The Allegheny County Chiefs of Police Association

COMMUNICABLE DISEASE PREVENTION MODEL POLICY

An Allegheny County Criminal Justice Advisory Board Project

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In Partnership With

The Allegheny County District Attorney's Office

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Please understand that this model should serve only as a "**Starting Point**" for those departments who may wish to update their Rules & Regulations Manual in this area. To best serve your department, it should be reviewed and revised by you and your Municipality and Insurance Carrier.

ACCPA-CJAB-DA MODEL
COMMUNICABLE DISEASE PREVENTION

Police personnel and other public safety personnel routinely come into contact with members of the public. At some point it is predictable that Police Officers will come into contact with communicable diseases.

01. PURPOSE

The purpose of this policy is to provide officers general guidelines in limiting or preventing exposure to communicable diseases.

02. DEFINITIONS

Airborne: When infectious agents can be carried by dust or droplet nuclei suspended in air and transmitted to new hosts. Airborne particles can settle on surfaces but can also be easily moved by wind currents and can be blown over great distances. Examples of airborne diseases include anthrax, chicken pox, and measles.

Bacteria: Single-celled microorganisms that can cause diseases and are treated with antibacterial medications. Examples of diseases caused by bacteria include cholera, tuberculosis, syphilis, gonorrhea, and tetanus.

Bloodborne: When infectious agents can be transmitted by blood. Needlesticks and other sharps-related injuries may expose officers to bloodborne pathogens. Examples of bloodborne diseases include AIDS, hepatitis B, and hepatitis C.

Bodily Fluids: Any liquid secretions of the body such as blood, semen, vaginal fluids, saliva, mucus, urine, diarrhea, vomit, and sweat.

Communicable Disease: An illness caused by an infectious agent or its toxins that occurs through the direct or indirect transmission of the infectious agent or its products from an infected individual or via an animal, vector, or the inanimate environment to a susceptible animal or human host.

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

Decontamination: The process of removing or neutralizing a hazard from the environment, property, or life form.

Direct Transmission: Transmission of an infectious agent to a host by direct contact (such as skin-to-skin contact, kissing, sexual intercourse) or via droplets.

Droplets Spread: The direct spread of an infectious agent through relatively large, short-range aerosols produced by sneezing, coughing, and talking. Examples of diseases transmitted by droplet spread include the common cold, the flu, measles, SARS, COVID-19, etc.

Exposure: Subjection to an infectious disease.

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

Indirect Transmission: Transmission of an infectious agent to a host through suspended air particles, inanimate objects (vehicles), or animate intermediaries (vectors).

Vehicles: Inanimate objects that indirectly transmit infectious agents by carrying or providing a suitable environment for them. Examples include food, water, and biological fluids.

Vectors: Animate intermediaries between infectious agents and potential hosts. Examples include flies, worms, mosquitoes, rats, bats, and ticks.

Incubation Period: The time between exposure to a pathogen and the development of the first symptoms of a disease.

Pathogen: A bacterium, virus, or other microorganism that can cause disease in its host.

Symptoms: The combination of bodily expressions that indicate the existence of a disorder or disease.

Virus: A non-living, infectious agent that can multiply in living host cells such as animal, plant, fungi, or bacteria cells. Some examples of diseases caused by viruses include smallpox, the flu, COVID-19, and hepatitis.

03. EXAMPLE COMMUNICABLE DISEASES

A. Communicable diseases can be transmitted in many different ways. Below are descriptions of communicable diseases and their symptoms and mode of transmission:

1. Acquired Immunodeficiency Syndrome (AIDS): AIDS is caused by the advance stages of infection of the human immunodeficiency virus (HIV). HIV destroys the cells in the immune system, allowing for secondary infections easier access to the body. This disease can be transmitted through unprotected sex, contaminated blood, sharing needles/syringes or other drug injection equipment.

02. Hepatitis A, B, & C: Hepatitis is an inflammation of the liver. It can be caused by a number of substances and different types of viruses. Hepatitis A can spread from person to person or through contaminated food or water. Hepatitis B and C are examples of bloodborne diseases that can also be transmitted through other infected bodily fluids such as semen or saliva. Hepatitis B is more infectious and prevalent than AIDS.

