JOPLIN POLICE DEPARTMENT	6-13 STANDARD OPERATING GUIDELINE
SUBJECT: Communicable Diseases	**REVIEW DATE: Annually - June**
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ACCREDITATION INDEX:	**APPROVED:** Richard A. Pearson **Chief of Police**

I. POLICY

The department bears an obligation to the public and to its own personnel to increase awareness about risks, modes of transmission, and procedures for handling communicable diseases such as hepatitis B, tuberculosis, HIV (Human Immunodeficiency Virus) and AIDS (Acquired Immune Deficiency Syndrome), and AIDS-related infections. Although, of the diseases mentioned, AIDS has received the most notoriety, all present hazards to law-enforcement officers: hepatitis B and tuberculosis are more infectious than HIV, for example.

All personnel must understand that the focus of the news media on AIDS has dealt with so-called "high risk" groups, i.e., homosexual men, intravenous drug users, and prostitutes. As a matter of practice, the department does not recognize high-risk groups since health and legal experts maintain that the actual risk of contagion comes from high-risk **behavior**. Anyone--including members of the department--might conceivably behave in a way that promotes risk of infection. Further, the long incubation periods associated with diseases such as HIV (years) render testing difficult. Accordingly, officers shall act responsibly in minimizing the risk of infection when dealing with **any** person, male or female, child or adult, or with **any** body fluids. A few simple precautions, however, will avoid the risk of infection almost entirely. The appendix to this general order details common AIDS concerns of personnel plus relevant medical information.

Officers cannot refuse to work with or handle anyone--victim, complainant, or suspect--because of the officer's fears of possible infection. Personnel shall not refuse to arrest or otherwise refuse to handle any person in a legitimate law-enforcement context, provided that appropriate protective equipment is available. The measures provided herein will assist officers in carrying out their duties while simultaneously minimizing health risks.

The most likely danger from contact with HIV or other communicable diseases comes from handling blood or other body fluids as evidence or at the scene of injury or death. The department does expect officers to exercise caution when handling evidence, to which end the following procedures are set forth. One-point bears repeating, however: officers have **no way** to determine with certainty if a citizen is infected with a communicable disease.

The department shall provide employees, continuously, with information and education on prevention of communicable diseases, as well as safety equipment and procedures to minimize their risks of exposure. The department has instituted post-exposure reporting, evaluation, and treatment for all members exposed to communicable diseases.

The department advises all personnel that they shall not receive discriminatory treatment nor bear any stigma if they contract a communicable disease which becomes known to the department. Legally, a communicable disease **is** a handicap under federal law so discrimination against infected persons is illegal.

The policy of the Joplin Police Department is to safeguard, to the highest degree possible, department employees and the public who meet people who have, or who are suspected of having, a communicable disease without sacrificing essential services to the community or individual citizens. Employees are always responsible for treating people fairly and humanely. When handling or assisting persons with medical

afflictions, employees 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.

II. PURPOSE

The purpose of this order is to establish guidelines and procedures to be followed when a member of the department is exposed to a communicable disease with a risk of major illness or death, and for handling of evidence or property that may be contaminated.

III. DEFINITIONS

A. Communicable disease

An infectious disease capable of being passed to another by contact with an infected person or his/her body fluids or on an object.

B. HIV (Human Immunodeficiency Virus)

The virus that causes AIDS. HIV infects and destroys certain white blood cells, undermining the body's ability to combat infection. (Also named HTLV-III or LAV). Technically speaking, this general order aims to reduce the chance of HIV transmission, the virus that causes AIDS. HIV is transmitted through very specific body fluids, including blood, semen, vaginal fluids, and breast milk.

C. ARC (AIDS-Related Complex)

A condition caused by the aids virus (HIV) and has a specific set of symptoms. Such symptoms include persistent fever, weight loss, skin rashes, diarrhea, and swollen lymph nodes. Although these symptoms may be debilitating, they are generally not life threatening.

