

WATERTOWN POLICE DEPARTMENT GENERAL ORDER



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CHIEF OF POLICE

Effective Date: August 1, 2008	Rescinds: A-160 (July 2000) Amends:	Number: A-160
Subject: Exposure to Disease and Health Hazards		Re-evaluation Date: August, 2011
Distribution: ALL PERSONNEL	Related CALEA Standards:	

This order consists of the following numbered sections:

1. Policy
2. Definitions
3. Procedure

1. POLICY

It is the policy of the Watertown Police Department to provide officers with training and guidelines for preventing the contraction of HIV, Hepatitis B, any airborne, or uncommon rare life threatening disease in order to protect and provide appropriate treatment to any WPD employee. The shift commander will be notified in the event or in absence of the shift supervisor. The Watertown Police Department will provide safety equipment, up to date training, record exposures, and provide any needed vaccinations.

2. DEFINITIONS

- a. Life-threatening infectious disease-A disease that presents a significant risk of death if acquired by a healthy, susceptible host, and the disease can be transmitted from person to person.

3. PROCEDURE

a. Precaution Recommendation

- i. To minimize exposure, officers will treat all custodial or potential custodial persons as potential carriers of HIV, HBV, or other potential life threatening diseases.
 1. Leather gloves may be worn when searching persons or places where it is reasonable to suspect possible contamination.
 2. Searches should be made with flashlights of vehicles, and other areas if possible.
 3. Subjects being searched or patted down should be asked to empty their pockets, and remove any sharp objects on their person.
 4. Suspects with body fluids on their persons shall be transported in separate vehicles from other suspects.
 5. Arresting officers will document on incidents where a suspect taken into custody has body fluids on his person, or stated he has a communicable disease.
- ii. Protective gloves should be used at all times where contact with a body fluid is possible. A supply of gloves will be kept in an accessible area for all officers.
- iii. Plastic mouthpieces or other barrier type resuscitation devices are recommended for use for CPR or mouth to mouth breathing. A resuscitation device should be in each marked vehicle.
- iv. All sharp objects such as needles, knives, and scalpels shall be treated as contaminated and handled with extreme caution.
 1. It is recommended needles be placed in puncture resistant tubes.
- v. Officers should not smoke, eat, or drink near any body fluid spills.
- vi. Aids protection kits should be in each marked vehicle's supply box.
 1. This kit contains the following:
 - a. Face Mask
 - b. Disposable gloves

- c. Apron
 - d. Antiseptic wipe
 - e. Safety glasses
 - f. Red plastic bag
 - g. Informational booklet
 - 2. Anyone using protection kits will notify supervisor of its use so as replacement of kit will occur.
- vii. An antiseptic band cleanser which meets OSHA requirements should be supplied for marked vehicle.
- b. Training and Education
 - i. Officers will receive updated and current training, minimum of a yearly training session. All training will be recorded and the Records Department will maintain this information.
 - 1. Relevant training. Training should be based on duties and responsibilities performed by officers. Training should include issues such as HIV-CPR/first aid procedures, search-arrest procedures, transport of prisoners, crime scene processing, evidence handling, disposal of contaminated materials, and HIV antibody testing procedures.
 - ii. The Field Training Program will provide training to new officers prior to initial assignment.
- c. Disinfecting Of Potential Contaminant
 - i. Any exposed skin that has contact with a bodily fluid should be washed with hot running water for at least 15 seconds thoroughly with a germicidal and viral disinfectant soap. If water is not available, use the antiseptic band cleaner provided in each marked vehicle.
 - ii. An affected vehicle should be placed in a secure area and disinfected with proper cleaner before vehicle is used for patrol activity. This cleanser can be a bleach solution or other approved disinfectant cleanser.
 - iii. Non-disposable equipment which has been contaminated should be cleaned as follows:
 - 1. Excess bodily fluid should be wiped off with disposable absorbent material.
 - 2. A solution of 1 part chlorine to 10 parts water should be applied to contaminated areas as a disinfectant for a period of 30 seconds before removal. Anyone cleaning up a contaminated area should use gloves, masks, eye protection, booties and aprons.
 - iv. Officers should remove contaminated clothing as soon as practical and with minimal handling. Contaminated clothing should be laundered with detergent in water at heat 160 degrees for 25 minutes.
 - v. All contaminants will be disposed of properly according to established federal, state, local guidelines.
- d. High Risk Exposure Procedures
 - i. During the course of an officer's duties, they will come in contact with different levels of exposure. Those exposures considered high risk will include, but not limited to the following:
 - 1. Handling of items containing or contaminated with blood or other body fluids.
 - 2. Direct contact with blood or other bodily fluids from a subject on an area where there is an open sore or cut.
 - 3. Direct mouth to mouth resuscitation as in CPR.
 - 4. Receiving a cut or puncture as a result of an arrest of a person, or search of a person or property, including needles and bites.
 - 5. Contact of bodily fluids or blood with eyes, mouth, other mucous membranes or any other high risk exposure not listed.
 - ii. Any subject responsible for potentially exposing an officer or employee of the Watertown Police Department to a communicable disease shall be encouraged to undergo testing to determine if that person has any such disease.
 - 1. Test results will be provided to the subject and the exposed officer or employee.
 - 2. Any person who intentionally exposes an officer to a communicable disease may be charged criminally.
 - iii. Any WPD employee having a high risk exposure shall immediately notify his supervisor and complete appropriate injury medical and report of exposure incident forms as soon as possible. The reports will be forwarded to the shift commander.

