**SAMPLE POLICY**

**Communicable Disease**

NOTE: The following guidelines address both safety and policy and are for internal use only. This document does not nor is intended to enlarge an employee’s civil or criminal liability in any way. It should not be construed as the creation of a higher standard of safety or care in an evidentiary sense with respect to third-party claims. Violations of these guidelines if proven, can only form the basis of a complaint by this department and then only in a non-judicial administrative setting.

1. **PURPOSE**

The purpose of this policy is to advise department personnel of routine precautionary measures to prevent or limit exposure to communicable diseases and establish guidelines to be followed in the event of an exposure to a communicable disease.

1. **POLICY**

The SAMPLE Police Department is committed to providing a safe work environment for its employees. The safe performance of daily operations can be threatened by life-endangering communicable diseases. It is the policy of this department to provide personnel with information and current safety procedures which will assist in minimizing potential exposure, while increasing knowledge of the nature and potential risks of communicable diseases. It shall also be the policy of this department that all personnel receive appropriate service and emergency care after an exposure. Department personnel should be aware that they are ultimately responsible for their own health and safety.

1. **DEFINITIONS**
2. Bodily Fluids: Any liquid secretions of the body such as blood, semen, vaginal fluids, saliva or mucus, urine, diarrhea, vomit, and sweat.
3. Communicable Disease: An airborne, bacterial, bloodborne, viral, or other infectious illness or disease transmissible through direct or indirect contact. These diseases commonly include, but are not limited to, AIDS/HIV, Hepatitis A, B, or C, COVID/SARS, tuberculosis, smallpox, influenza, cholera, sexually transmitted disease(s), tetanus, anthrax, chicken pox, and measles.
4. Decontamination: The process of disinfecting, removing, or neutralizing a hazard from the environment, property, or life form.
5. Exposure: Subjection to a communicable disease including, but not limited to: when an eye, the mouth, a mucous membrane or non-intact skin comes into contact with blood or other potentially infectious materials, or when these substances are injected or infused under the skin; when an individual is exposed to a person who has a disease that can be passed through the air by talking, sneezing or coughing, or the individual is in an area that was occupied by such a person. For purposes of this policy exposure only includes those instances that occur due to an employee’s position at the SAMPLE Police Department.
6. Personal Protective Equipment (PPE): protective clothing, helmets, gloves, face shields, goggles, facemasks and/or respirators, or other equipment designed to protect the user from injury or the spread of infection or illness.
7. **PROCEDURE**
8. Communicable Disease Prevention
9. All employees are expected to use good judgment and follow training and procedures related to mitigating the risks associated with communicable disease.
10. In order to minimize potential exposure to communicable diseases, employees should assume that all persons could be potential carriers, even if no symptoms are visibly present.
11. All bodily fluids or tissue shall be treated as if it is infectious for a communicable disease.
12. Employees will have no-cost access to the appropriate personal protective equipment (PPE) (e.g., gloves, face masks, eye protection, pocket masks) that is appropriate for each employee’s position and risk of exposure.
13. General precautions include, but are not limited to:
14. Immunizations: Employees who could be exposed to communicable disease(s), (i.e., HBV, COVID, Flu, tetanus, etc.) are encouraged to receive available vaccines or immunizations and any routine booster.
15. Employees should cover all open cuts and abrasions with waterproof bandages prior to reporting for duty.
16. Disposable gloves, antiseptic hand cleanser, CPR masks or other specialized equipment should be maintained in the work area or department vehicles, as applicable.
17. Should an employee be involved in an incident where appropriate protective equipment is not available, the on-duty supervisor shall be contacted for assistance.
18. Disposable gloves shall be worn when handling any persons, clothing, or equipment suspected of carrying a communicable disease that can be transmitted through contact, including through bodily fluids.
19. Gloves should not be reused, and a new pair should be put on before contact with a different person or touching uncontaminated items.
20. More than one pair of gloves may be worn to protect against exposure, if appropriate.
21. When leather or cotton gloves are worn for crime scene work, latex/nitrile gloves can be worn underneath for added protection. If the exterior gloves become contaminated, they shall be properly disposed of in a biohazard disposable bag.