D. AIDS (Acquired Immune Deficiency Syndrome)

A bloodborne and sexually transmitted disease that attacks and destroys the body's immune system. It makes people susceptible to infections, malignancies, and diseases not generally life-threatening to persons with normal immune systems. AIDS also causes disorders of the central nervous system. There is no vaccine against the virus. Personnel are advised that AIDS is **not** transmitted through any of the following (according to the Centers for Disease Control):

1. Sneezing, coughing, spitting.
2. Handshakes, hugging, or other nonsexual physical contact.
3. Toilet seats, bathtubs, or showers.
4. Various utensils, dishes, or linens used by persons with AIDS.
5. Articles worn or handled by persons with AIDS, i.e., doorknobs, pens, or cups.
6. Being near someone with AIDS frequently or over a long period of time.
7. Riding the same transportation.
8. Eating in the same public place with an AIDS-infected person.
9. Working in the same office.

E. Seropositivity

Refers to a person having antibodies to HIV, meaning that infection has occurred at some time in the past. A seropositive person can be infected with HIV for years without ever developing symptoms of AIDS. Infected persons can transmit the virus even though they may not have symptoms of AIDS.

F. Hepatitis B (HBV)

A viral infection that can result in jaundice, cirrhosis, and, sometimes, cancer of the liver. The virus is transmitted through exposure to blood, semen, vaginal secretions, breast milk, and possibly saliva. Two vaccines are currently available against hepatitis B [Recombivax (synthetic) or Heptivax (serum derived)].

G. Tuberculosis

A bacterial disease that can be transmitted through saliva, urine, blood, and other body fluids by persons infected with it. Tuberculosis is spread **primarily** by inhaling airborne droplets from infected coughing people. It can enter the body through infected mucous on the skin (as from coughing or sneezing) or from droplets that are inhaled. It is an airborne, opportunistic disease and it primarily causes lung infection. Although no vaccine against tuberculosis exits, medications are available to treat the disease.

H. Exposure control program

A written agency plan, available to all employees, which details the steps taken to eliminate or minimize exposure incidents and identifies at-risk tasks and assignments.

I. Exposure

An exposure occurs when a person's blood or body fluids transfer to another person's blood stream. This can occur in three ways:

1. Needle sticks (e.g. accidental needle stick while searching people or places).

2. Through human bites or through openings in the skin (e.g. cuts, sores, abrasions, etc.), which are exposed to blood or body fluids.

3. Splashes of fluid into the eyes, nose or mouth. Fluids may include blood, saliva, tears, vomitus, semen, urine, etc.

The mere handling of an arrestee during the arrest process or during subsequent detention does not constitute an exposure. For an actual exposure to occur, at least one of the above conditions must be met.

J. Personal protective equipment (PPE)

Specialized clothing or equipment worn or used by employees for protection against infection. PPE does not include uniforms or work clothes without special protective qualities.

K. Universal precautions

Controls or procedures advised by the Centers for Disease Control (CDC) that emphasize precautions based on the assumption that blood and body fluids are potentially infectious.

IV. GENERAL RESPONSIBILITIES

A. The chief of police shall ensure that adequate supplies are available for communicable disease control within the department. Supervisors are responsible for maintaining continuously an adequate supply of disease control supplies for all affected personnel within their purview. Further, supervisors must ensure that:

l. Personal protective equipment (PPE) can be found in sufficient quantities at advertised locations.

2. Hypoallergenic gloves and other materials are available for employees allergic to standard-issue gear.

3. Supplies are routinely inspected and replaced as needed, however, it is the individual officer's responsibility to maintain the upkeep of the communicable disease kit.

