

**SAN MARCOS POLICE DEPARTMENT
POLICIES AND PROCEDURES MANUAL**

Section Title: Infectious Diseases

General Order: 608

Date Issued: January 17, 2004

Date Revised: January 1, 2006

Effective Date: January 14, 2006

Issuing Authority: *Howard E. Williams*
Howard E. Williams, Chief of Police

I. POLICY

The Department is committed to the protection of its employees from the health hazards of occupational exposure to communicable diseases. To this end, the following exposure control plan is to be adhered to by all employees. ANY employee who has occupational exposure to potentially infectious material will be included within the scope of this standard.

II. PURPOSE

The purpose of General Order 608 is to define protocols for the protection of personnel who are confronted with biological hazards.

III. DEFINITIONS

- A. Airborne Pathogens – Infectious diseases that can be transmitted through the air, such as tuberculosis or meningitis.
- B. Blood – Human blood, human blood components, and products made from human blood.
- C. Blood Borne Pathogens – Microorganisms that may be present in human blood and can cause disease in humans. These include, but are not limited to, HIV (AIDS) and Hepatitis B (HBV).
- D. Contamination – The presence, or reasonably presumed presence, of blood or other potentially infectious material on an object or surface.
- E. Engineering and Work Practice Controls – Procedures that articulate the way tasks are performed in the workplace to reduce the chance of exposure to potentially infectious materials.
- F. Exposure Incident – Contact with blood or other potentially infectious material through the eye, mouth, other mucous membranes, or the skin barrier.
- G. Infectious Materials – Includes, but is not limited to, human body fluid, syringes and needles.
- H. Occupational Exposure – An exposure incident resulting from the performance of an employee's duties.

- I. Personal Protective Equipment (PPE) – Clothing and equipment, such as gloves, CPR masks, a germicidal wash, that protect employees from exposure to blood borne pathogens.
- J. Source Individual – Any person, living or dead, whose blood contains a blood borne pathogen.
- K. TITER Test – A blood test that detects the number of anti-bodies for a specific vaccination program.
- L. Universal Precautions – Practices whereby all employees treat human blood, body fluids, and possibly contaminated materials as if they were known to be infectious. Employees create a barrier between themselves and the source by the use of personal protective equipment and work practice controls.

IV. PERSONAL PROTECTIVE EQUIPMENT

- A. The following personal protective equipment (PPE) will be supplied to officers and property room technicians. Officers will carry personal protective equipment in their vehicles.
 - 1. Gloves (latex or other impermeable material),
 - 2. Safety glasses,
 - 3. Disposable germicidal towelettes,
 - 4. Red plastic bio-hazard waste bags, and
 - 5. CPR resuscitation mouthpiece.
- B. The following PPE is made available from the Supply Room:
 - 1. Disposable gown or coveralls,
 - 2. Disposable foot covers,
 - 3. Laboratory smock,
 - 4. Sharps containers,
 - 5. Antiseptic hand rinse, and
 - 6. Particulate respirator (breathing mask).

V. UNIVERSAL PRECAUTIONS

- A. All Department personnel will receive training on blood and airborne pathogens. The training will include information on vaccinations and the availability of vaccinations offered by the Department.
- B. The Department will make available to officers and evidence technicians the series of vaccinations for the hepatitis B virus. The inoculation program will be administered by the Department, which will also keep individual employee vaccination records. Titer tests will be available six months after the final inoculation to insure reactivity.
- C. All employees are required to wear, whenever possible, the personal protective equipment provided by the Department when encountering the possibility of contamination through blood borne and airborne pathogens.

1. If the use of PPE would prevent the proper delivery of public safety services or would pose an increased hazard to the personal safety of the employee, the use of PPE is not required.
2. An employee's decision NOT to use the personal protective equipment should be based upon legitimate extenuating circumstances and should be documented in an official police report.

VI. BLOOD BORNE PATHOGENS

- A. Whenever an employee experiences an occupational exposure to any potential blood borne pathogen, the following actions should be taken.
 1. Employees Responsibilities
 - a. Secure the source of the exposure including the use of detention, if appropriate.
 - b. Thoroughly wash and sanitize the area of exposure
 - c. Go directly to the closest hospital emergency room, when medically possible, for evaluation of the exposure and treatment.
 - d. Report the exposure to a supervisor immediately
 2. Responsibility of Employee's Supervisor:
 - a. Follow-up with the employee at the hospital.
 - b. Ensure, when medically possible, that the source individual is simultaneously transported to the closest hospital emergency room, or, if the source patient is deceased, to the Medical Examiner's Office.
 - c. Ensure exposed employee receives the provided packet of information concerning medications and general CDC information regarding blood borne pathogens. The emergency room personnel will offer appropriate medical attention upon determination of exposure.
 - d. Instruct the employee to contact Human Resources to discuss follow-up care on the day of exposure or the next business day if after normal business hours.
 - e. Ensure the following forms are completed as soon as possible, including the City of San Marcos Injury Report Form and the Department Supplemental Report.
- B. When an appropriate licensed healthcare professional has determined an exposure has occurred, the supervisor will contact the involved source individual as soon as possible.
 1. The supervisor will request consent for the source individual to be tested for any communicable diseases requiring immediate treatment.
 2. If the source individual gives consent, either verbal or written, the source individual will be tested for communicable diseases.
 3. If the source individual refuses to consent, and the possible exposure is the result of a criminal act by the source individual, the supervisor will

immediately initiate the process to seek court authority to draw blood and have it tested for communicable diseases. In these instances, the supervisor will:

- a. Contact the Detective on call who will apply for an evidentiary search warrant to obtain body fluids, i.e. blood to obtain a specimen for testing at a certified medical laboratory.
 - b. Request the Judge to have the Court seal all documents, including the order, to protect the confidentiality of such information and all involved parties.
- C. If the exposure or possible exposure is the result of simply handling a potentially infected person:
1. If the source individual gives consent, a supervisor may have a licensed medical practitioner draw blood to test for blood borne diseases.
 2. If the source individual does not give consent, there is no recourse.