	1. Plastic mouthpieces or other authorized barrier resuscitation devices shall be used whenever an employee performs CPR or respiratory resuscitation.
	2. Masks, protective eyewear, and protective disposable coveralls shall be worn where bodily fluids, droplets, or pathogens on surfaces may be splashed onto the employee, or where airborne contamination of a communicable disease is anticipated.
	3. Clothing and non-disposable equipment (e.g., flashlight, control devices, clothing, portable radio, etc.) that has been contaminated by bodily fluids or other potentially infectious materials should be removed as soon as possible and stored/ decontaminated appropriately.
	4. All sharp instruments such as knives, scalpels, and needles shall be handled with extraordinary care, and should be considered potentially infectious.
	5. Employees 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, portable metal mirror, or other means where necessary.
	6. Gloves specifically designed to resist needle sticks, cuts, and abrasions shall be worn when searching for or handling sharp instruments. (NOTE: Standard leather gloves do not provide sufficient protection and should not be worn.)
	7. When searching a suspect’s pockets officers should exercise extreme caution and when appropriate, have the suspect empty their pockets and pull the pockets inside-out from the top.
	8. A search of a purse can be accomplished by carefully emptying the contents onto a flat surface.
	9. 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 non-porous container when being collected for evidence or disposal purposes. The container shall be marked accordingly to show contents.
	10. Avoid eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses where there is a reasonable likelihood of exposure.
22. Dispose of biohazard waste appropriately or label biohazard material properly when it is stored.
	* 1. Evidence contaminated with a communicable disease shall be air dried, double-bagged in plastic bags, and marked to identify potential or known communicable disease contamination.
23. Wash hands immediately or as soon as possible after removal of gloves or other PPE.
24. Human bites are extremely serious and create a substantial risk of infection. Injuries obtained from teeth on the hand or fist are equivalent to human bites and can be potentially serious.
	1. Employees shall not put their fingers in or near any conscious person's mouth.
	2. Employees utilizing protective gloves can, in life threatening situations, insert their finger in the mouth of an unconscious person to attempt to clear a blocked airway. This action should be performed in accordance with prescribed foreign body airway obstruction procedures.
25. Limit exposure to a person suspected of a communicable disease that is airborne or transmitted through droplets and their surrounding surfaces unless absolutely necessary.
26. Legal Rights of Victims of Communicable Disease
27. Victims of communicable diseases have the right to expect, and department personnel shall provide, the same level of service and enforcement as any other individual would receive.
28. Officers assume that a certain degree of risk exists in law enforcement and accept those risks with their individual appointments. This holds true with any potential risk of contracting a communicable disease as it does with the risk of confronting an armed criminal.
29. When appropriate protective equipment is available, no officer shall refuse to interview, assist, arrest, or otherwise contact any person who may have a communicable disease.
30. Transport and Custody
31. In cases of suspected airborne diseases or diseases transmitted via droplets, the number of employees in contact with the suspect should be limited when possible, and suspect movement should be restricted.
	1. Suspects should be provided masks if possible and instructed to follow proper hygiene etiquette such as coughing into elbows.
	2. Employees may need to wear a mask or respirator during transport even if the individual is wearing a mask.
32. Persons that are potentially infected or have bodily fluids on their body or clothing shall utilize appropriate PPE when reasonable or possible, and transported in separate vehicles from other individuals.
33. Officers shall notify relevant support personnel during a transfer of custody when the suspect has bodily fluids on their person and/or may have a communicable disease.
34. Suspects taken into custody with bodily fluids on their body or clothing, and not in need of medical attention, should be isolated from other persons until clean-up and decontamination has been completed and a change of clothes has been provided.
35. The on-duty supervisor at the detention facility shall be immediately advised of the suspect’s status.
36. Officers shall document on the appropriate arrest and incident report that a suspect taken into custody has bodily fluids on their person and/or may have a communicable disease.

