

	SECTION:	SERVICES	SER-341
	CHAPTER:	PRECAUTIONARY/EMERGENCY PLANS	
	DIRECTIVE:	INFECTIOUS DISEASE CONTROL (High Risk)	

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341.01 SUMMARY

All Department employees come in contact with various types of people and therefore must be alert to the possibility that, in the course of their duties, they may be exposed to bloodborne and airborne pathogens. This directive provides employees with guidelines for preventing the spread of the AIDS virus, hepatitis virus, tuberculosis, meningitis, diphtheria, plague, meningococcal disease, hemorrhagic fever, rabies and other diseases.

It is our policy to provide employees who may be “at risk” with the appropriate training, immunization, and personal protective equipment and to provide procedures for post-exposure reporting, evaluation and treatment. As a general rule, employees should regard all contacts as potentially infectious and observe universal precautions involving any body fluids.

Employees will not discriminate with regard to health conditions including infection and/or seroconversion with HIV or HBV and will treat these persons with a communicable disease fairly, courteously and with dignity. A person’s medical information is confidential information that may be disclosed only to those parties at risk of contagion.

341.02 DEFINITIONS

ARDE – At Risk Department Employee (ARDE). Any employee whose duties might require providing first-response medical care in which there is a reasonable expectation of contact with blood or other infectious materials. Employees who reasonably expect any of the following activities in the normal course of their duties should consider themselves ARDEs:

- Arrest, investigation and detention procedures that involve physical contact with criminal suspects and crime victims.
- Processing of property, evidence or crime scenes.
- Rendering emergency medical care to injured or ill persons.
- Recovering or removing bodies from any situation.
- Extricating persons from vehicles, machinery or collapsed excavations or structures.
- Rescuing persons from hostile environments, including burning vehicles or structures, water-contaminated atmospheres or oxygen deficient atmospheres.

DEFINITIONS (con't)

Bloodborne Pathogens – Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis virus (HBV) and human immunodeficiency virus (HIV).

Body Fluids – Fluids recognized by the Centers for Disease Control (CDC) as directly linked to the transmission of HIV and/or to which universal precautions apply such as: blood, semen, blood products, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, and concentrated HIV virus. The CDC does **not** recognize these fluids as directly linked to the transmission of diseases, unless they contain visible blood: saliva, vomitus, sputum, tears, feces, nasal secretions, sweat and urine.

Communicable Disease – An infectious disease that can be passed by specific kinds of contact with an infected individual or an infected individual's body fluids. AIDS, hepatitis, tuberculosis, and meningitis are examples of communicable diseases.

Contaminated – The presence or the reasonably anticipated presence of blood or other potentially infectious materials on a thing or surface of a thing.

Decontamination – The use of physical or chemical means to remove, inactivate or destroy pathogenic microorganisms on a surface or thing to the point where they are no longer capable of transmitting infectious particles and the surface or thing is rendered safe for handling, use, or disposal.

City Designated Officer – An individual designated under 42 U.S.C. 300ff-86 by a State's public health officer (42 U.S.C. 300ff-76). For the purposes of this directive, the Designated Officer of this Department is the City's Risk Manager.

Disinfection – A procedure that inactivates virtually all recognized pathogenic microorganisms, but not necessarily all microbial forms on inanimate objects.

Exposed – With respect to HIV disease or any other infectious disease, to be in circumstances in which there is a significant risk of becoming infected with the etiologic agent for the disease involved.

Exposure – A specific eye, mouth, other mucous membrane, non-intact skin, or peritoneal contact with blood or other potentially infectious materials that results from the performance of an ARDE's duties.

DEFINITIONS (con't)

Mucous Membrane – Moist membranes lining many of the passages and cavities of the body directly or indirectly in contact with the air (e.g., eyes, mouth, nose, vagina, and rectum). Mucous membranes are not as durable as other skin and contact of infected body fluids with intact mucous membranes may transmit disease.

Occupational Exposure – A reasonably anticipated skin, eye, mucous membrane, or peritoneal contact with blood or other potentially infectious materials that may result from the performance of the ARDE's duties.

Personal Protective Equipment – Specialized clothing or equipment worn by employees for protection against the hazards of infection.

