



TOWN OF MACEDON POLICE DEPARTMENT

General Order: 557	Effective Date: April 1, 2021
Subject: Communicable Diseases	
Reference Standards: 3.1, 64.1	
Rescinds:	
Page 1 of 12	Attachments: #1- Hepatitis B Vaccine Form, #2- Exposure Incident Report, #3- Request for Source Individual Evaluation, #4- Confidential & Identification of Source Individual Form, #5- Employee Exposure Follow-up Record

I. PURPOSE

- A. The purpose of this policy is to provide guidelines for department personnel in preventing the contraction of communicable diseases.

II. POLICY

It shall be the policy of the Macedon Police Department to provide all officers with safety procedures and communicable disease information that will assist in minimizing potential exposure while increasing their understanding of the nature and potential risks of communicable diseases.

- A. The primary responsibility for infectious disease control rests with the individual. Members will thoroughly review this Exposure Control Plan and do everything within their power to follow the policies outlined therein.
- B. The Chief of Police is designated the Department's Safety Officer and Designated Officer (as outlined in the Ryan White Act) and is responsible for the implementation of this policy.
- C. The department will make available appropriate protective equipment to members who may, through normal duty activities, come in contact with blood or other body fluids.
 - 1. The Department will provide all employees with up-to-date safety procedure and communicable disease information that will assist in minimizing potential exposure while increasing their understanding of the nature and potential risks of communicable diseases.

2. It is the responsibility of the member to utilize the equipment as they deem necessary under the existing circumstances.
 3. If the member chooses not to or, due to the urgency of the situation, is unable to utilize any of the equipment, he/she will report the circumstances to the Road Patrol Sergeant who will investigate and document (incident report) same.
 4. The report will be forwarded to the Chief of Police and will be reviewed to determine whether changes can be instituted to prevent such occurrences in the future.
- D. The department, at its expense, has and will in the future, make available vaccinations for Hepatitis B-type virus to all members who may be at risk of exposure to hepatitis through exposures to blood or other body fluids.
1. If any member chooses not to receive the vaccination series for any reason, the member will sign a Hepatitis B Vaccine Form which will be placed in the Macedon Police Department- Bloodborne Pathogens and Exposure Control binder. (Appendix A)
 2. The member, while still employed by the department, may choose at any time to receive the vaccinations at a later date by notifying the Department Designated Officer.
- E. Members will review Bloodborne Pathogens & Exposure Controls annually.
- F. All personnel will treat persons who have contracted a communicable disease fairly, courteously and with dignity.

III. DEFINITIONS

- A. Acquired Immune Deficiency Syndrome (AIDS)
1. Is a syndrome characterized by complications indicative of an underlying immune deficiency.
 2. The viral agent identified with AIDS is known as the Human Immuno-deficiency Virus (HIV).
 3. As a result of this deficiency, victims develop a variety of infections as well as certain forms of cancer.
 4. An AIDS infection is usually characterized by sudden extreme weight loss, swollen glands, joint pain and ulcerated sores or lesions on the body.

Note: Many infected persons many exhibit no immediate symptoms.

5. Any person engaged in high-risk investigatory activities such as dealing with drug abuse, prostitution, crime scenes where blood or other body fluids are present, serious accident investigations or are involved in the collection, analysis and storage of blood-smear and otherwise possibly contaminated evidence are at risk of being exposed to the AIDS virus.
6. AIDS is a blood-borne disease transmitted by direct contact with blood, semen and possibly other body secretions of an infected person.
7. Sexual activity and intravenous drug abuse are the primary methods of transmission.
8. There is no evidence that the disease is transmitted through casual contact or through the air.

B. Biohazardous Evidence

1. Any evidence containing, stained with or contaminated with blood or body fluids.
2. All evidence of this type is presumed to be hazardous and will be handled accordingly and in accordance with G.O. 480- Non Agency Property.

Note: Members will take into custody blood or body fluid stained property only when needed for evidence.

C. Bloodborne Pathogens

1. Pathogenic-microorganisms that are present in human blood and can cause disease in humans.
2. These pathogens include but are not limited to Hepatitis B-virus and Human Immuno-deficiency Virus.

D. Body Fluid

1. Liquid secretions including blood, semen or any other fluid which might contain blood, semen, saliva, vomit, urine, feces or vaginal secretions.
2. Perspiration **is not** considered a body fluid.

E. Communicable Disease

1. Those infectious illnesses that are primarily transmitted through the body fluids of an infected individual or, in the case of tuberculosis, through the inhalation of infectious airborne particles.

