I. INTRODUCTION

A. Purpose of Document

This paper is designed to accompany the *Model Policy on Communicable Disease Prevention* established by the IACP National Law Enforcement Policy Center. This paper provides essential background material and supporting documentation to provide greater understanding of the developmental philosophy and implementation requirements for the model policy. It is anticipated that this material will be of value to law enforcement executives in their efforts to tailor the model to the requirements and circumstances of their communities and their law enforcement agencies.

B. Background

The policy deals with bloodborne pathogenic diseases such as the human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), hepatitis B and C, tetanus, and sexually transmitted diseases (STDs) such as syphilis and gonorrhea. However, it overlaps with policy and procedures designed to prevent other contagious diseases as well. This policy is not designed to address the full spectrum of communicable disease prevention but is limited to addressing diseases that are of greatest concern to law enforcement officers in the line of duty. The communicable disease (CD) epidemic is one of the more serious health threats of this century. However, there is a general lack of knowledge about the nature, causes, and transmission of CDs that has added to both hysteria and complacency and, in so doing, has magnified the problem in many instances. Therefore, a fundamental component of dealing with the problem is to educate the general public, particularly individuals who are likely to come into contact with persons at high risk of CD infection. Law enforcement employees are among the latter group, as their jobs by necessity bring them into contact with a large segment of the public, often in confrontational situations. The ethics of the law enforcement profession require that employees provide the same levels of service and enforcement to the public irrespective of individual circumstances. With adequate training, these duties and responsibilities can be carried out with a near-zero chance of being infected with a CD. The information and procedures provided here and in the accompanying policy statement will also greatly reduce one’s risk of contracting a CD.

C. Incidence of Communicable Disease Infection

The number of CD cases in the United States continues to be of concern.

<table>
<thead>
<tr>
<th>Communicable Disease</th>
<th>2001 Cases Reported</th>
<th>2002 Cases Reported</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>42,092</td>
<td>42,745</td>
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<tr>
<td>Hepatitis B</td>
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<tr>
<td>Tuberculosis</td>
<td>15,492</td>
<td>15,075</td>
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D. Transmission of Communicable Diseases

The means by which CDs are transmitted has been extensively documented by ongoing studies conducted by the Centers for Disease Control and Prevention (CDC). In spite of a great deal of publicity about the methods of transmission, there is still substantial misunderstanding about this subject. The facts are that most CDs are...
transmitted only by the most intimate and deliberate forms of human contact. These diseases can be transmitted only through the internal exchange of infected blood, semen, vaginal secretions, tissues or other bodily fluids. The CDC has revised its universal precautions guidelines to deemphasize bodily secretions such as saliva, tears, urine, feces, sweat, vomit, and nasal secretions unless these fluids contain visible blood.

II. POLICY RECOMMENDATIONS

A. Training and Education

The model policy on CDs strongly recommends that law enforcement agencies provide their personnel with the necessary information with which to guide them in their understanding and response to CDs. Without training, misinformation is more likely to dominate in employees’ daily responses to this threat with a correspondingly greater potential for tragedy.

There is an unquestionable need to expand training to law enforcement agencies in regard to CDs. Moreover, systematic update and refresher training is warranted considering the substantial advances in our knowledge of CDs and the appropriate preventive measures that should be taken.

Guidelines to departments interested in developing or improving training include the following:

1. **Include staff in materials development.** Like many in the general public, law enforcement officers may have suspicions about the statements of the medical community concerning the risks associated with a CD infection. To help address personnel concerns and suspicions, departments should involve representatives from among personnel to be trained to help develop the curriculum and establish issues of principal concern.

2. **Timely and frequent training.** Training on CDs should be provided at both recruit and in-service levels. (Note: The CDC requires updated training every year.) A great deal of literature, including audio and video training materials, is now available to departments for this purpose through state, local, and national sources. Live question-and-answer sessions with recognized experts is the best mechanism for helping employees confront their concerns and can generally be developed through the resources of local or state public health agencies. These forms of training should be provided on an annual basis so that research findings and other developments in the field can be disseminated in a timely manner.