4. First Aid supplies and disinfectants are available always.

B. The chief of police, through his or her subordinate supervisors, shall ensure that the department vehicles will always each contain the following PPE supplies:

3 pairs of disposable nitrile gloves
1 disposable facemask
6 absorbent disposable towels
3 disposable plastic bags with contaminated material seals
1 bottle of alcohol-based cleanser
1 CPR shield (with a 1-way valve to prevent the patient's saliva from entering the caregiver's mouth)
1 pair of wrap-around safety goggles
1 carrying bag with zipper closure
1 pair disposable shoe coverings
2 puncture-resistant, leak-proof containers for needles and other sharp objects
l box of waterproof bandages
"Isolation Area--Do Not Enter" signs

C. Officers using supplies in their vehicles shall replace them or arrange to have them replaced as soon as possible. **Officers shall always maintain disposable gloves in their personal possession.**

D. The Chief of Police or their designee shall cause to be maintained at the department office the following:

3 pair coveralls (different sizes)
supply of disposable nitrile gloves
orange/red plastic biohazard bags and tape, or plastic bags and sealing ties
liquid household bleach
disposable towels/towelettes
"Isolation Area - Do Not Enter" signs
buckets, mops

E. Personnel shall use protective equipment under all appropriate circumstances unless the officer can justify otherwise.

F. All personnel whose skin meets body fluids of another shall begin disinfection procedures immediately: these procedures range from simple soap-and-water washing to the use of alcohol or antiseptic towelettes. All open cuts and abrasions shall be covered with waterproof bandages before personnel report for duty.

V. GENERAL PRECAUTIONS

A. General

Whenever possible, officers shall wear disposable nitrile gloves when doing any of the following:

1. Handling persons or items with any blood or body fluid products (hypodermic needles, syringes, or surfaces soiled with blood or body fluids, gun or knife wounds).

2. Packaging and handling such items as evidence.

3. Cleaning up blood or other secretions, which appear on floors, seats, equipment, handcuffs, shoes, clothing, pens, pencils, etc.

B. Specialized devices

l. Masks should be worn whenever splashes, spray, spatter, or droplets of potentially infectious fluids endanger contamination through the eyes, nose, or mouth. Masks may be worn with other protective devices such as goggles.

2. Gowns, jackets, coats, aprons shall be worn as determined by the degree of exposure anticipated.

C. Handling people

1. Use a resuscitator mask, equipped with one-way air valve, when performing mouth-to-mouth resuscitation or CPR.

2. Disposable surgical gloves shall be worn when handling blood or other body fluids, regardless of whether such fluids are wet or dry.

3. Wash hands thoroughly for thirty seconds with warm water and soap after removing gloves (when handling evidence) or after contact with the subject (if bleeding or vomiting). If water is unavailable, use pre-moistened towelettes found in the communicable disease control kit to decontaminate skin.

4. Search techniques should be used that require suspects to empty their own pockets or purses and remove sharp objects from their persons. Remember: *Never put your hands where your eyes cannot see.*

5. When transporting prisoners

   a. Do not put fingers in or near any person's mouth.

   b. Transport persons with body fluids on their persons in separate vehicles from other persons. A person who is bleeding or producing a fluid may have to wear a protective covering.

   c. Notify other support personnel or law-enforcement officers during a transfer of custody that the suspect has fluids on his or her person, or that the suspect has stated that he or she has a communicable disease. Booking forms should so state.

6. Detention of Persons with Communicable Diseases

   a. Persons with a communicable disease (or persons claiming to have a communicable disease) but who do not appear to need emergency care should be handled and transported according to present procedures.

i. Persons claiming to have a communicable disease shall be isolated (single cell) from other detainees.

b. Persons in obvious need of medical attention will be transported to the nearest medical care facility according to present procedure.

c. Persons dying while in the custody of the department shall be examined by the county coroner for infectious disease. During the autopsy if any of the following conditions exist:

i. An officer was exposed to the person's body fluids.

ii. When information indicates the person was a disease carrier.

iii. When the person was an I.V. drug user.

It shall be the responsibility of the investigative supervisor to ensure that a specific request is made to the coroner for an infectious disease examination.

D. Handling objects

1. Evidentiary objects contaminated with body fluids shall be completely dried, double bagged, and marked to identify possible disease contamination.

2. Packages containing evidence found during searches of body cavities (e.g. narcotics) shall display on the outside of the package a note describing the location where the evidence was found. The note will warn subsequent evidence handlers of possible contaminated evidence.