F. Direct Exposure

1. Direct contact between blood and/or body fluids of one person and the skin, eyes, nose, mouth, etc. of another person.
 - a) This could include direct contact with articles that may have come in contact with another individual's blood and/or body fluids.

G. Hepatitis A Virus (HAV)

1. Enters through the mouth, multiplies in the liver and is passed in the feces.
 - a) The virus can be carried on an infected person's hands and can be spread by direct contact, or by consuming food or drink that has been handled by the individual.
 - b) In some cases it can be spread by consuming contaminated water.
 - c) Hepatitis can be spread by casual contact.
2. Hepatitis A is usually characterized by yellowing of the whites of the eyes and skin, fever, fatigue, upset stomach, possible vomiting, abdominal pain and dark colored urine.

H. Hepatitis B Virus (HBV)

1. Found in blood and to a lesser extent, saliva, semen and other body fluids of an infected person.
 - a) It is spread by direct contact with infected body fluids; usually by a needle stick injury or sexual contact.
 - b) Hepatitis B is not spread by casual contact.
2. Hepatitis B symptoms are the same as Hepatitis A, only more severe in nature, and may include skin rashes, muscle aches and pain in the joints. Persons infected with hepatitis may show no symptoms.

I. Hepatitis C Virus (HCV)

1. Occurs most often in people who have received a blood transfusion prior to July 1992 or who have shared needles.
 - a) Like Hepatitis B, Hepatitis C is spread by exposure to blood from an infected person, such as through a blood transfusion or sharing a needle.
 - b) The risk of sexual transmission has not been thoroughly studied but

appears to be small.

c) Hepatitis C cannot be spread by casual contact.

2. Many people infected with Hepatitis C have no symptoms. When symptoms are present, they can range from mild to severe. The most common early symptoms are mild fever, headache, muscle aches, fatigue, loss of appetite, nausea, vomiting and diarrhea. Later symptoms may include dark coffee-colored rather than dark yellow urine, clay-colored stools, abdominal pain, and yellowing of the skin and/or whites of the eyes (jaundice).

J. Infectious Waste

1. Material soaked or saturated with blood, discarded serums and vaccines; pathological wastes, including human tissues and anatomical parts; laboratory wastes including animal carcasses which have been exposed to pathogenic organisms; wastes from patients in isolation, as well as other articles being discarded that are potentially infectious and might cause punctures or cuts, including hypodermic needles, intravenous needles and intravenous tubing with needles attached, pipettes, scalpels that have not been autoclaved or subject to a similar decontamination technique and crushed or otherwise rendered incapable of causing punctures or cuts.
2. Generally excluded are tongue depressors, latex gloves, soiled gauze and waste generated by certified home health agency patients.

K. Source Individual

1. Any individual (living or dead) who's blood or other potentially infectious material may be a source of occupational exposure.

L. Tuberculosis (TB)

1. A serious, highly infectious bacterial disease which primarily infects the lungs, although it may also be present in the bones and other parts of the body.
2. TB is usually characterized by persistent cough, fatigue, chest pain, breathing difficulty or spitting up blood.
3. Persons with active TB may appear well even if in the advanced stages of the disease.
4. TB is contracted almost exclusively by inhalation of infectious airborne particles. High risk conditions include:
 - a) Having a person displaying TB symptoms or with a known TB history, sneeze, cough, laugh, shout, spit, cry or project droplets of saliva directly

into a members face.

- b) Drinking from the same glass, eating with the same utensils or smoking the same cigarette used by a person displaying TB symptoms or with a known TB history.
- c) Performing cardio-pulmonary resuscitation (CPR) on a possible TB infected person without the use of the department issued CPR mask.
- d) Close contact with persons with poor personal hygiene, especially those with severe coughing or other TB symptoms.
- e) Entering unsanitary environments and overcrowded residences with poor sanitary facilities, particularly if inhabited by known TB carriers.

M. Universal Precautions

1. Is an infectious-control method which requires employees to assume that all human blood and specific human body fluids are infectious for HIV.
2. HBV and other bloodborne pathogens and must be treated accordingly.

IV. PROCEDURES

A. Communicable Disease Prevention

1. To minimize potential exposure to communicable diseases, all members should exercise universal precautions and assume that all person/body fluids are infected.
2. Disposable gloves will be worn when handling any persons, clothing, or other items with body fluids on same.
3. Masks and protective eyewear will be worn by personnel when performing duties which necessitate the handling of body fluids.
4. Plastic mouthpieces or other authorized barriers/resuscitation devices will be used whenever an officer performs mouth-to-mouth resuscitation. (These are included in each police vehicle kit.)
5. All sharp instruments (knives, scalpels, needles) will be handled with extraordinary care and should be considered contaminated items.
 - a) Needles will not be recapped, bent, broken, removed from disposable syringes or otherwise manipulated by hand.
 - b) Needles will be placed in a puncture-resistant container when being

collected for evidentiary or disposal purposes.