3. **Relevant training.** The most relevant training for law enforcement employees is based on the duties and responsibilities that these personnel routinely perform. Generic training concerning transmission and prevention measures are insufficient to meet the job-specific concerns of law enforcement employees. These include such issues as CDs and CPR, and often first-aid procedures, search and arrest procedures, transportation of prisoners, crime scene processing, evidence handling and laboratory procedures, disposal of contaminated materials, lock-up issues, body removal procedures, legal and liability issues such as obligation to perform, and CD exposure testing procedures.

4. **Avoid the extremes of alarmism and complacency.** Alarmism and complacency both can be harmful in efforts to control the CD epidemic. Alarmism, characterized by reactions to unfounded fears, can give others the false impression that CDs are transmitted more easily than is actually the case. Complacency, on the other hand, often suggests that CDs are limited to high-risk groups and need not be feared by persons outside those groups. In fact, these diseases are associated with high-risk behaviors, and lack of regard for other sources of potential infection may be hazardous. Hammett states that law enforcement employees, as well as other citizens, must be careful about blood-to-blood contact with everyone whether or not they say they have a CD, appear to be ill, or seem to be in a CD risk group. If the tone of CD training programs is not balanced between caution and reassurance, they may encourage misinformed beliefs that may severely affect the operational effectiveness and service delivery of a law enforcement agency.\(^1\) Law enforcement administrators should be reminded that they have a duty to train their personnel in the hazards of CDs and to provide them with the knowledge and material necessary to protect themselves in the line of duty. Failure to do so can open the department to potential civil litigation.

B. General Preventive Measures

The model policy provides specific guidance with regard to CD prevention that should be followed by all law enforcement employees. One of the more important of these is the admonition that officers should regard all persons as potential carriers of bloodborne pathogens. An infected individual may not have any symptoms of the disease for an extended period of time after infection. Moreover, symptoms alone cannot be used to make a diagnosis of infection.\(^2\)

1. **Universal precautions.** Law enforcement personnel should not attempt to diagnose an individual or the potential risk involved in dealing with sources of infection.

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As the U.S. Department of Health and Human Services advocates, “When public safety workers encounter body fluids under uncontrolled, emergency circumstances in which differentiations between fluid types is difficult, if not impossible, they should treat all body fluids as potentially hazardous.” There are some generic precautionary rules, referred to by the CDC as universal precautions that should be followed by all law enforcement personnel irrespective of assignment or task that they may be required to undertake.  

2. Protective Barriers. For example, nonlatex disposable gloves are prescribed for use by anyone who anticipates touching body fluids when dealing with potentially contaminated individuals, clothing, or equipment, whether at the scene of crimes or accidents, working with evidence in the field or laboratory, or in another capacity. Where gloves may be penetrated, as at accident scenes where broken glass is present, or where the employee may come into contact with needles, it is advisable to wear gloves specifically designed to resist needle sticks, cuts, and abrasions over disposable gloves. In selecting the type of disposable gloves to be used, officers should choose those that provide the best balance of protection and manipulation.

Skin provides a natural barrier to infection, but breaks in the skin can allow infection to enter the body. It is therefore recommended that officers always bandage cuts and abrasions and change bandages when they become wet or dirty. In acute situations where body fluids are more prevalent and the risks of accidental exposure to other parts of the body exist, the use of masks, disposable shoe coverings, protective eye wear, and coveralls are recommended. Shoe coverings and other protective clothing should be removed before leaving the scene.

3. CPR. When CPR or mouth-to-mouth resuscitation is to be performed, officers should use plastic mouthpieces or other authorized barrier resuscitation devices. The chance of contracting a CD infection from saliva is extremely low. However, resuscitation is often performed in the course of assistance at an accident scene where blood may be commingled with saliva. In addition, mouth-to-mouth contact is an excellent source for contracting other diseases that can be prevented by using barrier devices.

