I. PURPOSE
The purpose of this policy is to provide guidelines for law enforcement officers in limiting or preventing exposure to bloodborne pathogenic diseases such as human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), hepatitis B and C, tetanus, and sexually transmitted diseases (STDs) such as syphilis and gonorrhea.

II. POLICY
It is the responsibility of this agency to ensure that its employees are able to perform their duties in a safe and effective manner. The safe performance of daily operations can be threatened by life-endangering communicable diseases. It shall be the policy of this department to provide employees with up-to-date training and information that will help minimize potential exposure while increasing employee understanding of the nature, risks, and routes of transmission of the diseases.

III. DEFINITIONS

Body fluids: Liquid secretions including blood, semen, and vaginal fluid.

Exposure: Subjection to an infectious disease.

Exposure incident: A specific eye, mouth, or other mucous membrane, nonintact skin, or piercing through the skin (through events such as needle sticks, human bites, cuts, or abrasions) contact with blood or other potentially infectious materials.

Contaminated: Presence or reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contamination: Any contaminated object that can penetrate the skin.

Decontamination: The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point that they are no longer capable of transmitting infectious particles.

Postexposure evaluation: Follows the report of an exposure incident. Confidential medical evaluation and follow-up treatment (if required) shall be available to the employee, including documentation of the route of exposure, circumstances under which the exposure occurred, and identification of the source individual in accordance with the Ryan White Law.

Postexposure prophylaxis: When an employee sustains an injury that is determined by medical personnel to be an injury that could result in an infectious disease, based upon recommendations of an infectious disease physician, he or she may recommend taking certain medicines in order to lower the possible risk of becoming ill as a result of the exposure.

IV. APPLICABLE DISEASES
AIDS/HIV: The human immunodeficiency virus (HIV) can be contracted by another person’s HIV-infected body fluids—blood, semen, or vaginal secretions—entering one’s bloodstream. The effect of the virus is to decrease the ability of the body to fight infection. After an individual is infected, they may experience a minor viral infection, the symptoms of which could include fever, runny nose, and generally feeling unwell. It is also possible to have no symptoms at all for years. When the individual begins to develop systemic infections, he or she goes from being HIV-positive to having AIDS. He or she may also be prone
to get several varieties of cancers. Infection with the HIV/AIDS virus is ultimately fatal.

Hepatitis: Hepatitis is an inflammation of the liver. It can be caused by a number of substances and different types of viruses. From an occupational point of view hepatitis B and C are important. Hepatitis B is more infectious and prevalent than AIDS. Its symptoms may include jaundice (yellowing), vomiting, fever, and generally feeling weak. It can result in liver failure, liver damage, and liver cancer. Hepatitis C is contracted in a similar way but is much more insidious. The individual may not know that he or she has hepatitis. It may be discovered as an incidental finding when liver function tests are checked. If this is not treated, it may result in long-term severe liver damage.

STDs such as gonorrhea and syphilis: These diseases are acquired through direct sexual contact with an infected person or contact with an infected person’s blood.

Tetanus: The bacteria that causes tetanus is commonly found in the soil. It causes intense muscle spasm and breathing difficulties and has a high mortality rate. A major risk factor for getting tetanus is a contaminated wound.

V. PROCEDURES
A. Communicable Disease Prevention
   1. In order to minimize potential exposure to communicable diseases, officers shall assume that all persons could be potential carriers.
   2. Disposable gloves shall be worn when handling any persons, clothing, or equipment with body fluids on them or any time body fluids are present.
   3. Masks, protective eyewear, and coveralls shall be worn where body fluids may be splashed on the officer.
   4. Plastic mouthpieces or other authorized barrier resuscitation devices shall be used whenever an officer performs CPR or respiratory resuscitation.
   5. All sharp instruments such as knives, scalpels, and needles shall be handled with extraordinary care, and should be considered potentially infectious.
      a. Gloves specifically designed to resist needle sticks, cuts, and abrasions shall be worn when searching for or handling sharp instruments. (Note: Standard leather gloves should not be worn. If they become contaminated with body fluids, they must be disposed of in accordance with all applicable laws pertaining to the disposal of biohazard waste.)

b. Officers shall not place their hands in areas where sharp instruments might be hidden. An initial visual search of the area shall be conducted, using a flashlight where necessary. The suspect shall also be asked to remove such objects from his or her person.

c. Needles shall not be recapped, bent, broken, removed from a disposable syringe, or otherwise manipulated by hand. Needles shall be placed in a puncture-resistant container when being collected for evidentiary or disposal purposes.

6. Officers shall not smoke, eat, drink, or apply cosmetics near body fluid spills.

7. Evidence contaminated with body fluids shall be dried, double-bagged in plastic bags, and marked to identify potential or known communicable disease contamination.

8. Human bites especially are very serious. Because of the bacteria in the human mouth, there is a high risk of infection. Injuries obtained from teeth on the hand or fist are equivalent to human bites and can be potentially serious. The most important thing is to wash the wound with soap and water and then to seek medical evaluation soon.

