Tulsa Police Department

Policy #	302D	**Effective Date**	06/21/2018
Policy Name	Exposure to Communicable Disease	**Approved Date**	06/21/2018
Approved by	*Wendell Franklin, Chief of Police*	**Previous Date**	05/10/2007

PURPOSE OF CHANGE:

To update policy format.

POLICY:

The Tulsa Police Department recognizes that during the commission of their duties, employees may be exposed to communicable diseases that can be transmitted by airborne or bloodborne pathogens. Therefore, the following procedures concerning proper precautionary measures have been established to minimize the risk of direct exposure in accordance with *City Safety and Health Manual*, Section 305.22 to 305.944 and *OSHA Standard 29 CFR Part 1910.1030*.

The Centers for Disease Control (CDC) have identified the possibility of exposure to certain body fluids as being situations in which universal precautions should be used. The below identified body fluids have the potential to carry the Human Immunodeficiency Virus (HIV), the Hepatitis B Virus (HBV), and the Hepatitis C Virus (HCV). The CDC has also identified certain body fluids where universal precautions are not applicable. The following fluids do not carry HIV, nor do they carry HBV or HCV unless they contain visible blood: feces, nasal secretions, sputum, sweat, tears, urine, or vomit.

Any contact with another person's body fluids (as defined below), or prolonged contact with a source person known to have Tuberculosis (TB), will be considered a possible exposure to a communicable disease. The risk of possible exposure to a communicable disease does not relieve employees of the responsibility to provide police services to any individual. In addition, legal constraints limit the discussion of a subject's medical diagnosis regarding certain communicable diseases even when the risk of exposure to airborne/bloodborne pathogens is of prime concern.

SUMMARY: Procedures for reporting exposures to communicable diseases.

APPLIES TO: All police personnel

DEFINITIONS:

BODY FLUIDS – blood, amniotic fluid, pericardial fluid, peritoneal fluid, pleural fluid, synovial fluid, cerebrospinal fluid, semen, vaginal secretions, and any other fluid visibly contaminated with blood.

OSDH FORM 207 – Oklahoma State Department of Health Communicable Disease Risk Exposure Report. A three-page form consisting of a yellow page, a green page, and an instruction sheet.

RISK EXPOSURE – an exposure that has been epidemiologically demonstrated to pose a risk for transmission of a communicable disease. Exposures include:

1. Cutaneous – exposure or prolonged contact with blood or body fluids to skin that is chapped, abraded, or afflicted with dermatitis, or exposure to respiratory secretions.

2. Parental – needle stick or cut.

3. Per mucosal – exposure to blood or other body fluids that have the potential to carry HIV, HBV, and HCV as set forth below (e.g., mouth-to-mouth resuscitation or splash to the eye or mouth when blood is present).

SOURCE PERSON – person whose body fluids came in contact with an employee.

PROCEDURES:

A. TRAINING

1. Employees will receive training in infection control prior to assignments where exposures to communicable diseases may occur. Training will be repeated annually thereafter.

2. The Tulsa Police Department will maintain records of all employees who receive training for a minimum of 3 years, including the following:

   a. Dates of training sessions.
   b. Content or summary of training sessions.
   c. Name and qualifications of person(s) conducting the training.
   d. Name and job title of each employee attending the training.

3. Original records of the training will be maintained in the individual's training file. A master list will be compiled listing each employee and the date of training. The master list will be the responsibility of the Training Division Commander or designee.

B. VACCINATIONS

1. All sworn personnel and all other employees in assignments where exposures to a communicable disease may occur, will have available to them (at City expense) the Hepatitis B vaccination series and medical evaluation of an exposure. To ensure the vaccination is producing antibodies for protection against Hepatitis B, employees must have a follow-up examination at City Medical.

2. Employees who decline the vaccination must sign a *City Consent/Declination* form. Employees who initially refuse may later receive the HBV vaccination upon request. When an employee refuses the HBV vaccination series, the division commander, or designee, will ensure that the completed *City Consent/Declination* form is placed in the employee's personnel file.