Potentially Infectious Materials – In addition to blood, includes human body fluids such as saliva in dental procedures, semen, vaginal secretions; cerebrospinal, synovial, pleural, pericardial, peritoneal and amniotic fluids; any body fluids visibly contaminated with blood; unfixed human tissues or organs (other than intact skin) from a human (living or dead); HIV-containing cell or tissue cultures; and HIV or HBV-containing culture mediums or other solutions; and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

Sharps – Any object that can penetrate the skin including, but not limited to, needles, lancets, scalpels, and broken capillary tubes.

Universal Precautions – Procedures developed by the Centers for Disease Control as a method of infection control in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.

Observe universal precautions in all situations where there is a potential for contact with blood or other potentially infectious material. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids are to be considered potentially infectious.

341.03 EXPOSURE RISK

Every employee must be aware of the circumstances in which exposure can occur.

1. **AIRBORNE** – Occupational exposure to airborne pathogens may occur when you share air space with a person who has an infectious disease caused by an airborne pathogen.
2. **BLOODBORNE** – Occupational exposure to bloodborne pathogens may occur as the result of contact during the performance of normal job duties. Always follow universal precautions when the potential of contact with blood or other body fluids is possible.
 - If you have contact with body fluids under emergency circumstances in which it is difficult, if not impossible, to differentiate between fluid types, consider all body fluids potentially hazardous.
 - Universal precautions are recommended for all ARDEs to reduce the risk of exposure to bloodborne pathogens.
 - Hepatitis vaccination is recommended for workers with occupational exposure to blood.

341.04 GENERAL PROCEDURES

UNIVERSAL PRECAUTIONS – The Department subscribes to the universal precautions and the federal regulations of the Occupational Safety and Health Administration (OSHA). If not otherwise detailed in this directive, ARDEs shall be guided by universal precaution practices and procedures.

MEDICATIONS – Be aware that certain medications, such as steroids and asthma medications suppress the immune system and make you more susceptible to communicable diseases. Consult your physician before taking prescribed or over-the-counter medications.

POTENTIAL CARRIERS – In order to minimize potential exposure, you should assume that all persons are potential carriers of infectious diseases.

INFECTED PERSONS – When personal protective equipment **is available**, you must not refuse to arrest or otherwise physically handle any person who may be infected with the HIV or HBV virus.

MENINGITIS AND TUBERCULOSIS – If possible, avoid entering or remaining beyond the time necessary in confined areas where/with an individual who has meningitis or displays signs of tuberculosis (persistent cough, fatigue, chest pain, breathing difficulty or spitting up blood).

341.05 GENERAL PRECAUTIONS – GLOVES

POTENTIAL HAND CONTACT – Wear appropriate gloves when there is a potential for hand contact with blood, other potentially infectious materials, mucous membranes and non-intact skin and when handling or touching contaminated items or areas.

DISPOSABLE GLOVES – Wear disposable (single use) gloves only once, and then discard them. Replace them as soon as possible when contaminated, or if they are torn, punctured, or when their ability to function as a barrier is compromised. Do not wash or decontaminate the gloves for re-use. Remove disposable gloves by pulling them off so that they are inside out. Never use your mouth to remove gloves.

CHANGE GLOVES BETWEEN CONTACTS – If the emergency situation allows, change gloves between contacts when dealing with multiple trauma victims.

WASH HANDS AFTERWARDS – Wash hands thoroughly with soap and water following contact with or involving body fluids even if you wore gloves.

UTILITY AND SEARCH GLOVES – Decontaminate for re-use if the integrity of the gloves is not compromised. Discard the gloves if they are cracked, peeling, torn, punctured, or show signs of deterioration.

341.06 GENERAL PRECAUTIONS – MASKS AND OTHER PERSONAL PROTECTION

PERSONAL PROTECTIVE EQUIPMENT – Use personal protective gear unless, because of exigent or exceptional circumstances, its use would prevent the effective delivery of public safety services or would impose an increased hazard to your safety or the safety of a co-worker. Report any incident in which you did not use personal protective gear to your immediate Supervisor. The Supervisor must document the exposure using the “Exposure Incident Investigation Form”.

MASKS AND EYE PROTECTION – Wear masks in combination with eye protection devices (examples: goggles or glasses with solid side shields or chin-length face shields) whenever splashes, sprays, spatters, or droplets of blood or other potentially infectious materials may be generated and eye, nose or mouth contamination may reasonably be anticipated. Wear these devices whenever scraping a bloodstain since scraping may generate airborne particles.