D. Decontamination

1. Any skin surfaces that have the slightest contact with bodily fluids shall be immediately and thoroughly washed with hot running water and soap for one (1) minute before rinsing with an antiseptic solution before drying.
2. Alcohol, antiseptic solutions or towelettes may be used when soap and water are not available.
3. Disposable gloves should be removed inside out with the contaminated side not exposed. The hands and forearms should then be washed.
4. Employees shall remove clothing that has been contaminated with bodily fluids as soon as practical and cleanse any contacted skin area in the prescribed fashion (showering if necessary) prior to putting on clean clothing.
5. Contaminated clothing shall be handled carefully and laundered separately.
6. Lightly contaminated clothing shall not be laundered at home. *The department has arranged with (local health care facility, fire department, etc.,) that has equipment and procedures in place for the cleaning of contaminated clothing.*
7. Grossly contaminated clothing shall be disposed of in accordance with all applicable laws pertaining to the disposal of biohazard waste.
8. Decontamination procedures shall be followed whenever bodily fluids are spilled in, or when an individual has bodily fluids on their person or is suspected to have a communicable disease and is transported in a departmental vehicle.
9. The on-duty supervisor shall be notified, and the vehicle taken out of service.
10. A **“Do Not Use – Possible Communicable Disease Contamination”** sign shall be posted on the steering wheel of the vehicle.
11. The affected vehicle shall remain out of service until it has been decontaminated by washing the contaminated areas with a commercial disinfectant. If needed this may be completed by a commercial business that handles decontamination.
12. Non-disposable equipment (e.g., flashlight, handcuffs, portable radio, etc.), should be decontaminated with either a bleach solution (1:9 bleach to water), rubbing alcohol, or commercial disinfectant.
13. Contaminated shoes and boots, including soles, should also be decontaminated with approved disinfectant. Extreme care should be taken to assure that footwear that is contaminated is not worn home and contamination taken into home or work areas.
14. All disposable equipment, cleaning materials, or evidence contaminated with bodily fluids shall be bagged and disposed of in compliance with current state or federal guidelines for disposal of biohazard material.

