



# City of Manassas Police Department General Duty Manual



Effective Date: 10-31-2000	<b>GENERAL ORDER</b>	Number: 07-23
Subject: <b>Infectious Diseases</b>		
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**PURPOSE:**

To minimize or eliminate member exposure to infectious diseases.

**POLICY:**

This General Order establishes guidelines and procedures to be followed when a member comes into contact with an infectious or communicable disease. Additionally, procedures are established to limit and control member exposure to blood and other potentially infectious materials, and ensure compliance with the applicable actions of the U.S. Occupational Safety and Health Administration (OSHA) and the Virginia Occupational Safety and Health (VOSH) standards.

**DISCUSSION:**

Sworn members may reasonably anticipate contacting blood and other potentially infectious materials in the performance of their duties. Uniformed non-sworn members, while not experiencing the same risk level as that of sworn members, still face a small degree of risk due to the nature of their duties in physical contact with the public. Therefore, the procedures established in this General Order apply equally to all sworn and uniformed non-sworn members of the Department.

The City Safety Manager is the City's Infectious Disease Coordinator. The Safety Manager develops and updates the City's Infection Control Policy and Program Manual, published separately, pursuant to OSHA / VOSH regulations as appropriate.

For the purposes of this General Order, the following definitions and abbreviations apply:

**BLOOD:** Human blood, human blood components and products made from human blood.

**CONTAMINATED:** The presence or the reasonably anticipated presence of blood or other potentially infectious materials on any item or surface.

**COMMUNICABLE DISEASE:** A disease that may be transmitted from one person to another. Also known as a contagious disease.

**CONTAMINATED SHARPS:** Any contaminated object that may penetrate the skin including but not limited to needles, knives, broken glass, and broken test tubes.

**DECONTAMINATION:** The use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface or item, rendering it safe for handling, use or disposal.

**EXPOSURE:** A specific eye, mouth, non-intact skin or skin-piercing contact with blood or other potentially infectious materials that result from the performance of a member's duties.

**HBV:** Hepatitis "B" virus.

**HIV:** Human Immunodeficiency virus.

**INFECTIOUS DISEASE:** An illness or disease resulting from invasion of a host by disease-producing organisms such as bacteria, viruses, fungi or parasites.

**INFECTIOUS MATERIALS:** Includes the following human body fluids, from any human being, alive or dead:

- A. Semen.
- B. Vaginal secretions.
- C. Cerebrospinal fluids.
- D. Pericardial fluids.

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- E. Amniotic fluids.
- F. Any bodily fluid or emission that is visibly contaminated with blood and / or other bodily fluids in situations where it is difficult or impossible to differentiate between bodily fluids.

**OCCUPATIONAL RISK:** Occupational exposure may occur in many ways, including needle-sticks, cut injuries, or aerosolization of bodily fluids. Any exposure to a communicable disease carries a certain amount of risk. Law enforcement officers are in an occupational where they are directly exposed to bodily fluids and must be considered at substantial risk of occupational exposures.

**PERSONAL PROTECTIVE EQUIPMENT (PPE):** Specialized clothing or equipment worn by a member for protection against a hazard. General work clothing, uniforms, pants, shirts or blouses are not considered to be PPE.

**STANDARD PRECAUTIONS:** All bodily fluids can potentially transmit disease. For this reason, in all situations where bodily fluids are present or may be present, treat all persons as if they were infectious. The U.S. Centers for Disease Control (CDC) recommends the use of standards precautions when emergency response personnel are working with blood or bodily fluids from any individual. This precaution states that emergency response personnel must consider all bodily substances from any individual as potentially infectious. The terms “body substance isolation” and “universal precautions” have now been combined to state that blood or bodily fluids from any individual may be potentially infectious.

**PROCEDURE:**

**I. Administration and Responsibilities**

- A. An appointed Patrol Lieutenant is the Department’s Infectious Disease Coordinator (hereafter known as the Coordinator).
- B. The Coordinator maintains the Department’s Hepatitis-B vaccination program. See Section VII.
- C. The Coordinator maintains liaison with the Department’s professional consultant, the Prince William Hospital Employee Health Department (and the designated Infection Control Coordinator), who provides screening, medical treatment and follow-up for exposure cases involving infectious diseases and bloodborne pathogens.
  - 1. The City’s Infection Control Policy and Program Manual is maintained in two locations within the Department.
    - a. Appointed Patrol Lieutenant’s Office
    - b. The Office of Professional Standards.
- D. For the additional duties and responsibilities of the Coordinator, see Section IV of General Order 3-16.
- E. The Department makes Hepatitis-B vaccinations available to all sworn members and uniformed non-sworn members at no cost to the member.
- F. The City may make Hepatitis-B vaccinations available to other non-sworn members as determined by the City’s Department of Human Resources.
- G. Member responsibilities.
  - 1. Each member is responsible for following the procedures in this General Order, including:
    - a. Record keeping.
    - b. Precautions and prevention.
    - c. Personal Protective Equipment (hereafter known as “PPE”).
    - d. Scene Management.
    - e. Personal cleaning and disinfection.
    - f. Hepatitis-B Vaccination Program.
    - g. Exposure determination.
    - h. Training requirements.
    - i. Post-exposure procedure.
  - 2. All infectious disease screening of members pursuant to this General Order is voluntary on the part of the member.
  - 3. Members are encouraged to provide themselves with available immunizations to common viruses, including but not limited to:
    - a. Influenza (yearly vaccinations to evolving forms are available).
    - b. Childhood diseases, such as measles, mumps, etc., if the member did not experience these diseases during his childhood (and thus develop natural resistance to them).