03. Coronavirus Disease 2019 (COVID-19): COVID-19 is a respiratory disease caused by a contagious virus known as SARS-CoV-2. This virus is part of a family of viruses known as coronaviruses that cause a range of respiratory illnesses such as the common cold, SARS, and MERS. Much like influenza, COVID-19 is thought to spread mainly by “person-to-person” contact via respiratory droplets. The disease can lead to a variety of results ranging from mild symptoms to death.

04. Cholera: Cholera is an acute, diarrheal illness caused by the bacteria Vibrio cholerae. This is an example of a communicable disease that is transmitted through vehicles such as contaminated water or food.

05. Malaria: Malaria is a serious communicable disease caused by a parasite found in mosquitoes. Symptoms include high fevers, shaking chills, and flu-like illness. This is an example of a disease that is bloodborne and transmitted indirectly by a vector (the mosquito).

06. Tuberculous (TB): TB is a communicable disease caused by a bacterium called Mycobacterium tuberculosis. The disease commonly targets the lungs but can attack any part of the human body. TB is an example of an airborne disease where the bacteria can be put into the air through coughing or speaking.

O4. POLICY

A. Communicable Disease Prevention

1. In order to minimize potential exposure to communicable diseases, officers should assume that all persons could be potential carriers, even if no symptoms are visibly present.

2. Masks, protective eyewear, disposable gloves and other infectious disease control materials are available and should 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.

3. Plastic mouthpieces or other authorized barrier resuscitation devices should be used whenever an officer performs CPR or respiratory resuscitation.

4. Vinyl or latex rubber gloves provide little protection against sharp instruments.

5. All sharp instruments such as knives, scalpels, and needles should be handled with extraordinary care, and should be considered potentially infectious.

a. Gloves specifically designed to resist needle sticks, cuts, and abrasions should be worn when searching for or handling sharp instruments. Standard leather gloves should not be worn. If they become contaminated, they must be disposed of as biohazardous waste.

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

6. Officers shall not smoke, eat, drink, bite nails, or apply cosmetics at ANY crime scenes where bodily fluids or other contagious factors exist.

7. Officers should be aware that certain prescribed medications, such as steroids and asthma medication, suppress their immune systems and make them more susceptible to disease. Consult with your PCP if taking prescription drugs.

8. Pregnant officers should be advised to report to their physician any direct contacts with bodily fluids in the line of duty. Infectious viruses can cause severe problems with newborns.

9. In the case of a communicable disease that is airborne or transmitted through droplets, limiting exposure to a suspected infected person(s) and their surrounding surfaces altogether unless absolutely necessary is highly recommended.

10. Using Dispatch to screen individuals with applicable questions is one resource to keep officers informed of the type of personal protective equipment (PPE) and amount of exposure that is considered safe.

B. Custody and Transportation

1. Depending on the particular situation, officer discretion may be used in actually physically arresting or otherwise physically handling any person who may have a communicable disease, taking into account the availability of PPE for and the severity of the offense (consider proceed by summons).

2. In cases of suspected airborne diseases or diseases transmitted via droplets, suspect movement should be restricted. The number of officers in contact with the suspect should also be limited whenever possible.

3. Persons of high-risk groups, should be treated with caution. Where violence or an altercation is likely, protective gloves should be worn.

4. Officers should not put their fingers in or near any person's mouth.

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

6. Extreme caution should be used during the search of suspected drug users or dealers to prevent accidental skin punctures by needles.

7. Not all gloves are suitable for conducting searches.

8. Vinyl or rubber gloves provide little protection against sharp instruments and are not puncture-proof.

9. Officers should select the type and thickness of gloves which provides the best balance of protection and search efficiency.

10. Officers should use **extreme** caution in searching the clothing of suspects or prisoners. Individual discretion, based on circumstances at hand, should determine if a suspect or prisoner should empty his/her own pockets or if the officers should use their own skills in determining the contents of a suspect's or prisoner's clothing.