4. Needle sticks. Accidental needle sticks are a source of concern to many street officers and evidence and laboratory technicians, particularly given the broad incidence of intravenous (IV) drug use in many communities. Employees always should be extremely careful when performing pat-down searches of a suspect’s outer clothing. They should not place their hands in a suspect’s pockets or in other areas where needles, knives, or other sharp instruments may be hidden. This includes conducting searches of motor vehicles or residences. Leather gloves can provide a good barrier, but their bulkiness can prevent an officer from feeling certain paraphernalia. As an alternative, officers may require that suspects remove all material from their own pockets while under the officer’s close scrutiny if it does not pose an undue safety risk.

Searches of some areas may also be facilitated by the use of mirrors and flashlights. Searches of purses should be performed by turning the purse upside down over a flat surface.

Needles should not be recapped, bent, broken, removed from a disposable syringe, or otherwise manipulated by hand. All needles and other sharp objects should be placed in an appropriate puncture resistant container and labeled as potentially infectious material.

If an employee receives a puncture wound from a potentially contaminated object, the area should then be thoroughly washed with soap and water, and medical attention should be sought. Although puncture wounds are a legitimate source of concern, there is a very limited possibility that infection will be transferred in this manner. Researchers estimate that the probability of infection from a single needle stick is less than 1 percent. Contamination among IV drug users is relatively common, but needle sticks are dissimilar from intravenous infections in two significant ways. In IV drug use, blood is thoroughly mixed with drugs and possibly with the blood of prior needle users. With needle sticks, infected blood is not thoroughly mixed with the second person’s blood, and if it enters, it does so subcutaneously rather than intravenously. Second, most IV drug users share their needles repeatedly, thus greatly enhancing their risk of infection. Accidental needle sticks are exceedingly common in the health care profession yet relatively few instances of CD transmission have occurred in this field.

5. Other sanitary measures. Common sanitary practices dictate that employees should not smoke, eat, drink, bite nails, or apply cosmetics wherever body fluid spills are encountered and should avoid hand-to-mouth, hand-to-nose, and hand-to-eye contact. In all cases where evidence or confiscated materials have been contaminated by body fluids, the items should be air dried if possible, double bagged in plastic bags, taped closed (never stapled), and labeled to clearly identify the material as a known or potential source of communicable disease contamination. This procedure alerts those who may handle the bag in the future of the potential danger. Some states, such as

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4 Examples include, but are not limited to, TurtleSkin Duty Plus Gloves, Frisker Kevlar Gloves, and Gimbel Gloves.

Michigan, have instituted regulations concerning the proper labeling and disposal of blood products. In these states, disposal of used syringes, blood, or items stained with blood or bodily fluids may violate the law.6

Other duty assignments may be considered high-risk in terms of potential exposure to CDs. These range from body removal to conducting strip searches in lockups. In each of these and related cases, however, the general precautionary rules previously outlined and the recommendations that follow will give law enforcement personnel adequate protection against CD infection if followed consistently.

Evidence technicians and forensic laboratory personnel encounter situations that may require more detailed precautions. For example, airborne blood particles may be encountered when dried bloodstains are scraped for generating laboratory samples. In these cases, it is recommended that technicians use protective masks, eyewear or face shields in addition to any other required clothing or equipment. The CDC also provides the following specific recommendations for forensic laboratory officers and technicians:

- All blood specimens should be put in well-constructed, appropriately labeled containers with a secure lid to prevent leaking during transport. Care should be taken when collecting specimens to avoid contaminating the outside of the container and the laboratory form accompanying the specimen.
- All persons processing blood specimens should wear gloves. Masks and protective eyewear or face shields should be worn if mucous membrane contact with blood is anticipated (as when removing tops from vacuum tubes). Hands should be washed after completion of specimen processing.
- For routine procedures such as histologic and pathologic studies or microbiological culturing, a biological safety cabinet is not necessary. However, biological safety cabinets (class 1 or 2) should be used when procedures are conducted that have a high potential for generating droplets. These include activities such as blending, sonicating, and vigorous mixing.
- Mechanical pipetting devices should be used for manipulating all liquids in the laboratory. Mouth pipetting must not be done.
- Use of needles and syringes should be limited to situations in which there is no alternative, and the recommendations for preventing injuries with needles outlined under universal precautions should be followed.