3. Disposable surgical gloves, clothing and other contaminated items must be disposed of properly to minimize the risk of infection.

a. Contaminated items shall be packaged in two plastic bags (double bagging), sealed with tape (no staples) and then labeled with the "Biohazard" warning.

b. Items contaminated with blood or other body fluids shall then be deposited in specially marked containers.

c. Contaminated materials will be collected periodically by department courier and transported to St. John's Medical Center or METS for disposal.

4. Officers shall use extra care when handling any sharp objects. If officers find syringes, they shall not bend, recap, or otherwise manipulate the needle in any way, but shall place them in puncture-resistant containers provided by the department.

E. Handling fluids

l. Clean up blood spills or other body fluids with regular household bleach diluted 1-part bleach to 10 parts water (or use undiluted bleach, if easier). Bleach dilutions should not be older than 24 hours to retain effectiveness.

a. Wear nitrile gloves during this procedure.

b. A soiled uniform (by blood or body fluids) should be changed as soon as possible. Wash in hot water and detergent or dispose of as instructed in V. D. 2.

2. Departmental vehicles within which body fluids are spilled require immediate disinfection procedures. Employees who have the vehicles assigned to them shall notify their supervisor of the spill and arrange for a thorough cleaning as soon as possible.

   a. All police vehicles will be cleaned with disinfectant as part of the routine cleaning.

F. Precautions when bitten

The danger of infection through bites is low. The victim cannot be infected with HIV through the blood of the biting person unless that person has blood in his or her mouth, which meets the victim's blood. HIV cannot be transmitted through saliva. With HBV, however, transmission takes place through infected blood or blood-derived body fluids. Infection takes place by exposure of the eyes, mouth, or mucous membranes to the virus. Precautionary procedures to minimize the risk of infection include:

1. Encouraging the wound to bleed by applying pressure and gently "milking" the wound.

2. Washing the area thoroughly with soap and hot running water.

3. Seeking medical attention at the nearest hospital (if the skin is broken).

4. Advising your supervisor, make a report, and follow any other policy for reporting injuries, including the filing of an Injury Report form.

G. Precautions when punctured by needles or knives

If an officer is cut or punctured by a needle or a knife or other instrument while searching a suspect or handling contaminated evidence, follow these general guidelines:

1. Allow the wound to bleed (unless severe bleeding occurs) until all flow ceases. Then cleanse the wound with alcohol-based cleanser (or pre-moistened towelettes) and then with soap and water. Do not rely exclusively on towelettes: wash wounds thoroughly with soap and water.

2. Seek medical attention as soon as possible after the injury. A physician will then decide the proper treatment.

3. Advise your supervisor, make a report, and follow any other policy for reporting injuries, including the filing of an Injury Report form.

H. Precautions at major crime scenes

At the crime scene, officers and crime scene investigators confront unusual hazards, especially when the crime scene involves violent behavior such as homicides where large amounts of blood have been shed.

1. No person at any crime scene shall eat, drink, smoke, or apply make-up.

2. The best protection is to wear disposable nitrile gloves. Any person with a cut, abrasion, or any other break in the skin on the hands should never handle blood or other body fluids without protection.

3. Nitrile gloves should be changed when they become torn or heavily soiled or if an officer leaves the crime scene (even temporarily).

4. If cotton gloves are worn when working with items having potential latent fingerprint value, wear cotton gloves over nitrile gloves.

5. Hands should be washed after gloves are removed, even if the gloves appear to be intact. Officers shall take care to avoid contact between skin and soiled gloves.

6. Always keep a plastic bag in the communicable disease control kit to be used only to collect contaminated items (gloves, masks, etc.) until they can be disposed of properly. Clearly mark the bag "Contaminated Material."

7. Shoes and boots can become contaminated with blood. Wash with soap and water when leaving the crime scene or use protective disposable shoe coverings.

8. Wrap-around eye safety goggles and facemasks should be worn when the possibility exists that dried or liquid particles of body fluids may strike the face. Particles of dried blood, when scraped, fly in many directions, so wear goggles and masks when removing the stain for laboratory analysis.