PROTECTIVE GARMENTS – Wear hair covers, gowns, coveralls, aprons, lab coats, clinic jackets, shoe covers or other outer garments.

GENERAL PRECAUTIONS – MASKS AND OTHER PERSONAL PROTECTION (con’t)

CONTAMINATED GARMENTS OR PROTECTIVE GEAR – Remove garments or protective gear that had contact with blood or other contaminants as soon as possible. Clean the underlying skin with warm water and soap. Place all contaminated garments or protective gear in designated areas or containers for storing, washing, decontaminating or discarding before leaving the scene or the work area. This includes Department issued uniforms and/or clothing worn by civilians.

MOUTHPIECES – Use plastic mouthpieces or other authorized barrier/resuscitation devices when you perform CPR or mouth-to-mouth resuscitation.

341.07 GENERAL PRECAUTIONS – CONTAMINATED ITEMS

CONTAMINATED PROPERTY OR EVIDENCE – Dry the item completely, double bag it using bags that are at least 3 mil thick and mark the bag identifying the potential or known communicable disease contamination.

CONTAMINATED ITEMS – Dispose of contaminated items that are no longer usable in an infectious waste container.

341.08 DISEASE CONTROL SUPPLIES

RESPONSIBILITY – The Day Shift Sergeant/Supervisor is responsible for always maintaining an adequate supply of disease control supplies.

DEPARTMENT SUPPLIES – The following supplies are kept in a location conveniently accessible to all Department employees:

- Personal protective equipment in appropriate sizes, quantities, and locations are available.
- Hypoallergenic gloves, cloth liners and other materials are available for those who are allergic to materials normally provided; and cleaning, laundering and disposal, as well as repair or replacement of these and other items is provided.
- First aid supplies and disinfecting materials.

DEPARTMENT VEHICLES – All Department Patrol vehicles shall be continuously stocked with the following communicable disease control supplies:

- Personal protective equipment in appropriate size and quantity for affected personnel. Equipment shall include face and eye protective devices, coveralls, disposable gloves, and booties.
- Puncture-resistant and leak-proof containers for needles and other sharp objects.

**DISEASE CONTROL
SUPPLIES (con't)**

- Leak-proof red plastic bags.
- Germicidal cleaner.
- Disposable anti-microbial towelettes.
- Disposable absorbent towels.
- Safety hoods.

FORENSIC INVESTIGATIONS VAN – In addition to the standard vehicle supplies, the F.I. car will be continuously stocked with the following communicable disease control supplies:

- “Biohazard” signs.
- “Biohazard” barricade tape.

RESTOCKING PATROL VEHICLES – Officers who use supplies stored in Patrol vehicles are responsible for replacing them prior to the end of shift.

341.09 HBV VACCINATION

The City provides any employee who is at risk for occupational exposure to the hepatitis virus the HBV vaccination series within ten (10) working days of assignment to a duty that causes occupational exposure. The vaccination is provided only after the employee has given informed consent and if the employee has not previously received the vaccination.

DECLINING VACCINATION – If an ARDE declines to take the HBV vaccination series, the ARDE shall complete and sign the Hepatitis Vaccination Consent/Refusal form.

EXPOSURE ASSESSMENT – The City will provide an exposure assessment to any ARDE at six (6) month intervals by the City’s contracted health provider.

**341.10 SPECIFIC
SITUATIONS –
SHARPS**

Handle all Sharps with extraordinary care and treat them as contaminated.

PROTECTIVE GEAR – Always wear leather search gloves or protective equivalent when you search persons or places or are in situations, such as accident scenes, where you may reasonably encounter sharp objects and body fluids.

INDIRECT VIEW – Use a flashlight, mirror or other device where appropriate to search automobiles or other places where vision or access is limited.

**SPECIFIC SITUATIONS –
SHARPS (con't)**

NEEDLES – Never recap, bend, break, remove from a disposable syringe, or otherwise manipulate a needle by hand. When you collect a needle for evidence, disposal or transportation, bring a Department provided, puncture-resistant, leak-proof container marked as “biohazardous” near the needle and then place the needle in the container.