Laboratory work surfaces should be cleaned of visible materials and then decontaminated with an appropriate chemical germicide after a spill of blood, semen, or blood-contaminated body fluid and when work activities are completed.

Contaminated materials used in laboratory tests should be decontaminated before reprocessing or placed in bags and disposed of in accordance with institutional and local regulatory policies for disposal of infective waste.

Scientific equipment that has been contaminated with blood should be cleaned and then decontaminated before being repaired in the laboratory or transported to the manufacturer.

All persons should wash their hands after completing laboratory activities and should remove protective clothing before leaving the laboratory.

Area warning signs should be posted to remind employees of continuing hazard of infectious disease transmission in the laboratory setting.7


spects. In cases where suspects are bleeding or otherwise emitting body fluids, they shall be required to wear suitable protective covering after receiving medical attention.

- Officers shall notify relevant support personnel during transfer of custody when a suspect has body fluids present on his person. Suspects taken into custody with body fluids on their persons shall be directly placed in the designated holding area for processing. The holding area shall be posted with an Isolation Area—Do Not Enter sign.

- Employees shall document on the appropriate arrest or incident form when a suspect taken into custody has body fluids on his or her person.

C. Confinement Facilities

The law enforcement lockup poses particular problems for the law enforcement administrator who may be frustrated by the size and general physical structure of the facility, number of detainees, and size of staff. There are several dimensions to this problem with regard to HIV transmission. These involve the health of officers and staff who supervise the lockup, the health of those incarcerated, and the legal issues surrounding the release of information about HIV-infected prisoners.

Most of what is known about CD infection among incarcerated individuals comes from the state and federal prison system. There are marked differences between these institutions and local law enforcement detention facilities, but most arrestees who serve time in state and federal prison systems also pass through local systems. A 1996 study by the National Institute of Justice and the CDC found that there were 24,881 confirmed HIV-positive incarcerated persons, or 2.3 percent of the prison population. Therefore, it is understandable that personnel in holding or long-term detention facilities have concerns about working in these environments. If employees follow the precautions outlined above, they should have a near-zero risk of contracting HIV.

Because of the communal setting of many correctional facilities, there is added potential for transmitting the disease through consensual or forced sexual contact, sharing injection materials, drug abuse, and tattooing in correctional facilities. Numerous successful lawsuits have been filed where adequate protection against homosexual rapes was not provided. For this and other health and safety reasons, detention and correctional staff should follow close supervision policies to guard against such acts and the corresponding risk of CD transmission.

Inmates and staff of detention and correctional facilities, as well as officers in other settings, often express interest in knowing the identities of those detainees who have been diagnosed as having CDs. However, the privacy rights of inmates have prompted most correctional systems and criminal justice agencies to preclude anyone, other than those with a critical need to know, from having such information. In most cases, this critical need pertains only to health care providers and professional counselors. In most short-term holding facilities, this does not become an issue, as there is normally insufficient time to determine medical histories or any but the most obvious of physical ailments of those incarcerated. If information on one’s CD status becomes available, the facility should not flag the medical records or identify the inmate as infected in any way without express informed authorization of the individual concerned. State law in many instances will govern the release of this type of information. But, from a practical standpoint, it should be remembered that one’s protection from potential CD infection is not guaranteed simply by identifying persons known to be infected. Many more individuals who do not know of their own infection and who may not exhibit symptoms of the disease also present a potential risk. In effect, if officers and staff follow prescribed blood and body fluid precautions, identification of infected individuals becomes unnecessary.

Questions may also arise in lockup and detention facilities, as well as in street enforcement settings, concerning disclosure of information about someone known to be infected with HIV. This becomes particularly significant, if not compelling, when dealing with an uninformed spouse or sexual partner of a CD-infected person. Each state has laws concerning the confidentiality of CD status information, and all staff, not just administrators, should become familiar with these laws and guidelines to avoid liability. Generally, where this information is known, officials who are in a position to do so should advise the CD carrier of the responsibility to inform all sexual partners of his or her medical condition and recommend practices that help to avoid contagion. If state and local laws permit, and the individual is unwilling to make these disclosures, an officer may wish to make a discreet and confidential warning to those affected or turn the information over to a public health officer for notification and other appropriate action.