- c) Whenever possible sharp instruments should be handled with tongs or another mechanical device.

- 6. Officers will not smoke, eat, drink, or apply makeup around body fluid spills.
- 7. It is the responsibility of each department member to document and follow up any situations that might lead to a possible infection of the member or fellow employees.

- a) Document an actual or possible exposure as outlined in this order.

- 8. Items stained with blood or other body fluids will be taken into custody only when needed for evidence or when the interests of public safety dictate.

B. Contaminated Evidence Handling

- 1. Any evidence contaminated with body fluids will be packaged according to evidence procedures and clearly marked to identify potential or known communicable disease contamination with a **biohazard label**.
 - a) Contaminated evidence that needs to be dried must be dried before being placed in an evidence locker/vault.
- 2. Such evidence will be taken to a designated area to be dried (to be determined at the time based on the size and quantity of the items).
 - a) A leak-proof container will be placed underneath the items being dried.
- 3. This evidence will include any applicable DWI evidence, sexual assault evidence kits and all sexual assault evidence.

C. Transport and Custody

- 1. Individuals with body fluids on their persons (arrestees or others) shall be transported in separate vehicles from other individuals.
 - a) Those individuals who are bleeding will be transported to the hospital in an ambulance.
- 2. The individual may be required to wear a suitable protective covering if bleeding or otherwise emitting body fluids.
- 3. Members have an obligation to notify relevant support personnel during a transfer of custody when the suspect has body fluids on his/her person.

4. Members shall document (arrest/incident reports) when a suspect taken into custody has body fluids on his/her person.
5. If an individual transported to a medical facility is suspected of having a communicable disease, the transporting member will advise medical service providers of same.
 - a) Medical service providers will also be given the transporting member's name and department telephone number and advised to contact the member if the individual tests positive for TB or hepatitis.

D. Disinfection

1. Any unprotected skin surfaces that come in contact with body fluids shall immediately and thoroughly be washed with hot running water and soap for twenty seconds before rinsing and drying.
 - a) Alcohol, antiseptic washes, or antiseptic towelettes may be used where soap and water are unavailable.
 - (1) This is not a substitute for washing with hot soapy water but merely a stop-gap measure until proper cleaning with hot soapy water is available.
 - b) Disposable gloves should be rinsed whenever possible before removal. The hands and forearms should be washed after removal of gloves.
 - c) All open cuts and abrasions should be covered before reporting for duty.
2. Officers should remove clothing that has been contaminated with body fluids as soon as practical.
 - a) Any contacted skin area should then be cleaned with hot soapy water. Contaminated clothing should be handled carefully and laundered (water heated to at least one hundred forty degrees (140°)).
3. Vehicle disinfection procedures will be initiated whenever body fluids are spilled or an individual with body fluids on his/her person is transported in a department vehicle.
 - a) Persons performing this task will always wear disposable gloves.
 - b) Excessive body fluids should be removed from the vehicle with an absorbent material paying special attention to any cracks, crevices or seams that may be holding excess fluid.
 - c) The affected area should be disinfected using hot water and a detergent

or alcohol and allowed to air dry.

(1) Bleach should not be used on fabric surfaces.

4. Non-disposable equipment and areas upon which body fluids have been spilled shall be disinfected as follows.
 - a) Excessive body fluids should first be wiped up with a disposable absorbent material.
 - b) A freshly prepared solution of one part bleach to ten parts water or a fungicidal/microbactericidal disinfectant will be used to clean the area/equipment.
5. All contaminated disposable equipment, cleaning material or evidence no longer needed by the department (not returnable or wanted by the owner) will be placed in an infectious waste bag.
 - a) This bag will be placed in the garage for disposal in compliance with New York State law, provisions for disposal of biologically-hazardous waste material.

E. Supplies

1. Individual sworn personnel will be responsible for ensuring that the following communicable disease control supplies are in adequate quantities in the employee protection kit and in his/her department assigned vehicle.
 - a) Disposable gloves
 - b) Disposable disinfectant towelettes and/or hand sanitizer
 - c) Bandages
 - d) Infectious waste bags (red)
 - e) Goggles or other eye protection
 - f) Biohazard labels
 - g) Puncture resistant containers for sharps.
2. In addition, disposable coveralls and liquid germicidal cleaner will be available in the evidence room.
3. These supplies will be maintained in the department by a supervisor designated by the Office of the Chief of Police or his/her designee.