**341.11 SPECIFIC
SITUATIONS –
PRISONER
CUSTODY AND
TRANSPORTATION**

BLOOD IS PRESENT – If blood is present and the prisoner is combative or threatening you, put gloves on as soon as conditions permit.

AVOID THE MOUTH – Never put your fingers in or near a person’s mouth except to render first aid or otherwise protect human life.

SEARCHING BAGS, PURSES, SUITCASES – Never put your hands directly into a person’s purse, bag, suit case, etc. Empty the contents of the possession prior to searching.

MOVE CAREFULLY – Always move very slowly and carefully when you conduct a search. Do not use rapid, sweeping movements.

ASK SUBJECT ABOUT HISTORY – Always ask the subject about any known history of infectious or communicable diseases. Note that the subject is not required to answer. Regardless of the answer, observe universal precautions.

TRANSPORTING A PRISONER – If a prisoner has body fluids on the body or clothing, transport that prisoner separately from other prisoners. Prior to transport, require the prisoner to wear suitable protective covering if the prisoner is bleeding or otherwise emitting body fluids unless transportation is in an ambulance.

SAFETY HOOD – If the prisoner is spitting, place a safety hood (e.g. a pillowcase) over the prisoner’s head.

TRANSFERRING CUSTODY – Notify relevant support personnel during a transfer of custody when the suspect has body fluids present or when the suspect claims to have a communicable disease.

CUSTODY REPORT – Document on the custody report when a suspect taken into custody has Body Fluids on the body or clothing or claims to have a Communicable Disease.

341.12 SPECIFIC SITUATIONS – CRIME SCENE INVESTIGATIONS WHEN BODILY FLUIDS ARE PRESENT

BIOHAZARD WARNING – Post “Biohazard” signs or “Biohazard” barricade tape to identify the contaminated scene.

WEAR GLOVES – Wear gloves at all times and wear puncture-proof gloves when handling sharp contaminated items.

WEAR OTHER PROTECTIVE GEAR – Wear protective equipment such as face shields or protective glasses/masks, disposable gowns or coveralls, and disposable shoe covers.

MOVE CAREFULLY – Move slowly and carefully around the scene to avoid exposure to body fluids.

PREVENT CROSS-CONTAMINATION – Avoid touching any surface or item that ungloved personnel may touch.

KEEP YOUR HANDS AWAY FROM YOUR MOUTH – Do not smoke, eat or drink at any crime scene. Do not place your fingers, pencils or other objects in your mouth at any crime scene.

TAG CONTAMINATED ITEMS – Clearly tag or mark all specimens that are known or suspected to be contaminated with body fluids.

DRIED BODY FLUIDS – Treat dried body fluids with caution since they can flake and become airborne when disturbed. Take only if wearing 1) eye protection – a shield, 2) separate eye wear, and 3) disposable Hepatitis filter mask.

WARN OTHERS – Advise other agencies or persons taking over responsibility for the crime scene of particular risks associated with the crime scene.

341.13 DECONTAMINATION – PERSONAL

EXPOSURE TO A MUCOUS MEMBRANE:

1. Stay calm.
2. Repeatedly flush the area with water as soon as possible. Try not to swallow if exposure is to the mouth.
3. Report the exposure to your Supervisor, who shall immediately relieve you.
4. Seek immediate medical attention through St. Mary's Occupational Health Services, 1100 Patterson Road (7:00 a.m. – 4:00 p.m.) or St. Mary's Emergency Room after hours. Note: St. Mary's is the designated medical facility for exposure but not for other workers compensation injuries

**DECONTAMINATION –
PERSONAL (con't)**

5. After medical evaluation, follow up with your Supervisor to fill out workers' compensation paperwork. Follow up with any post-incident testing that the treating physician recommends.

EXPOSURE TO BROKEN SKIN OR VIA A BITE OR A SHARP:

1. Stay calm.
2. Wash the wound and affected body part as soon as possible.
3. Report the exposure to your Supervisor, who shall immediately relieve you.
4. Seek immediate medical attention through St. Mary's Occupational Health Services, 1100 Patterson Road (0700-1600) or St. Mary's Emergency Room after hours.
5. After medical evaluation, follow up with your Supervisor to fill out Workers' Compensation paperwork. Be sure to follow up with any post-incident testing that the treating physician recommends.

