

C. DISINFECTION, DECONTAMINATION AND DISPOSAL PROCEDURES

1. The following disinfection, decontamination and disposal procedures should be routinely followed to minimize risk of infection:
 - 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 "Sharps" cylinders when being collected for disposal. Such items can be disposed of in a sharps container carried for that purpose in the patient compartment of an ambulance or in the hospital emergency room.
 - 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 or alcohol wipes.
2. To decontaminate and disinfect equipment:
 - a. Wear protective gloves.
 - b. Wash the item with soap and hot water and then rinse thoroughly. Surfaces must be pre-cleaned of visible material.
 - c. Soak the item in a solution containing at least 500-ppm chlorine solution, 1:100 dilution of common household bleach – (approximately 1/4-cup bleach per gallon of tap water).
3. Spills of blood and blood-contaminated fluids should be promptly cleaned up using a 1:100 solution of household bleach or commercial EPA approved disinfectant wipes 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 infectious waste.
4. Clothing contaminated with bodily fluids should be removed as soon as practical, but in no case shall contaminated clothing be taken home. If practical, contaminated clothing shall be removed at the scene of the exposure. To decontaminate clothing, members shall:
 - a. Wear protective gloves during the handling of all contaminated articles.
 - b. Remove contaminated clothing while wearing protective gloves and place the items in red BIO-HAZARD bags. Protective gloves, and BIO-HAZARD bags shall be located in the trunk of all Department vehicles.
 - c. Bagged contaminated clothing should be cleaned at a commercial laundry. The laundry should be advised as to the contamination hazard.

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5. Contaminated personnel shall shower as soon as practical and in all cases prior to the end of their tour of duty. The shower shall be disinfected using 500-ppm chlorine solution immediately after its use.
6. Whenever bodily fluids contaminate a police vehicle, the vehicle shall be driven into the sally port of the Public Safety Building where disinfecting procedures shall be initiated. Personnel performing this duty will always wear disposable gloves and clean the vehicle as follows:
 - 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 contaminated area should be disinfected using hot water and detergent, bleach solution, or a commercial EPA approved disinfectant. Bleach shall not be used on fabric surfaces.
7. Potentially infectious waste must be disposed of properly. Bulk blood, suctioned fluids, excretions and secretions may be carefully poured down a drain connected to a sanitary sewer. Sanitary sewers may also be used to dispose of other infectious wastes capable of being ground and flushed into the sewer. Sharp items should be placed into puncture- proof containers (Sharps) 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 temporarily placed in the Police Garage (westernmost section) and be disposed of in accordance with Departmental procedures and applicable laws, or upon approval from the on-duty Supervisor, items may be taken to the Geneva General Hospital for proper disposal.

D. EXPOSURE OF PERSONNEL TO BLOOD OR BODILY FLUID

1. The following procedure shall be followed when an employee has skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials (e.g. contaminated needle 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, cuts with sharp objects covered with blood or body fluid) resulting from performance of duties:
 - a. Wash the exposed area immediately and thoroughly with soap and water.
 - b. Seek medical examination and treatment as soon as possible after the exposure.
 - c. Notify the duty supervisor.
 - d. Assign a Control Report Number (CR #) in the PD Manager System for an "Officer Injury" and complete an Incident Report documenting:
 1. Date and time of the exposure.
 2. Nature of the exposure.
 3. Circumstances under which the exposure occurred.
 4. Extent to which appropriate protective measures and devices were used.
 5. Treatment provided for the exposure.
 6. Nature of follow-up treatment required.
 7. Name of person(s) who were the sources of the exposure.

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2. If the exposed employee is incapacitated, the Officer Injury Report shall be completed by the duty supervisor. In the event the exposed employee is the duty supervisor, an officer of equal or higher rank shall complete the report. (*Ref: GO 230 "Illness and Injury Procedures" attachments*)
3. Upon receiving notification that an employee has been exposed, the duty supervisor shall notify the Health Safety Officer. The Health Safety Officer shall:
 - a. Review the Officer Injury Report and evaluate the nature of the exposure.
 - b. Contact the appropriate medical resources to determine what medical procedures are necessary.
 - c. Insure that proper care or treatment is provided to the employee.
 - d. Document all counseling, post-exposure management, and follow-up treatment provided to the employee.
4. If the person who is the source of the exposure is transported to a hospital (e.g., an accident or assault victim), the Ontario County Health Department should be contacted immediately in order that blood tests are conducted to determine if the source is infected. Legislation requires hospitals to inform emergency service personnel that they have been in contact with a person infected with HIV. Employees shall not divulge the identity of any person infected with HIV without that person's permission. Revealing the identity of a person infected with HIV exposes the employee and the Department to severe civil penalties and may result in disciplinary action.
5. Officer Injury Reports shall be forwarded through the employee's chain of command to the LT/UF, who shall:
 - a. Maintain all records pertaining to the exposure for thirty (30) years after the employee has left their employment with the Department.
 - b. Ensure the confidentiality of all exposure records.

E. EXPOSURE OF PERSONNEL TO TUBERCULOSIS

1. Tuberculosis is a disease spread by airborne transmission. Whenever an employee is in a confined area (e.g. booking room, patrol car, etc) with a person the employee reasonably believes is suffering from tuberculosis, the employee 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.
2. Any article contaminated with saliva, sputum, vomit, or other bodily fluid shall be cleaned and disinfected with 500-ppm chlorine solution.
3. Employees shall report exposure to tuberculosis in accordance with the provisions of section §V (D)(1-3) of this Order.
4. Employees exposed to tuberculosis shall be provided with a Tuberculosis Skin Test (e.g. Purified Protein Derivative test) on an annual basis.

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F. HEPATITIS VACCINATIONS

1. Hepatitis B is a communicable disease spread by bodily fluids. All personnel upon initial employment with the Department shall be offered the Hepatitis Vaccination at Departmental expense. Whenever personnel choose not to receive the vaccination, the employee must sign a declination of vaccination form. Personnel who decline the vaccination may, at any time, choose to receive the vaccination by submitting a written request to the LT/UF.

G. COMMUNICABLE DISEASE TRAINING

1. The Department shall provide personnel with communicable disease training on an annual basis. Training records shall include:
 - a. Dates of training.
 - b. Copies of lesson plans and student materials.
 - c. Name(s) of trainers.
 - d. Names of the employees trained.
2. The LT/UF shall maintain communicable disease training records at least five years from the date of training.
3. Personnel shall keep informed of new information regarding blood borne diseases and shall follow universal precautions and use personal protective equipment when indicated.
 - a. Additional information regarding AIDS may be obtained by calling the AIDS Hotline of Central New York (1-800-541-AIDS) or by contacting the New York State Department of Health AIDS Institute.
4. It will be the responsibility of the Department administration to disseminate in a timely fashion new information pertaining to infectious diseases and the handling of persons verified as having or suspected of having infectious diseases. The medical community develops new information on infectious diseases continuously. Upon receipt, updated information will be disseminated to all personnel.

Approved By

MICHAEL J. PASSALACQUA
CHIEF OF POLICE