C. THE USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

1. The following equipment will be issued to police personnel who, during the performance of assigned duties, may encounter exposure to infectious substances:

   a. Latex or hypoallergenic gloves.
   b. Coveralls.
   c. Shoe covers.
   d. Particulate mask.
   e. Goggles.
   f. Germicidal disposable cloth (used to decontaminate equipment).
   g. Antimicrobial hand wipe.
   h. Paper towels.
   i. Biohazard bags (2 sizes).
   j. CPR mask.

2. Employees should cover all open cuts or abrasions with appropriate dressings prior to reporting for work and will wear appropriate PPE when they can expect that an exposure will occur. Common sense must be used since no procedure can anticipate every situation that can occur. When in doubt, use maximum PPE rather than minimum. The police uniform is not PPE.

3. Employees conducting crime scene investigations where body fluids are present must wear appropriate PPE.

4. Wear latex gloves when handling items or individuals that may be contaminated by blood or other body fluids (handling evidence, searching prisoners, etc.).

5. After contact with persons or items contaminated with body fluids, employees will immediately wash the affected area with an antimicrobial hand wipe. Employees will then wash with soap and running water as soon as possible.

6. Officers should use latex gloves and goggles, at a minimum, when administering first aid to a bleeding individual. A proper barrier should be used when administering CPR (i.e., CPR mask, ambu-bag, or another airway device with a one-way valve).

7. When transporting a prisoner with a known TB infection, officers should place a particulate mask over the prisoner's nose and mouth and ensure proper ventilation by opening a vehicle window on the passenger side of the vehicle.

8. An employee may briefly decline to wear PPE under rare and extraordinary circumstances. These circumstances should be life threatening, pose an increased hazard to the employee, or prevent critical delivery of emergency health care and public safety services.

D. HANDLING CONTAMINATED EVIDENCE

1. Appropriate PPE will be worn when handling contaminated evidence. If the property/evidence is contaminated with body fluids, place a biohazard label on the paper bag(s).

2. Use mechanical means (i.e. tongs, forceps, or a brush and dust pan) when recovering contaminated broken glass as evidence. If mechanical means are unavailable, contact SIU to recover the evidence.

E. DISPOSAL OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

1. Discard contaminated PPE after one use. DO NOT clean and reuse. Officers will obtain replacement PPE as needed from their division equipment officer.

2. When PPE becomes contaminated, place it in a biohazard bag. Place the biohazard bag in a container marked exclusively for biohazard material. Biohazard containers will be located in each uniform division, the Forensic Lab, the Detective Division, and the Main Station Property Room. The Equipment Control/Safety Officer will be responsible for coordinating the disposal of soiled PPE.

3. The Equipment Control/Safety Officer will be responsible for resupplying PPE for the Police Department. Officers are responsible for ensuring that their PPE is functional and for obtaining replacements from the divisional equipment officer as needed. PPE gear should be replaced at a minimum of every five years.

F. CLEANING CONTAMINATED EQUIPMENT, CLOTHING, AND UNIFORMS

1. When non-disposable equipment (e.g., handcuffs, weapon, vehicles, etc.) becomes contaminated, it must be taken out of service and decontaminated. Employees will be responsible for decontaminating their own equipment prior to placing the equipment back in service. No vehicle or equipment will be placed back in service prior to being decontaminated.

2. Vehicles and equipment can be cleaned using paper towels and either germicidal disposable cloths or a 1:10 household bleach to water solution. Dispose of cleaning materials as described in Procedure E.

3. When an employee's uniform or clothing becomes contaminated, it must be changed as soon as practical. Employees will not continue to work in contaminated uniforms or clothing and will be relieved of duty until the contaminated uniform or clothing is changed.

4. Place the uniform or clothing in a biohazard bag or other container with a biohazard label affixed. To protect you and your family from contamination, an employee should NOT wash contaminated uniforms or clothing at home. Take them to a commercial laundry or dry-cleaning facility. Cleaning will be at the employee's expense.

G. WHEN A WARNING IS PLACED IN TRACIS

1. Officers will submit an *Interoffice Correspondence* to the ITS Division Commander when any individual directly states that they have an airborne/bloodborne pathogen communicable disease, and there has been or is likely to be a risk exposure to the reporting officer or to others, including the general public.