VII. AIRBORNE PATHOGENS

- A. In the event an employee experiences an occupational exposure to any airborne pathogen by breathing contaminated air the following procedures should be followed:
1. Employee's Responsibility
 - a. Report the exposure to a supervisor immediately.
 - b. Obtain the source individual's personal information and last known location of the individual.
 - c. Go directly to the closest hospital emergency room, when medically possible, for evaluation of the exposure and treatment.
 2. Supervisors Responsibility
 - a. Follow-up with the employee at the hospital.
 - b. Ensure, when medically possible, that the source individual is simultaneously transported to the closest hospital emergency room, or if the source patient is deceased, to the Travis County Medical Examiners Office.
 - c. Ensure the following forms are completed as soon as possible, including the City of San Marcos Injury Report Form and the Department Supplemental Report.

VIII. POST EXPOSURE EVALUATION

- A. All exposed employees will be offered post-exposure evaluation and follow-up, at the Department's expense, by a licensed healthcare professional, in accordance with the TDH standard and City policy.
- B. The follow-up will consist of:
1. An evaluation by a licensed healthcare professional,

2. Ensurance that the employee is evaluated both clinically and with laboratory tests for HIV, HBV, and other blood borne diseases as appropriate as soon as possible,
 3. An offer to repeat HIV testing to exposed employees at 6 weeks, 12 weeks, and 6 months increments, and
 4. Advice on how the employee can get medical attention if he experiences chronic fatigue, nausea, loss of appetite, body aches, unexplained fevers, persistent upper abdominal pain, chronic diarrhea, jaundice, or unexplained weight loss within 12 weeks of the exposure.
- C. If any employee seeks medical attention within 12 weeks of an exposure, the examining physician should be made aware of the employee's exposure history, if the examining physician is different from the physician who made the post-exposure examination.
- D. A licensed health care professional evaluating an employee exposure incident should be provided the following:
1. Copy of TDH Blood Borne Pathogen Standard,
 2. Copy of any reports relevant to the exposure incident,
 3. Hepatitis B vaccination status,
 4. Results of the source individual blood test (if available), and
 5. All other medical records on the employee that could relate to the exposure incident,
 6. It is the employee's responsibility to provide medical information to their practitioner.
- E. The health care professional's opinion must be obtained and provided to the employee within 15 days of the evaluation. This information should be limited to the following information:
1. The employee has been informed of the results of the evaluation.
 2. The employee has been told about any medical condition resulting from exposure to blood or any other potentially infectious materials that requires further evaluation and treatment.
- F. Information, assistance, and counseling is available through the Hays County Health Department and several private cooperatives locally.
1. These providers will give advice and information concerning the known risks and consequences of infection with HIV, HBV, or other blood borne diseases.
 2. The Hays County Health Department will also assist in locating appropriate medical and community resources.

IX. RECORD KEEPING

- A. All records required by TDH standard will be maintained by the Department Secretary.
- B. Record keeping will involve medical records and training records.

- C. The Department Secretary will establish and maintain accurate records for each employee who is at risk of occupational exposure. Included will be the employee's:
1. Employee number,
 2. Copy of the employee's hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination,
 3. Copy of all results of examinations, medical testing, and follow-up procedures,
 4. Employer's copy of the healthcare professionals written opinions, and
 5. Copy of information provided to the healthcare professional and documentation of the exposure incident.
- D. Disclosure: All medical records required under this exposure plan are to be kept confidential and separate from an employee's general information records. No city employee will disclose any information regarding an employee's health condition without that employee's WRITTEN consent authorizing a disclosure to any person within or outside the Department.
- E. Duration: All medical records will be kept for the duration of the employee's employment plus 30 years.
- F. Disclosure: These records must be made available, upon request, to the Occupational Section of Texas Department of Health, to the employee, and to anyone having the written consent of the employee.
- G. Duration: Records must be maintained for 30 years from the date of training.

X. ADDITIONAL RESOURCES

National Telephone Hotlines: U.S. Public Health Service AIDS Hotline
1-800-342-2437

American Social Health Association
1-800-227-8922

National Information Sources U.S. Public Health Service
Public Affairs Office
200 Independence Ave.
Room 725-H
Washington, D. C. 20201
(202) 245-6867

American Red Cross
Aids Education Office
1730 D Street NW
Washington, D.C. 20006
(202) 737-8300

Texas Information Sources:

AIDS Foundation Houston, Inc.
P.O. Box 66973, Suite 1155
Houston, Texas 77006
(713) 524-2437

HIV Testing/Counseling
Notification Program
(512) 754-6600

AIDS Hotline
1-800-342-2437

Hays County
Health Department
(512) 353-4353