

**POLICY #15**

**Subject: Communicable Disease Policy**

**Effective Date: April 2000**

**Reference: Standard Operating Procedure**

**Distrubution: All Personnel**

**PURPOSE:**

The purpose of this policy is to establish guidelines and procedures to follow when police officers perform official duties that would place them at risk of contracting a communicable disease.

**DEFINITIONS:**

Whenever they appear in this policy, unless specifically defined otherwise, the following words and phrases shall have the meaning ascribed to them in this section.

**A. AIRBORNE DISEASE:** A disease spread by inhalation of droplets of the disease producing organisms, which have been expelled into the air by a productive cough or sneeze, or direct exchange of respiratory secretions.

**B. BIOHAZARD:** Biological material, especially if infectious, that pose a threat to humans or their environment.

**C. BODY FLUIDS:** Fluids that the body makes or replenishes including, but not limited to, blood, sputum, semen, secretions, and breast milk, or organs that may be designated by the Director of the Division of Public Health Services of the State of New Hampshire.

**D. COMMUNICABLE DISEASES:** A disease that can be transmitted from one person to another. The New Hampshire Division of Public Health Service has listed the following communicable diseases that employees have the potential to come in contact within the performance of their work, (this list is not inclusive);

Acquired Immunodeficiency Syndrome (Aids). Human Immunodeficiency Virus Infection, Chichenpox, Diphtheria, Hepatitis A, Hepatitis B, Hepatitis C, Measles, Meningococcal Disease, Influenza, Pertussis, Rabies, Rubella, Mumps, Tuberculosis and Tetanus.

**E. EXPOSURE:** Having come in contact with bodily fluids, including those that may be airborne, active in a manner that may transmit infection.

**F. IMMUNIZATION:** The process or procedure by which a person is rendered immune.

**G. MEDICAL REFERRAL CONSULTANT:** The Littleton Regional Hospital Emergency Room, in coordination with the OCC, have agreed to accept referrals and to follow up on unprotected exposures by members of this department pursuant to RSA 141-G:2.

**H. POTENTIAL CARRIER:** All persons need to be considered potential carriers of communicable diseases.

**I. SOURCE INDIVIDUAL:** Any person whose blood, body fluids, airborne secretions, tissue or organs were specifically identified as the source of an exposure.

**J. UNPROTECTED EXPOSURE:** Instances of direct mouth-to-mouth resuscitation or the commingling of blood or other potentially infectious material of a source individual and an emergency response/public safety worker, which is capable of transmitting a communicable disease or any other such type of exposure that may be designated by the Director of the Division of Public Health Services of the State of New Hampshire.

### **EXPOSURE CONTROL:**

The following procedures shall be employed by all members of the Department:

**A.** The Department provides Hepatitis B vaccinations at no cost to employees. Employees may decline vaccinations by completing the department's "Informed Refusal Form."

**B.** Officers shall carry a minimum of one set of disposable synthetic gloves and one disposable rescue breathing mask with one-way valve on their person while engaged in any official department business. The Department will supply such equipment and carrying holsters at no cost to employees.

**C.** When conducting searches of persons, vehicles, or places, puncture or cut resistant gloves shall be worn and avoid blindly placing your hands in areas where you could come into contact with sharp objects such as needles. Do not attempt to recap needles or syringes by hand.

**D.** Wear disposable synthetic gloves whenever rendering first aid or where there is an expectation of contact with body fluids of other people. Unbroken skin is the best protection against disease and infection. Always cover open wounds while at work, and change any dressing or bandage that becomes wet or soiled.

**E.** Wear disposable synthetic gloves when handling items contaminated by blood or body fluids, packaging and handling such items as evidence, or cleaning up bodily fluids.

**F.** Place all contaminated evidence in plastic bags or evidence envelopes and seal with plastic evidence tape (not staples) marking the container "CONTAMINATED ITEMS."

**G.** Wear disposable surgical gowns, or apron, and shoe coverings when encountering gross trauma, when processing crime scenes, or when clothing or footwear is likely to be soiled by body fluids of other persons, such as at crime scenes.

**H.** Use a disposable rescue breathing mask with one-way valve when administering CPR or rescue breathing.

I. If an officer's skin or mucousbrane contracts blood or other body fluids, wash the affected areas with warm running water as soon as possible. When hand washing facilities are not available, use an appropriate antiseptic hand cleaner or irrigation solution in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, wash affected areas with antiseptic soap and warm running water as soon as feasible.

J. Remove contaminated uniforms and personal protective equipment as soon as possible. Contaminated uniform components will be cleaned by the dry cleaners designated by the Department. **At no time** will contaminated uniforms be taken home for cleaning. All contaminated protective equipment (gloves, mask, etc.) shall be placed in an appropriately labeled, designated container for disposal.

K. Ensure that booking areas and patrol vehicles, which may be contaminated by blood or other bodily fluids, are cleaned thoroughly with one part sodium hypochlorite (household bleach 5.25%) to 10 parts water (1:10). When washing contacted area, disposable gloves should be used.

L. All inquiries concerning communicable diseases shall be directed to the Department's medical referral consultant or to the New Hampshire Division of Public Health Services Bureau of Disease Control.

#### **POST EXPOSURE PROCEDURES:**

**A. If an officer experiences an unprotected exposure the officer shall:**

1. Report to the Department's designated medical referral consultant as soon as possible, (preferably within 30 minutes) (providing a copy of an Emergency Response/Public Safety Worker Incident Report form). For a post-exposure medical evaluation, possible prophylactic treatment if indicated and counseling.
2. Inform supervisor of the incident.
3. File a worker's compensation report following the Department's injury reporting procedure.
4. If the source individual is transported to a licensed medical facility, provide a copy of the Emergency Response/Public Safety Worker Incident Report form to the facility.
5. **If the source individual was not transported to a licensed medical facility, inform the source individual of the incident and ask him/her to consent to being tested for HIV, Hepatitis B and Hepatitis C infection. Before the test is performed, the medical person providing the test should inform the source individual as to the test's limitation, implication, and how the results will be recorded, specifying who may have access to them.**
6. If the source is diagnosed at a health care facility to have a communicable disease which may be transmitted by unprotected exposure, an official from the facility is mandated by RSA 141-G:5 to orally notify within 48 hours, and in writing within 72 hours, the Department's medical referral

consultant, listed on the report form, of the finding and type of disease. Any information received by the Department in this manner shall be confidential and not released to any unexposed individual for other than worker's compensation related purposes.

**B. If the source is tested and found to be infected with a communicable disease, the officer shall be:**

1. Medically evaluated by the Department's medical referral consultant to evaluate the exposure, and to give appropriate prophylactic treatment, follow-up treatment and advice.
2. Counseled regarding the risk of transmission.

**C. If initial serological testing shows that the officer is negative, the officer shall be:**

1. Retested as deemed necessary by the Department's medical referral consultant.
2. Counseled about how transmission of communicable diseases can be prevented during the follow-up period.

**D. If prompt initial serological testing shows that the officer is positive, it can be assumed that any infection, if present, was not contracted by the recent exposure under review.**

**E. If the source individual is seronegative for communicable disease, follow-up of the exposed police officer will be determined by the Department's medical referral consultant.**

**F. If the source individual can not be identified, decisions regarding appropriate follow-up shall be handled on a case-by-case basis.**