E. Personal Protective Equipment (PPE) and Supplies

* + - 1. The department shall maintain adequate communicable disease control and PPE supplies for employees use while on-duty which shall be made readily available.
			2. Supervisors are responsible for the issuing communicable disease control and PPE supplies to assigned employees.
			3. All department vehicles shall be continuously stocked with the following communicable disease prevention supplies:
1. Disposable coveralls, aprons and shoe covering in appropriate sizes.
2. Disposable latex/nitrile gloves.
3. Puncture resistant containers and sealable plastic bags.
4. Barrier resuscitation equipment, protective eye goggles, and surgical face masks.
5. Hospital-grade disinfectant.
6. Disposable towelettes, (70% isopropyl alcohol).
7. Waterproof bandages.
8. Absorbent cleaning materials.
9. “Do Not Use – Possible Communicable Disease Contamination” signs.
10. Biohazard disposable bags.
	* + 1. Employees using supplies stored in department vehicles are responsible for their immediate replacement.
11. Line-of-Duty Exposure to Communicable Diseases
12. Any employee who has been bitten by a person, stuck by a needle, or who has had direct physical contact with a potentially infected person or bodily fluids of an infected person, while in the line of duty, shall be considered to have been exposed.
13. Any employee who experiences an exposure or suspected exposure shall begin decontamination procedures immediately (e.g., wash hands and any other skin with soap and water, flush mucous membranes with water).
14. The on-duty supervisor shall be notified, and all appropriate duty injury and medical forms shall be completed by the exposed employee and their supervisor.
15. The exposed employee shall be transported to the appropriate health care facility for treatment including clinical and serological testing.
16. Health care professionals shall evaluate the test results, along with the circumstances surrounding the incident, and make a determination as to the extent, if any, of exposure to a communicable disease.
17. The department shall provide for the continual monitoring of the exposed employee for evidence of infection and provide treatment and counseling as determined necessary by the appropriate health care official.
18. In accordance with the Ryan White Law (42 USC § 300ff-133; 42 USC § 300ff-136), any person responsible for potentially exposing the employee to bloodborne pathogens shall be required to undergo testing to determine whether the person has a communicable disease. Testing may be achieved by:
19. Obtaining consent from the individual.
20. Seeking assistance from the state or county health employee for a petition and order to require compulsory testing (CODE of Alabama § 22-11A-24).
21. Employees who test positive for any bloodborne disease may continue normal duty as long as they can maintain acceptable performance and do not pose an additional safety and health threat to themselves, the public, or employees of the department.
22. Decisions on an affected employee’s work status, as related to the exposure, shall be made solely on the medical opinions and advice of the health care professionals.
23. The department may require the employee to be examined by a physician to determine the individual's fitness for duty, and to determine if they are able to perform assigned duties without threat to themself or others.
24. Employees who test positive for airborne or droplet-spread diseases must notify their supervisor immediately (e.g., Influenza, COVID, tuberculosis, etc.).
25. Employees who test positive for airborne or droplet-spread diseases should also consider taking the following actions to protect themselves and others:
26. Self-quarantine at home and not going out except for essential purposes.
27. Contact a health professional before visiting to determine proper health procedures.
28. Practice good public health hygiene such as wearing an appropriate mask, covering their mouth using their elbow when coughing or sneezing, washing, and sanitizing potentially contaminated or commonly used items, washing their hands, practicing social distancing, and ensure the cleaning products being used are sufficient to combat the communicable disease.
29. Reporting Requirements and Record Keeping
30. The on-duty supervisor shall investigate every exposure or suspected exposure that occurs as soon as possible following the incident. The supervisor shall ensure the following information is documented:
	1. Name of the employee exposed.
	2. Date and time of incident.
	3. Location of incident.
	4. Potentially infectious materials involved and the source of exposure (e.g., identification of the person who may have been the source).
	5. Work being done during exposure.
	6. How the incident occurred or was caused.
	7. PPE in use at the time of the incident.
	8. Actions taken post-event (e.g., clean-up, notifications).
31. The supervisor should complete the incident documentation in conjunction with other reporting requirements that may apply *(see the Work-Related Illness and Injury Reporting and/or Illness and Injury Prevention policies).*
32. When an employee notes in any report that an individual has or may have a communicable disease, they shall write **“CLASSIFIED: CONTAINS MEDICAL INFORMATION – NOT SUBJECT TO RELEASE”** across the top margin of the first page of the report.
33. Medical information shall remain in confidential files and shall not be disclosed to anyone without the employee’s written consent except as required by law, including test results from persons who may have been the source of an exposure. Exceptions may include but are not limited to:
34. Making the records of persons suspected of exposure available to the state health officer, if requested (CODE of Alabama § 22-11A-4).
35. Responding to requests and notifications regarding exposures covered under the Ryan White law (42 USC § 300ff-133; 42 USC § 300ff-136).
36. Reporting cases of tuberculosis and sexually transmitted diseases to the state health officer (CODE of Alabama § 22-11A-9, § 22-11A-14).
37. All circumstances, not covered in this policy, which may arise concerning releasing confidential or medical information regarding a victim, or suspected victim, or a communicable disease shall be referred directly to the Chief of Police.
38. The department shall maintain written records of all incidents involving employees who have been exposed to any communicable diseases while acting in the line of duty. These records shall be stored in a secured area with limited access and maintained in conformance with applicable privacy laws.
39. Training
40. All employees shall receive initial instruction on this policy and on a biennial basis thereafter unless necessary due to changes in assignment or duties, or as a result of revisions to this policy or communicable disease prevention guidelines.

APPROVED: CHIEF OF POLICE DATE

I HAVE READ AND UNDERSTAND THIS ORDER

SIGNATURE OF OFFICER DATE

***DISCLAIMER***

***NOTE****: These documents are being provided to you from the AMIC/MWCF Loss Control Division and are not intended to be legal advice. They do not identify all the issues surrounding a particular topic. Laws and “Best Practices” change and policies must be continually reviewed and updated as needed. Public agencies are encouraged to review their procedures with an expert or an attorney who is knowledgeable about the topic. Reliance on this information is at the sole risk of the user.*