IF BODY FLUIDS OR OTHER SUBSTANCES COME IN CONTACT WITH INTACT SKIN:

1. Stay calm.
2. Clean the area vigorously with anti-microbial soap and water or use a pre-moistened anti-microbial hand wipe.
3. Report the contact to your Supervisor.
4. Take a full body shower.

IN ALL CASES –

1. Wash the wound and affected body part as soon as possible. Use alcohol or antiseptic towelettes if soap and water are unavailable.
2. Wash skin surfaces and flush mucous membranes as soon as possible after removing any personal protective equipment.
3. Apply hand lotion after disinfection to prevent chapping and to seal cracks and cuts on the skin.

**DECONTAMINATION –
PERSONAL (con't)**

4. Place contaminated items to be disposed of in a red plastic bag, secure the top of the bag, and place the bag in a red "Biohazard" container.
5. Contaminated sharps to be disposed of shall be handled and packaged and placed in a red "Biohazard" container.

**341.14 DECONTAMINATION
- VEHICLE**

Use the following procedures after body fluids are spilled in a Department vehicle or after transporting an individual with body fluids in a Department vehicle:

1. Remove the vehicle from service and park it in the area designated for contaminated vehicles at the Department. The Officer assigned to the car will post a "Biohazard" sign.
2. Prepare a memorandum detailing the contamination to your immediate Supervisor before the end of the shift when the contact occurred.
3. The immediate Supervisor will review the memorandum, make any necessary additional comments and will forward it to the Day Shift Sergeant/Supervisor.
4. The Day Shift Sergeant/Supervisor will oversee and ensure that a contractor cleans the vehicle and also ensure the contractor removes any body fluids from the vehicle with a method consistent with universal precautions, paying special attention to any cracks, crevices or seams that may hold fluids.
5. The Supervisor will also ensure the contractor disinfects the affected area(s) using hot water and detergent, a bleach solution, or other CDC approved disinfectant, then allows the area(s) to air dry.

**341.15 DECONTAMINATION
– EQUIPMENT**

To decontaminate non-disposable equipment or areas on which body fluids have spilled:

1. Wipe up body fluids with approved disposable, absorbent materials.
2. Clean the contaminated equipment or area with a freshly prepared solution of one (1) part bleach to ten (10) parts water. Leave the solution on the surface for a minimum of three minutes. Note that the solution loses strength after 24 hours and should be discarded if the solution is eight hours old or older. Federal law requires that the container has a fluorescent red or fluorescent yellow label specifying the type of mixture and dilution.

**DECONTAMINATION
– EQUIPMENT (con't)**

3. Properly bag contaminated items and label them as contaminated.
4. Using gloves; clean the contaminated equipment, items, or areas (i.e., impact weapons, handcuffs, etc.) with water/bleach solution.
5. Ensure that all moving metallic parts are lubricated after cleaning as recommended.
6. Change out of contaminated clothing as soon as possible.
7. Wash contaminated equipment, items or areas separately. If you use dry cleaning, ensure that the cleaners receive the contaminated clothing in an appropriately marked plastic bag and are informed of the contamination.

**341.16 DECONTAMINATION
– WORK AREAS**

1. Every ARDE is responsible for reporting to a Supervisor any equipment or work areas contaminated with blood or other potentially infectious materials.
2. Remove or replace any protective coverings used in laboratory, evidence custody, or enforcement operations for covering surfaces or equipment as soon as possible following actual or possible contamination.
3. Label bins, pails, and similar receptacles used to hold actual or potentially contaminated items as “bio-hazardous”. Decontaminate them as soon as possible following contamination. Inspect and decontaminate on a regularly scheduled basis.
4. Never retrieve broken and potentially contaminated glassware, needles, or other sharp instruments by hand. Use another mechanical means and never store such items in a manner that requires they be retrieved by hand.
5. Bag or containerize contaminated laundry and personal protective equipment at the location where it is used in Department approved, leak-proof containers. Do not sort, rinse, or clean the items at that location.
6. Department employees working in the Property and Evidence Section/Crime Lab shall follow this directive’s policy and procedures and shall also follow special safety procedures established for the laboratory workplace.