B. Transport and Custody
   1. Where appropriate protective equipment is available, no officer shall refuse to arrest or otherwise physically handle any person who may have a communicable disease.
   2. Officers shall not put their fingers in or near any person’s mouth.
   3. Individuals with body fluids on their persons shall be transported in separate vehicles from other individuals after appropriate medical evaluation or treatment by paramedics or other qualified medical personnel. The individual shall be required to wear suitable protective covering if he or she is bleeding or emitting body fluids, where reasonable or possible.
   4. Officers shall notify relevant support personnel during a transfer of custody when the suspect has body fluids present on his or her person.
   5. Suspects taken into custody with body fluids on their persons shall be placed directly in the designated holding area for processing and should change into uncontaminated clothing. Where reasonable or possible, the holding area shall be posted with an Isolated Area—Do Not Enter sign.
6. Officers shall document on the appropriate arrest or incident form when a suspect taken into custody has body fluids on his person.

C. Disinfection

1. Any unprotected skin surfaces that come into contact with body fluids shall be immediately and thoroughly washed with soap and warm water. Alcohol-based hand cleaning solutions or antiseptic towelettes shall be used where soap and water are unavailable.
   a. Hand lotion shall be applied after disinfection to prevent chapping and to seal cracks and cuts on the skin.
   b. All open cuts and abrasions shall be covered with waterproof bandages before the employee reports for duty.

2. Employees shall remove clothing that has been contaminated with body fluids as soon as practical. Any skin area that has come into contact with this clothing shall then be cleansed in the prescribed fashion. Contaminated clothing shall be handled carefully and laundered separately. (Note: Lightly contaminated clothing shall not be laundered at home. The department shall make arrangements with a local health care facility or fire department that has laundry machines and procedures in place for the cleaning of contaminated clothing. Grossly contaminated clothing shall be disposed of in accordance with all applicable laws pertaining to the disposal of biohazard waste.)

3. Disinfection procedures shall be followed whenever body fluids are spilled, or an individual with body fluids on his or her person is transported in a departmental vehicle.
   a. A supervisor shall be notified and the vehicle taken to the service center as soon as possible.
   b. Affected vehicles shall be designated by the posting of an Infectious Disease Contamination sign upon arrival at the service center and while awaiting disinfection.
   c. All organic matter shall be removed with an absorbent cloth before disinfectant is applied to the area.
   d. The affected area should be cleansed with a hospital-grade disinfectant. Employees shall not hose or flood the affected area.

4. Nondisposable equipment and areas upon which body fluids have been spilled shall be disinfected as follows:
   a. All body fluids shall first be removed with absorbent materials.
   b. The area shall be cleansed with a hospital-grade disinfectant.

5. All disposable equipment, cleaning materials, or evidence contaminated with body fluids shall be bagged and disposed of in compliance with current state or federal provisions for disposal of biologically hazardous waste material.

D. Supplies

1. Supervisors shall maintain the control and the proper storage in a convenient location of adequate infectious disease control and personal protective equipment (PPE) supplies for their units. Protective gloves, disinfecting materials, and other first-aid supplies shall be made readily available at all times.

2. Supervisors are responsible for the dissemination of the infectious disease control and PPE supplies.

3. Where reasonably possible, all departmental vehicles shall be continuously stocked with the following communicable-disease control supplies:
   a. Clean coveralls in appropriate sizes
   b. Disposable gloves and gloves specifically designed to resist needle sticks, cuts, and abrasions (70 percent isopropyl alcohol)
   c. Puncture-resistant containers and sealable plastic bags
   d. Barrier resuscitation equipment, goggles, and masks
   e. Hospital-grade disinfectant
   f. Disposable towelettes or waterless disinfection solutions
   g. Waterproof bandages
   h. Absorbent cleaning materials
   i. Isolation Area—Do Not Enter signs

4. Employees who use the supplies carried in police vehicles shall ensure they are replaced.

5. Employees shall keep disposable gloves in their possession while on either motor or foot patrol.

E. Line-of-Duty Exposure to Communicable Diseases

1. Any employee who has been bitten by a person or stuck by a needle or who has had direct physical contact with the potentially infected body fluids of another person, while in the line of duty, shall be considered to have been exposed.

2. A supervisor and a designated infectious disease control officer (DO) or licensed infectious disease control practitioner shall be contacted, and all appropriate duty injury and medical forms shall be completed by the exposed officer and his or her supervisor.
3. If the incident is deemed an exposure, the officer shall be transported to the appropriate health care facility for clinical and serological testing, as recommended by the designated officer (DO).
   a. The department shall provide for the continual monitoring of the exposed officer for evidence of infection and provide psychological counseling as determined necessary by the appropriate health care official.
   b. Unless disclosure to an appropriate departmental official is authorized by the officer or by state law, all information regarding the officer’s exposure shall remain confidential.

4. In accordance with the Ryan White Law, any person responsible for potentially exposing the employee to blood-borne pathogens shall be required to undergo testing to determine whether the person has an infectious disease.

5. Employees who test positive for any blood-borne disease may continue on normal duty as long as they maintain acceptable performance and do not pose an additional safety and health threat to themselves, the public, or members of the department.
   a. The department shall make all decisions concerning the employee’s work status, as related to the exposure, solely on the medical opinions and advice of the department’s certified health care officials.
   b. The department shall require an employee to be examined by a physician to determine the individual’s fitness for duty.

F. Record Keeping
The department shall maintain written records of all incidents involving employees who have been exposed to any potentially infectious disease while acting in the line of duty. The records shall be maintained as required by federal regulations for a minimum of 30 years after separation. These records shall be maintained in a secured area with restricted access and maintained in conformance with applicable privacy laws.

Acknowledgment
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