11. If searching a purse, carefully empty the contents directly from the purse, turning it upside down over a table.

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

13. Extreme caution must also be used when reaching into areas, such as under car seats, that are not visible.

(The above precautions should be applicable in all instances or interactions when possible.)

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

15. After the completion of the task or search where protective disposable gloves were utilized, they should be removed with caution, placed in a plastic bag and securely sealed. Upon returning to the station, the Police Officer should place the sealed bag into a designated “Contamination Item Receptacle.”

16. Prisoners may bite, spit and/or throw feces or other bodily fluids at Officers. Sometimes these substances have been purposefully contaminated with blood. The area that has been contaminated with feces or other bodily fluids shall be sealed off and isolated from all personnel and the appropriate clean-up personnel shall be contacted to decontaminate the area. Officers should take all necessary precautions to protect themselves from contamination when isolating the infected area. If an Officer has knowledge of prior instances of the aforesaid actions, extreme caution should be exercised by the Officer. If the subject threatens or commits any overt act towards the commission of biting, spitting and/or throwing feces or other bodily fluids towards the Officer or any other person in the immediate area, the subject should be restrained by appropriate means to include but not limited to the binding of the subject’s hands, binding of the subject’s feet, and covering of the subject’s mouth. The binding may be accomplished with the use of handcuffs, leg irons and/or the use of a spit mask/hood. In the event these devices are not readily available, the binding may be accomplished by other department-approved means.

17. Whenever it is necessary to transport a subject who has blood or bodily fluids present on their person or clothing, the OIC should be notified. A vehicle equipped with a fiberglass rear seat insert should be used for transport. Ambulances should be summoned when transport is necessary to a health care facility.

18. Subjects with blood or bodily fluids present on their persons should be transported separately from other subjects when possible.

19. Officers have an obligation to inform other support personnel (firefighters, paramedics, Sheriffs, lockup personnel, etc.) whenever change or transfer of custody occurs and the subject has blood or bodily fluids present on his person, or if the subject has made a voluntary statement that he has a contagious disease. Personnel should be advised to “**Take Universal Precautions.”**

20.Subjects taken into custody with blood or bodily fluids on their persons should be taken directly to and placed in the designated holding area for processing. A “Bio-Hazard Isolation Area - Do Not Enter” sign should be posted.

21. Officers should indicate on the appropriate arrest forms when a subject taken into custody makes a voluntary statement that he has an infectious disease; verbatim narratives also will be included when preparing offense reports. Additionally, a notation should be made when a subject has blood or bodily fluids present on his person or clothing (i.e., “Bodily Fluids Present”) along with a notation that **“UNIVERSAL PRECAUTIONS”** were taken.
22. Officers responding to a call where a complainant is alleging that he/she has been intentionally infected with an infectious disease should notify the Officer in Charge and outline the details of the alleged occurrence in the appropriate report.
23. In the case of transmission via droplets or airborne diseases, suspects should be provided masks (if possible) and officers (if possible) should wear a mask or respirator during transport, even if the suspect is wearing a mask.
24. Officers shall document on the arrest or incident report when a suspect taken into custody has bodily fluids on their person.

C. Disinfection
1. All open cuts and abrasions should be covered with waterproof bandages before an officer reports for duty.
a. Any unprotected skin surfaces that come into contact with bodily fluids of an infected individual should be immediately and thoroughly washed with soap and warm water. Alcohol-based hand cleaning solutions or antiseptic towelettes should be used where soap and water are unavailable.
2. Employees shall remove clothing that has been contaminated with bodily fluids as soon as practical. Any skin area that has come into contact with this clothing should then be cleansed in the prescribed fashion. Contaminated clothing will be handled carefully.
3. Lightly contaminated clothing shall not be laundered at home. The department will make arrangements with a local health care facility or fire department that has laundry machines and procedures in place for the cleaning of contaminated clothing.
4. Grossly contaminated clothing shall be disposed as biohazard waste.