D. Disinfection

In addition to the precautionary measures previously discussed, other steps can and should be taken to guard officers and others from infection by a CD exposure.

1. Washing and cleaning up. In general, any unprotected skin surfaces that come into contact with body fluids shall be immediately and thoroughly washed with warm running water and soap for at least 60 seconds before rinsing and drying. CDs, as well as many other
disease viruses, are killed on contact with soap and water. Because clean soap and water may not always be readily available, antiseptic towelettes and waterless disinfectant hand cleaner should be made available to officers as an alternative to soap and water.

Larger areas and equipment contaminated with blood should also be wiped with absorbent material and cleaned with a hospital grade disinfectant as soon as possible. Under no circumstances should personnel flood or hose a spill. This simply creates a larger contaminated area. Personnel assigned to clean up serious body fluid spills should always be outfitted with appropriate apparel such as latex gloves and booties, eye protection, masks, and aprons. All contaminated clothing should be carefully removed as soon as practicable, separated from noncontaminated linens, and laundered with detergent in water at least 160 degrees Fahrenheit for 25 minutes. Latex gloves should be rinsed before removal, and hands and arms should then be cleansed in the prescribed fashion.

2. Equipment. Similar procedures should be followed for cleaning and disinfecting body fluids that come into contact with nondisposable law enforcement or emergency equipment. In law enforcement vehicles, for example, the following procedures are recommended:

- A supervisor shall be notified, and the vehicle taken to the service center as soon as possible.
- Affected vehicles shall be immediately designated by the posting of an Infectious Disease Contamination sign upon arrival at the service center and while awaiting disinfection.
- Service personnel shall remove any excess body fluids from the vehicle with an absorbent cloth, paying special attention to any cracks, crevices, or seams that may hold excess fluid.
- The affected area should be cleansed with a hospital-grade disinfectant and allowed to air dry. All law enforcement vehicles taken to a service center for scheduled washing and lubrication will be routinely cleaned in the interior with an approved disinfectant.
- Whenever possible, disposable equipment should be used to minimize and contain clean up. However, potential contamination inevitably involves non-disposable equipment. These items should also be disinfected by wiping up any excess fluids with an absorbent disposable material and then thoroughly cleaned with a hospital-grade disinfectant.

3. Disposal. All disposable equipment, cleaning materials, or evidence contaminated with body fluids shall be bagged and disposed of in accordance with state law provisions for disposal of biologically hazardous waste material. The CDC recommends that, in general, infective waste should be either incinerated or sterilized before disposal in a sanitary landfill. Bulk blood, suctioned fluids, excretions, and secretions may be carefully poured down a drain connected to a sanitary sewer. Sanitary sewers may also be used to dispose of other infectious wastes capable of being ground and flushed into the sewer.

4. Supplies. In addition to training and proper supervision in communicable disease prevention, law enforcement agencies have a duty to provide their officers with adequate supplies and equipment to safeguard them from infection. The model policy recommends that law enforcement supervisors assume primary responsibility for maintaining adequate supplies of disease-control materials. All law enforcement personnel should have personal control over supplies of this type, but this is not always possible with certain duty assignments such as walking patrol beats. Even if employees cannot have personal control over disease-prevention assignments, supplies can be made readily available through supervisors or a fellow employee. The model policy recommends that, where reasonably possible, all departmental patrol vehicles be continuously stocked with the following:

- Clean coveralls in appropriate sizes
- Disposable latex gloves and gloves specifically designed to resist needle sticks, cuts, and abrasions
- Puncture-resistant containers and sealable plastic bags
- Barrier resuscitation equipment, goggles, and masks
- Liquid germicidal cleaner
- Disposable towelettes (70 percent isopropyl alcohol)
- Waterproof bandages
- Absorbent cleaning materials
- Isolation Area—Do Not Enter signs

Employees who use these materials are required to replace them at the earliest possible opportunity and are personally responsible for maintaining a complete inventory of supplies.