4. Members using any of the supplies listed above are responsible for their prompt replacement.

F. Line of Duty Exposures to Communicable Diseases

1. Ryan White Act:

- a) Federal regulations published in the Federal Register (59F.R. 13418) and based on Title IV, subtitle B of the Ryan White Comprehensive AIDS Resources Emergency Act of 1990 (Ryan White Act), state that medical facilities are required to evaluate and disclose relevant information concerning an Emergency Response Employee's exposure to specific airborne and bloodborne infectious diseases, including HIV.
 - b) Disclosure may be made only to a Designated Officer of the Emergency Response Employee's agency after a determination is made that the employee was exposed to an infectious disease listed in the federal regulations.
 - c) The information to be disclosed by the medical facility may not include the patient's name or address.
 - d) Disclosure of exposure to infectious diseases is mandated within forty-eight (48) hours of receipt
2. Any member who has been bitten by an individual, suffered a needle stick, or who has had physical contact with body fluids of another person in any manner including through the eyes, nose or mouth while in the line of duty, will be considered to have been exposed to a communicable disease.
 3. The member exposed to a communicable disease will notify the Road Patrol Sergeant as soon as practical.
 4. The Road Patrol Sergeant will be responsible for ensuring that all appropriate action is taken, including the following:
 - a) Ensure the officer is afforded the proper medical care necessary.
 - b) Ensure that all appropriate reports are prepared including the Exposure Incident Report.
 - (1) Incident and/or Supp/IA Report
 - (2) Exposure Incident Report (Attachment B)
 - (3) Comp Form (C-2)

(4) Employee Injury Report

Note: Copies of all forms must be forwarded to the Chief of Police.

- c) Where appropriate, ensure that the Request for Source Individual Evaluation Form (Attachment C) is completed and forwarded to the appropriate emergency room personnel or infection control practitioner.
 - d) Ensure that the Confidential Documentation and Identification of Source Individual (Attachment B) is completed and provided to appropriate medical personnel for completion.
 - e) Ensure that all available information is entered on the Employee Exposure Follow-up Record, a copy is provided to the member, and that same is forwarded asap to the Chief of Police where it will be kept on file.
 - f) Ensure that the exposed employee forwards additional information required on the Employee Exposure Follow-up Record when same becomes available.
5. Any person responsible for potentially exposing a member to a communicable disease will be encouraged to undergo testing to determine if the source individual has a communicable disease.

Note: Article 27F, Section 2782 of the NYS Public Health Law specifically prohibits anyone from disclosing HIV Information, verbally, in writing, when they are not authorized to do so. A copy of 2782 is kept by the Designated Officer in the Bloodborne Pathogen- Exposure Control plan Book.

6. Criminal charges may be sought against any person who intentionally acts to expose another to a communicable disease.
7. Following a line of duty exposure, the department will make available to the exposed member a confidential medical evaluation and appropriate medical follow up conducted by the police physician (if unavailable by hospital emergency room personnel) or member's personal physician.

a) The following elements should be included.

- (1) Document the root of exposure and how the exposure occurred.
- (2) Identify and document the source individual unless the department can establish that identification is not feasible or prohibited by law. Obtain consent and test source individual's blood as soon as possible to determine HIV and HBV infectivity and document the source's blood test results. If the source

individual is known to be infected with either HIV or HBV, testing need not be repeated.

- (3) Provide the exposed employee with source individual's test results and information about applicable disclosure laws and regulations concerning the source, identity and infectious status.
 - (4) After obtaining consent, collect exposed employee's blood as soon as feasible after the exposure incident and test for HBV and HIV serological status. If the member does not give consent for HIV serology testing during the collection of blood for base-line testing, preserve the base-line blood sample for at least ninety days.
- b) The department will maintain written records of all incidents involving members who have been tested for potential exposures to a communicable disease while acting in the line of duty.
 - c) The records will be stored in a secured area with limited access for the duration of the member's employment plus thirty years and maintained in conformance with applicable privacy laws.
 - d) Officers who test positive for communicable diseases may continue to work as long as they maintain acceptable performance and do not pose a safety or health threat to themselves, the public or members of the department.

V. POST-EXPOSURE REVIEW

- A. The exposed member's supervisor will review the circumstances of the exposure incident to determine if procedures, protocols and/or training need to be reviewed or revised and forward a written report to the Chief of Police.

Note: All forms required by this order are kept in the Exposure Control Plan binder.

By Order of the Chief of Police

John P. Colella

John P. Colella (Apr 1, 2021 10:18 EDT)

John P. Colella
Chief of Police

Dated this 1st day of April, 2021