9. While processing the crime scene, be constantly on the alert for sharp objects, such as hypodermic needles, razors, knives, broken glass, nails, etc. Use of mirrors may be appropriate while looking under car seats, beds, etc.

10. Use tape--never metal staples--when packaging evidence.

11. If practicable, use only disposable items at a crime scene where blood or other body fluids are present. For contaminated items that are to be reused, the items must be covered with a bleach solution (one-part bleach to ten parts water, or undiluted bleach).

12. Before releasing the crime scene, advise the owner of the potential infection risk and suggest that the owner contact the local health department for advice.

VI. VACCINATIONS

The City of Joplin affords all employees who have occupational exposure to hepatitis B the opportunity to take the HBV vaccination series at no cost.

VII. OCCUPATIONAL EXPOSURE TO COMMUNICABLE DISEASES

A. Notification

1. As soon as practicable, all employees shall document possible exposure to infectious fluids or materials. In any case, employees shall immediately notify their supervisor of possible exposure.

2. The employee should gather as much information as possible about the person. Information collected should include the name, date of birth, any medical information legally available, and where the person is now, and what has led the employee to believe the person has an infectious disease.

3. If an employee is off duty and acting in the line of duty and believes he/she has been exposed to an infectious disease, he/she shall contact the shift supervisor. After doing so, the employee should follow the procedures for that of an injured employee.

4. Examples of such exposure include:

    a. Direct contact with body fluids on chapped or open areas (cuts, scratches) on the skin or on mucous membranes (i.e., eyes, mouth).

b. Direct mouth-to-mouth resuscitation (CPR) without use of a one-way valve.

c. Receiving a cut or puncture wound as a result of searching or arresting a suspect or handling contaminated evidence.

B. Testing

If a member of the department is exposed to the body fluids of a person who has or is suspected to have a communicable disease, a physician authorized by the City of Joplin must evaluate the member for evidence of infection.

1. An employee who believes that he or she has been exposed to a person with a communicable disease shall ask the suspected carrier to voluntarily submit to a blood test. The Health Department or their designee shall administer the test.

   a. If the person refuses to submit to a blood test, the officer's bureau commander shall be contacted to initiate legal proceedings for a court-ordered blood test. Notification shall be done at the earliest opportunity.

2. The person whose body fluids contacted an officer may state that he or she has AIDS. While the department cannot coerce a citizen--suspect or otherwise--to take periodic tests for infection, the department shall try to convince the citizen who may have transmitted infection to do so.

   a. § 191.657 states a court may grant an order for disclosure of confidential HIV-related information to peace officers if there is a clear and imminent danger to an individual whose life or health may unknowingly be at significant risk as a result of contact with the individual to whom the information pertains.

   b. § 566.135 provides measures whereby a person charged with any crime involving a sexual offense may be ordered to submit to communicable disease testing.

3. Personnel should understand the difficulty of transmitting HIV and hepatitis B. If infection control measures have been followed, the risk is very low.

C. Testing for presence of infection shall be done if indicated by a medical assessment (after an incident involving the possible transfer of blood or other body fluids).

D. Confidentiality

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 only to staff that has a legal need to know. Disclosure of any information, except as required by law, must not be made unless written consent of the person is obtained.

E. Positive test results

1. Any person who tests positive for HIV or hepatitis B shall not be summarily removed from duty. The department shall make no restrictions simply because of diagnosis. These diseases are not spread by casual contact (as between coworkers in the department). The department shall alter an employee's assignment only when he or she can no longer perform the required duties.

   a. The department shall ensure continued testing, if necessary, of members for evidence of infection, and shall provide psychological counseling if necessary.

2. Any person who tests positive for tuberculosis may be restricted from working for a period. The medical evaluation will determine the stage and type of disease the person has contracted and if he/she is contagious. A tuberculosis-infected person requires medication and shall not return to work until the doctor says he/she is non-communicable.