All employees should keep disposable gloves in their possession irrespective of their assignment. Disposable gloves are packaged so that they can be conveniently carried on a duty belt. Whether carried in this or another manner, they should be as readily available as other duty equipment such as handcuffs, baton, and sidearm.
E. Line-of-Duty Exposure to Communicable Diseases

The slight possibility of infection necessitates that law enforcement agencies maintain accurate records of all CD incidences of exposure. This will accomplish two important goals. First, should exposure result in infection, records will provide essential information on the means by which infection took place and thereby assist in future preventive measures.

In addition, documenting exposure incidents may have significance in regard to potential workers’ compensation claims or civil litigation against an agency for charges such as negligence that could stem from a failure to train or adequately equip employees to prevent infection. These potentialities point out the importance not only of fully documenting possible exposures but also of providing personnel with complete and accurate training and education, maintaining accurate records of all training, supplying personnel with the proper equipment to prevent contagion, and establishing complete policies and procedures on disease prevention together with measures to ensure compliance. Should an employee be exposed to a CD such as through a bite, needle stick, or other critical contact with bodily fluids, the model policy recommends that he or she notify his or her immediate supervisor and complete all appropriate duty injury and medical forms. As soon as possible thereafter, the officer should report to an appropriate health care facility for clinical and serological testing. For example, HIV testing should be conducted as follows:

Rapid HIV test (SUDS or ORAQUIK) should be performed on the source patient. If the source patient is negative with rapid testing, no further testing of the officer is needed. If the source patient tests positive, viral load testing on the source patient should follow immediately. Viral load testing is the key to establishing the need for antiretroviral treatment for the officer.

In all cases, law enforcement personnel should be given assurances that their test results are confidential and will not be revealed to the law enforcement agency or to any other source without the employee’s permission.

Should an employee test positive for a CD, he or she should be permitted to continue working as long as he or she maintains acceptable performance and does not pose a safety and health risk to himself or herself, the public, or other members of the department. Labor and antidiscrimination laws at the federal and state levels protect infected persons from discrimination in employment just as they do for other forms of handicaps. It is, however, primarily the responsibility of the affected employee to produce medical documentation regarding the extent of a medical condition and its impact on his or her availability for duty.

In this and related regards, the model policy recommends that law enforcement administrators make their decisions about infected employees’ work status based solely on the medical opinions and advice of the department’s health care official, and that departments and their employees treat CD-infected persons with the same degree of respect, fairness, and dignity that they would give to any other ill or handicapped individual. Management and staff who have had proper information and education on the CD epidemic can be expected to respond in a more rational and nonprejudicial manner than those who are uninformed.

Many states have also adopted laws and regulations that prohibit employment-based discrimination of CD-infected individuals. In most cases, these are similar to those on the federal level.

Law enforcement administrators should refer to state regulations and local ordinances for the details of state and local prohibitions and guidelines, as well as to the specifics of any labor union negotiations that may have addressed this issue.

Finally, it should be noted that some jurisdictions have considered averting potential problems associated with CD-infected personnel by employing blood tests as a screening mechanism for recruits. However, these practices can generally not be implemented because of restrictions on mandatory testing, confidentiality of test results, and prohibitions against employment-related discrimination.
Every effort has been made by the IACP National Law Enforcement Policy Center staff and advisory board to ensure that this document incorporates the most current information and contemporary professional judgment on this issue. However, law enforcement administrators should be cautioned that no “model” policy can meet all the needs of any given law enforcement agency. Each law enforcement agency operates in a unique environment of federal court rulings, state laws, local ordinances, regulations, judicial and administrative decisions and collective bargaining agreements that must be considered. In addition, the formulation of specific agency policies must take into account local political and community perspectives and customs, prerogatives and demands; often divergent law enforcement strategies and philosophies; and the impact of varied agency resource capabilities among other factors.

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