D. Handling and Storage of Property and Evidence.

1. Evidence containing suspected blood or other bodily fluids should be handled with gloves. If the stain or sample is dry, it should be placed in a paper bag. A proper Crime Evidence Tag, evidence processing request (Department of Laboratories County of Allegheny, Forensic Science Section) and a Special Evidence Label should be affixed to the outside of the package. If the evidence consists of a syringe and needle, **they should be made safe by placing in an available plastic container.** The needle/syringe should then be placed in a plastic bag so that it is visible to persons handling the evidence. The bag should be tagged with an Evidence Tag and a processing request. It should be noted that if the needle/syringe is to be processed for prints, the plastic bag may hinder the lab's ability to obtain latent prints.

2. Always wash thoroughly with soap and water and bleach after handling any item suspected of being contaminated with blood or other bodily fluids. Wash even if you have worn gloves during processing.

3. Persons working in areas for extended periods of time where blood or other bodily fluids have been shed (e.g., crime scene personnel) should wear anti-contamination clothing such as suits, masks, boot covers and gloves.

4. Personnel will adhere to a precise regimen when handling, processing and storing potentially infectious disease contaminated evidence/property.

5. Any clothing or evidence known to be contaminated with suspected AIDS, Hepatitis B or other contagious diseases will be placed in a holding room and clearly labeled in this manner: "Known AIDS," "Possible Hepatitis B," etc.

6. All bloody clothing will be treated as if it is contaminated.

7. All bloody clothing or evidence, and bags containing the clothing or evidence, will be handled with protective disposable gloves.

8. All property for disposal should be kept in sealed plastics bags and placed in the "Contaminated Item Receptacle" in the garage.

E. Vehicle Maintenance

1. Disinfection procedures shall be followed whenever bodily fluids are spilled, or an individual has bodily fluids on their person or is suspected to have a communicable disease is transported in a departmental vehicle.

2. The OIC should be notified and the vehicle taken or towed to the service center or police garage as soon as possible.

3. Where appropriate, a cleaning service will be used to do the disinfection.

4. The current contracted cleaning service will be notified at any time, day or night. The cleaning service phone number will be maintained at the Dispatch Center and revised as required.

5. Affected vehicles shall be designated by the posting of an Infectious Disease Contamination sign upon arrival at the station and while awaiting decontamination.
6. Subsequent to the cleansing of the vehicle, all disposable contaminated cleaning items along with the “Contaminated” sign should be placed in plastic bags and placed in the designated Contaminated Item Receptacle.
7. Non-disposable equipment and areas upon which bodily fluids or a communicable disease has come into contact will also be disinfected.

8. All disposable equipment, cleaning materials, or items contaminated with bodily fluids will be bagged and disposed of as hazardous waste.

F. Supplies
1. Where reasonably possible, departmental vehicles will be continuously stocked with communicable-disease control supplies.
2. Officers who use supplies from police vehicles shall ensure they are replaced.
3. Officers should keep disposable gloves in their possession while on duty.

G. Line-of-Duty Exposure to Communicable Diseases
1. 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 on duty, shall be considered to have been exposed.
2. Once an incident is deemed an exposure, the OIC will be notified and the officer will be transported to a medical facility for testing, as needed.
3. All appropriate reports and medical forms will be completed by the officer.
a. The department will provide continuous monitoring of the exposed officer for evidence of infection and provide psychological counseling, if necessary.
b. Unless disclosure to an appropriate departmental official is authorized by the officer or law, identity of and all information regarding the officer's exposure shall remain confidential.
4. In accordance with the Ryan White Law, any person responsible for potentially exposing the employee to blood-borne pathogens shall be required to undergo testing to determine whether the person has an infectious disease.
5. The department shall make all decisions concerning the employee’s work status, as related to the exposure, solely on the medical opinions and advice of the department’s certified health care officials.
a. The department shall require the employee to be examined by a physician to determine the individual's fitness for duty.

6. Employees who test positive for airborne or droplet-spread diseases must notify the Chief of Police immediately.

H. Record Keeping 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. The records shall be maintained as required by federal regulations for a minimum of 30 years after separation. These records shall be maintained in a secured area with restricted access and maintained in conformance with applicable privacy laws.