F. Job performance

1. Communicable disease: Infected employees shall continue working as long as they maintain acceptable performance and do not pose a safety or health threat to themselves or others in the department.

a. All personnel shall treat such employees in the same manner as employees who suffer from other serious diseases or handicaps: that is, fairly, courteously, and with dignity.

b. The department may require an employee to be examined by the department physician to determine if he she is able to perform his/her duties without hazard to him/herself or others.

G. Federal law

The Federal Rehabilitation Act of 1973 generally protects employees infected by communicable diseases.

H. Discrimination

The department expects all personnel to continue working relationships with any fellow employee recognized as having AIDS/ARC, hepatitis B, or non-communicable tuberculosis. The department will consider appropriate corrective or disciplinary action against an employee who threatens or refuses to work with an infected employee or who disrupts the department's mission.

VIII. TRAINING

A. Education on communicable diseases shall be continuous in the department. The department assigned training officer shall ensure that all new members of the agency with occupational exposure shall receive a course of instruction on bloodborne diseases before their initial assignment. Further, each affected employee should receive annual refresher training plus any additional training appropriate to the employee assignment.

B. The training officer shall retain complete records on instruction of employees to include dates of training; content of sessions; names and qualifications of trainers; names and job titles of attending employees.

C. The training officer is responsible for dissemination of updated information to all personnel and for appropriate educational programs about communicable diseases. These programs should include at a minimum:

1. Written information concerning AIDS/ARC/HIV, hepatitis B, and tuberculosis in the form of brochures, bulletins, memorandums, or fact sheets.

2. Group and/or individual presentations and discussions provided by adequately trained personnel or experts from outside the department.

3. Local resources for further medical and law-enforcement information.

4. For more information, personnel may at any time contact:

a. National Hotline for AIDS, 1-800-342-AIDS.

b. Missouri Nationwide AIDS Info Hotline, 1-800-533-2437.

c. AIDS Update (Dept. of Health and Human Services), 1-202-245-6867.

d. AIDS Clearinghouse (America Responds to AIDS) 1-800-342-7514.

e. National Institute of Justice AIDS Clearinghouse, 1-301-251-5500.

f. State and local public health department.

g. Local American Red Cross.

h. Forensic laboratories.

IX. COMPLIANCE

Violations of this policy, or portions thereof, may result in disciplinary action as described in the City of Joplin's Personnel Rules or the Joplin Police Department's Rules and Regulations and General Orders. Members of the Joplin Police Department, while assigned to or assisting other agencies shall comply with this policy.

X. APPLICATION

This document constitutes department policy, is for internal use only, and does not enlarge an employee's civil or criminal liability in any way. It shall not be construed as the creation of a higher legal standard of safety or care in an evidentiary sense, with respect to third party claims insofar as the employee's legal duty as imposed by law. Violations of this policy, if proven, can only form a basis of a complaint by this department, and then only in a non-judicial administrative setting.

Appendix to SOG 6-13

AIDS-Related Concerns of Personnel

ISSUE	INFORMATION
Human Bites	A person who bites is typically the one who gets the blood; viral transmission through saliva is highly unlikely. If bitten by anyone, gently milk wound to make it bleed, wash the area, and seek medical attention.
Spitting	Viral transmission through saliva is highly unlikely.
Urine/feces	Virus isolated in only very low concentrations in urine; not at all in feces; no cases of AIDS or HIV infection associated with either urine or feces.
CPR/first aid	To eliminate the already minimal risk associated with CPR, use masks/airways; avoid blood-to-blood contact by keeping open wounds covered and wearing gloves when in contact with bleeding wounds.
Body removal	Observe crime scene rule: do not touch anything; those who must contact blood or other body fluids should wear gloves.
Casual contact	No cases of AIDS or HIV infection attributed to casual contact.
Any contact with blood or body fluids	Wash thoroughly with soap and water; clean up spills with 1:10 solution of household bleach.

*Source: Adapted from: AIDS and the Law Enforcement Officer: Concerns and Policy Responses by Theodore M. Hammett, Ph.D., National Institute of Justice, U.S. Department of Justice, June 1987