DECONTAMINATION – WORK AREAS (con't)

7. Department employees working in the Property and Evidence Section/Crime Lab shall follow this directive's policy and procedures and shall also follow special safety procedures established for the laboratory workplace.
8. Only specifically designated Lab employees shall discard actual or potentially contaminated waste materials designated for disposal. All such disposal shall conform with established federal, state and local regulations.

341.17 POST-EXPOSURE PROCEDURES – ARDE RESPONSIBILITY

Use the following procedures if you are exposed to potentially infectious materials. Follow the Decontamination Procedures described in 341.13 – DECONTAMINATION - PERSONAL.

AIRBORNE INFECTIOUS DISEASE – If a medical facility determines that you have an airborne infectious disease, the medical facility must notify the City Designated Officer as soon as practicable but not later than 48 hours after making that determination.

REQUESTING DETERMINATION OF EXPOSURE – You may submit a request to the City Designated Officer for a determination of whether you were exposed to an infectious disease. A request for determination is included in the Exposure Incident Investigation Form to the City Designated Officer.

REPORTING EXPOSURE – Report the incident immediately to your immediate Supervisor.

MEDICAL TESTS AND TREATMENT – Immediately after the exposure, go to the City's designated medical provider for tests for infection and treatment of any injuries. If a defendant, suspect, or arrestee was the source of the exposure and is transported by ambulance to a medical facility, you will go to the same facility.

EXPOSURE INCIDENT INVESTIGATION FORM – Complete an Exposure Incident Investigation Form before the end of your shift when the exposure occurred in/for the following situations:

- Needle- stick injury.
- Break in skin caused by a potentially contaminated object.
- Splash of blood or other potentially infectious substance onto eyes, mucous membranes or non-intact skin of a Department employee.

POST-EXPOSURE PROCEDURES – ARDE RESPONSIBILITY (con’t)

- Mouth to mouth resuscitation performed without an authorized barrier/resuscitation device.
- Other exposure that you feel is significant.

The following are not considered reportable exposures:

- Blood on intact skin.
- Blood on clothing or equipment
- Being present in the same room as an infected person (excluding tuberculosis and meningitis patients).
- Touching an infected person.
- Talking to an infected person.

WRITTEN MEDICAL OPINION – You will receive a copy of the City’s designated medical provider’s written opinion within **48 hours** of the evaluation and information on any conditions resulting from an exposure that requires further evaluation or treatment.

341.18 POST-EXPOSURE PROCEDURES – SUPERVISOR RESPONSIBILITY

- Ensure that the exposed ARDE receives prompt and appropriate medical attention.
- If applicable, trace the source patient to the receiving medical facility and notify the receiving facility that an exposure took place and request an infectious disease determination as provided by law, rule or regulation.
- Request consent to test the source patient for HIV and HBV. Note, however, that source patient has the right to refuse such testing.
- If Exposure occurred in a custody arrest, request the medical facility to make a determination of exposure hazard through consultation with the City Attorney’s Office.
- Complete the Exposure Incident Investigation Form prior to the completion of the shift.
- Forward the Exposure Incident Investigation Form and any related documents to the City Designated Officer.

**341.19 POST-EXPOSURE
PROCEDURES –
CITY DESIGNATED
OFFICER
RESPONSIBILITY**

Determine if the ARDE may have been exposed to an infectious disease –

- Evaluate the Exposure Incident Investigation Form and related documents for any exposure hazards.
- Collect facts relating to the circumstances under which the ARDE may have been exposed to an infectious disease.
- Evaluate the facts and determine if the ARDE may have been exposed to an infectious disease.

If the ARDE may have been exposed to an infectious disease, work with medical authorities to determine whether exposure occurred –

- Send a signed written request along with the facts collected to the medical facility to which the patient was transported for a determination of whether the ARDE was exposed to a communicable disease.
- Arrange medical evaluation by the City's designated medical provider no later than 24 hours after exposure (if not already conducted).
- Ensures that the procedures listed above have been completed.
- Completes the appropriate sections on the Post Exposure Evaluation and Follow-up Checklist.
- Follows up with the City's designated medical provider to ensure receipt if a copy of the provider's written opinion is not received within 48 hours.

If the City Designated Officer receives notice of insufficient information –

- The City Designated Officer may request the public health officer for the community in which the medical facility is located to evaluate the request and the medical facility's response. The public health officer must then evaluate the request and the medical facility's response and report the findings to the City Designated Officer as soon as practicable but not later than 48 hours after receiving the request.
- If the public health officer finds the information provided is sufficient to make a determination of exposure, the public health officer must submit the request to the medical facility.