1. Officer should report to an appropriate health care facility for clinical and serological testing and any treatment as recommended within 1-2 hours of high risk exposure. Testing should continue at periods of 6 weeks, 12 weeks and 6 months.
 2. Psychological counseling should be made available for the officer or employee.
 3. Additional counseling as to the effects of a positive testing of HIV and the results of such HIV infectious as to insurance, employment and family situations should be made available.
- iv. Employees who test positive for HIV or HBV may continue working as long as they maintain acceptable performance and do not pose a safety and health threat to themselves, the public or other members of this agency.
1. This agency shall make all decisions concerning the employee's work status solely on the medical opinions and advice of the agency's health care officials.
 2. This agency may require an employee to be examined by the department health care officials to determine if he is able to perform his duties without hazard to himself or others.
- v. Record Keeping
1. The city personnel department shall maintain an accurate record for each employee with occupational exposure that includes information vaccination status; the results of an examination, tests and follow-up procedures; the health care professional's written opinion; and any other germane information provided by the health care profession.
 2. These health care records shall be retained in a secured area with limited access for the duration of the member's employment plus 30 years and may not be disclosed or reported without the express written consent of the member.
- e. Vaccinations
- i. The Department will provide all officers with vaccination for Hepatitis B. Records of the vaccinations will be maintained by the Department
- f. Guidelines for Determining Exposure
- i. Airborne infectious disease
 1. If it is determined that a person has infectious pulmonary tuberculosis, the medical facility must notify the designated officer of the employees who were in contact with that person as soon as practical but not later than 48 hours after the determination has been made.
 - ii. Bloodborne
 1. An exposure incident is defined as a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral (needle stick or puncture) -contact with blood or other potentially infectious material that results during the performance of an employee's duties. Blood and other body fluid (semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid and amniotic fluid) are considered potentially infectious from all persons. When employees have contact with body fluids under circumstances in which differentiation between fluids is difficult, if not impossible, all body fluids are considered potentially infectious.
 - iii. Other infectious disease (as determined by the medical facility)
 1. Is there sufficient information in the report to identify the patient suspected of having an infectious disease?
 2. If the person in question is identified, medical records should be reviewed for:
 - a. Results of tests diagnostic for any of the listed diseases.
 - b. Signs or symptoms compatible with any of the listed diseases.
 - iv. If it is determined that the person is infected with any of the listed diseases, review the description of the incident to determine if the employee was exposed.
 1. Was the employee in circumstances in which there is a significant risk of becoming infected with the etiologic agent (all of the causes of a disease or an abnormal condition).
 - a. Nature of the risk (How is the disease transmitted?)
 - b. Duration of the risk (How long is the carrier infectious?)
 - c. Severity of the risk (What is the potential harm to others?)
 - d. Probability the disease will be transmitted and will cause varying degrees of harm.

- v. List of potentially life-threatening infectious diseases to which Watertown Police Department employees can be exposed.
 - 1. The disease is potentially life-threatening, i.e., it carries a significant risk of death if acquired by a healthy, susceptible host, and the disease can be transmitted from person to person.
 - a. Airborne diseases
 - i. Infectious pulmonary tuberculosis (*Mycobacterium tuberculosis*)
 - b. Bloodborne diseases
 - i. Hepatitis B
 - ii. Hepatitis C
 - iii. Human immunodeficiency virus infection (including acquired immunodeficiency syndrome; AIDS)
 - c. Uncommon rare diseases.
 - i. Diphtheria (*Corynebacterium diphtheriae*)
 - ii. Meningococcal disease (*Neisseria meningitidis*)
 - iii. Plague (*Yersinia pestis*)
 - iv. Hemorrhagic fevers (Lassa, Marburg, Ebola, Crimean-Congo, and other viruses yet to be identified)
 - v. Rabies

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