H. WHEN A POSSIBLE RISK EXPOSURE OCCURS

1. All personnel will immediately report possible exposure risks in accordance with Policy 302B, *Line of Duty Injury Reporting/Leave*.

2. When a possible exposure risk occurs during the City Physician's regular business hours, the exposed officer(s) and a supervisor will report immediately to the City Physician's office for evaluation of the exposure. If the City Physician determines that a risk exposure has occurred, an *OSDH Form 207* must be completed.

3. When a possible exposure risk occurs outside the City Physician's regular office hours, a supervisor and the exposed officer(s) will complete their portions of the *OSDH Form 207*. Officers will report to City Medical, with the *OSDH Form 207*, on the next regular business day for baseline testing. Officers will complete Steps 1 through 13 and supervisors will complete Steps 14 through 16.

4. Once the entire form has been completed, the supervisor will ensure that the yellow copy of the *OSDH Form 207* is mailed to the Oklahoma State Health Department and the green copy is delivered immediately to:

   a. The designated person at the health care facility to which the source patient was transported (usually the Infection Control Practitioner); or,
   b. The attending physician, if the source patient was being cared for outside of a health care facility; or,
   c. The health care provider who last had responsibility for a deceased source patient or to the medical examiner.

5. If the exposure is not determined to be a risk exposure, the source person must consent to be tested. If the source person refuses to comply, the Department's legal advisor must be provided with a copy of the arrest report and a photocopy of the *OSDH Form 207* so that a court order can be obtained.

6. If the Health Care provider for a source patient is unable or unwilling to complete Part II of *OSDH Form 207*, have them complete an *Information Regarding Source Patient for Potentially Infectious Disease Exposure Form*. Forward the form to the City Physician's Office. (This form is in Appendix 305.C of the *City Safety and Health Manual*.)

7. If an employee is notified by the Oklahoma State Department of Health that follow-up and/or recommendations are necessary, it is the employee's responsibility to notify the City Physician's Office.

I. WHEN A RISK EXPOSURE OCCURS

1. If a supervisor at the scene determines that a risk exposure has occurred according to criteria set forth in the

DEFINITIONS, RISK EXPOSURE section of this policy, the supervisor and the exposed officer(s) will complete their portions of the *OSDH Form 207*.

2. If the source person is in custody, the exposed officer(s) and the supervisor will take the *OSDH Form 207* to the facility which holds the source person so that a blood sample can be drawn, or a TB test/chest X-ray can be completed (i.e., jail, hospital, or medical examiner's office). A licensed healthcare professional must confirm that a risk exposure has occurred and sign the *OSDH Form 207* for the source person's blood to be withdrawn and tested.

3. The City of Tulsa has a contract with Regional Medical Lab to conduct all blood draws with regards to exposure to communicable diseases. If an officer believes an exposure has occurred, they will take the source person to one of the locations listed on the attachment.

4. When the risk exposure occurs during the City Physician's regular business hours, the exposed officer(s) and the supervisor will report to the City Physician's office as soon as possible.

5. When the risk exposure occurs outside the City Physician's regular office hours, a supervisor and the exposed officer(s) will complete their portions of the *OSDH Form 207*. Officers will report to City Medical, with the *OSDH Form 207*, on the next regular business day for baseline testing.

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    b. The attending physician, if the source patient was being cared for outside of a health care facility; or,
    c. The health care provider who last had responsibility for a deceased source patient or to the medical examiner.

REGULATIONS:

1. No vehicle or equipment will be placed back in service prior to being decontaminated.

2. No person who is suspected or known to be an airborne/bloodborne pathogen exposure risk will be identified by name or other personal information via radio transmission. There will be no discussion of the subject's potential risk exposure status with the exception of the warning.

3. The appropriate 10-code must be used when there is an airborne/bloodborne pathogen exposure risk at the response scene or the potential for a physical confrontation with a person who is suspected or known to be an airborne/bloodborne pathogen exposure risk.

REFERENCES:

City Safety and Health Manual
112A, *Recovered/Found Property*
302B, *Line of Duty Injury Reporting/Leave*
TOG 2003, Collection and Preservation of Evidence
TOG 2014, *Radio Communications*