POST-EXPOSURE PROCEDURES – CITY DESIGNATED OFFICER RESPONSIBILITY (con’t)

- If the public health officer finds the information provided is insufficient to make a determination of exposure, the public health officer must advise the City Designated Officer. If the Designated Officer subsequently collects sufficient facts, the public health officer must resubmit the request to the medical facility.
- When the City Designated Officer receives any information from a medical facility or a public health official, the City Designated Officer immediately informs the ARDE of the information and assists the ARDE in obtaining any warranted medical treatment.

341.20 POST-EXPOSURE PROCEDURES – FOLLOW-UP

NO EXPOSURE – If no exposure as defined by this directive occurred, the City Designated Officer, or designee, shall counsel the ARDE on exposure hazards.

ADVISE CONTINUED TESTING – The City Designated Officer shall inform the ARDE of the need for continued testing and to watch for evidence of infection. The City Designated Officer may provide a referral for psychological counseling, if necessary, as determined by the health care official and pursuant to City policies.

CONFIDENTIALITY – Unless disclosure to an appropriate Supervisor is authorized by the ARDE or by state law, the employee’s medical evaluation, test results and any follow-up procedures shall be confidential with and among those persons with a need to know.

SOURCE OF POTENTIAL EXPOSURE – Any person responsible for potentially exposing an employee of this Department to a Communicable Disease shall be encouraged to undergo testing to determine if the person has a communicable disease. That person shall be provided with a copy of the test results, and a copy shall be provided to the Exposed Department employee. The ARDE shall be informed of applicable state laws and regulations concerning the disclosure of the identity and infectious status of the source individual.

Note: Criminal charges may be sought against any person who intentionally exposes a Department employee to a Communicable Disease.

HIV-POSITIVE EMPLOYEES – In compliance with the Americans with Disabilities Act, Department employees who test positive for HIV may continue working as long as they maintain acceptable performance and do not pose a safety and/or health threat to themselves, the public, or other employees of the Department.

POST-EXPOSURE PROCEDURES – FOLLOW-UP (con't)

- This Department shall make all decisions concerning the Department employee’s work status solely on the medical opinions, advice of the City’s designated medical provider, and advice of the City Attorney’s Office.

The Department may require a Department employee to be examined by the City’s designated medical provider to determine if he/she is able to perform his/her duties without hazard to him/herself or others.

341.21 INFECTIOUS DISEASE CONTROL TRAINING

RESPONSIBILITY – The Training/Recruitment Sergeant shall ensure that all ARDEs are provided with a complete course of instruction concerning the risks and prevention of communicable and infectious diseases prior to their initial assignment.

FREQUENCY – All affected Department employees shall receive annual refresher training and additional training whenever job tasks or procedures are modified in a manner that may alter their risk of exposure.

EMPLOYEE ACCESS TO REGULATIONS – All employees may request access to applicable federal and state regulations pertaining to the regulation of bloodborne pathogens

341.22 RECORDS MANAGEMENT

TRAINING RECORDS – The Training/Recruitment Sergeant shall ensure that complete training records are maintained on each employee. Information shall include the dates and content of training sessions, names and qualifications of persons conducting the training, and the names and job titles of all employees attending the training sessions. These records shall be maintained in accordance with the most recent records retention and disposal schedule provided by law.

OCCUPATIONAL EXPOSURE – The City Human Resources Division shall maintain a record of each occupational exposure to communicable disease confirmed by the City’s designated medical provider. This record shall be governed by State law and shall be maintained by either the Human Resources Division or its designated third-party administrator for worker’s compensation claims. Records of occupational exposure to communicable diseases shall be maintained for a period of the employee’s employment plus 30 years, or as otherwise required by Worker’s Compensation or the Occupational Safety and Health Act.

**RECORDS MANAGEMENT
(con't)**

MEDICAL RECORDS OF OCCUPATIONAL EXPOSURE – medical records regarding any confirmed occupational exposure to communicable disease shall be maintained by the City's designated medical provider. Such records shall be considered confidential and access shall be restricted as required for occupational injury medical information.



HIGH RISK