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**II. Record Keeping**

- A. The Coordinator maintains the Department’s exposure records and forwards copies of all records to the City’s Risk Manager in the Department of Human Resources.
- B. The Department of Human Resources maintains the official exposure records for each Department member.
- C. The Coordinator is responsible for the development, scheduling and documentation of the Department’s Hepatitis-B Vaccination Program.
- D. The Coordinator is responsible for the development, scheduling and documentation of the Department’s annual Infectious Disease training.

**III. Precautions and Prevention**

- A. In the event that infectious substances are found within Department vehicles, the suspected area should be cleaned with the appropriate cleaning agent as soon as possible. In the event that this is not possible, the following procedure is followed:
  - 1. The vehicle is taken out of service, and transported to the City Maintenance Garage, if possible.
  - 2. A “Biohazard” sticker is applied to the driver’s side front window, and the vehicle is locked.
  - 3. The Technical Services Lieutenant is notified as soon as practicable.
  - 4. The Maintenance Garage supervisor is notified. He contacts the City’s professional consultant.
  - 5. The City’s professional consultant performs decontamination of the vehicle.
- B. In the event that work areas within Department Headquarters become contaminated, the suspected areas should be cleaned with the appropriate cleaning agent as soon as possible. In the event that this is not possible, the following procedure is followed:
  - 1. The area is declared temporarily out of service, on-duty personnel are notified, and the area marked with signs and / or tape.
  - 2. The Technical Services Lieutenant is notified as soon as practicable.
  - 3. The Technical Services Lieutenant contacts the City’s professional consultant.
  - 4. The City’s professional consultant performs decontamination of the area.
- C. Pursuant to VOSH regulations, designated red refuse cans marked with the “Biohazard” symbol are maintained in all Division offices in Department Headquarters.
  - 1. Contaminated materials only shall be placed in the appropriate containers.
  - 2. Whenever contaminated materials are placed in the designated containers, the Technical Services Lieutenant shall be notified to arrange proper disposal of such materials.
- D. All evidence items containing contaminated materials shall have a “Biohazard” sticker applied to the outside packaging as appropriate. See General Orders 6-5 and 9-3.

**IV. Personal Protective Equipment (hereafter known as “PPE”)**

- A. To minimize the risk of exposure, safe work practices and appropriate PPE shall be used.
  - 1. PPE provides protective equipment for eyes, face, head and extremities.
  - 2. PPE is issued equipment, and is replaced pursuant to the provisions of General Order 2-3.
- B. The Department makes PPE available to all members at no cost to the member.
- C. PPE includes, but is not limited to:
  - 1. The PPE suit kit (see General Order 2-3).
    - a. The PPE suit kit is utilized as appropriate.
    - b. PPE suits and other gear contained in the kit shall be disposed of after use.
    - c. PPE suit kits are never re-used.
    - d. The PPE suit kit includes but is not limited to the following:
      - (1) Coverall suit.
      - (2) Eye protection.
      - (3) Mask to cover the nose and mouth.
      - (4) Disposable gloves.
      - (5) Footwear covers.
      - (6) Ventilator for CPR use.

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2. PPE, single-use, disposable gloves (see General Order 2-3). Hereafter referred to as “gloves.”
  - a. Gloves shall be worn by all members (unless exceptional circumstances exist) in situations that may expose the member to any body substance other than intact skin.
  - b. Once gloves are contaminated, they shall be replaced prior to handling a different victim.
  - c. Members shall replace torn gloves as soon as possible, wash their hands, and don new gloves.
  - d. Gloves shall be disposed of after use, and members shall wash their hands as soon as possible.
  - e. Gloves are never re-used.

**V. Scene Management**

- A. Supervisors are responsible for ensuring that members utilize Personal Protective Equipment (PPE) as appropriate for the situation. See Section IV.
- B. Contaminated items recovered on the scene as evidence or recovered property, are processed and have the “Biohazard” sticker applied to the packaging, as noted in General Order 6-5.
- C. Except in cases requiring immediate procedures to prevent the loss of life or aid in critical injury cases, the application of many first aid or advanced procedures is best left to Fire and Rescue personnel, who are better trained and equipped to perform such procedures.

**VI. Personal Cleaning and Disinfection**

- A. Handwashing is the single most important means of preventing the spread of infection
- B. Subsequent to the removal of disposable gloves, hands and other skin surfaces shall be washed thoroughly and immediately, using an antiseptic soap and water.
  1. Non-antiseptic soaps are relatively ineffective in removing infectious substances from the hands.
- C. When proper facilities are unavailable in the field, washing the hands with any available soap is recommended, followed by washing with an antiseptic soap and water as soon as possible.
- D. Contaminated uniform or equipment items should be changed immediately, and washed separately using hot water and the appropriate cleaning agent, or professionally cleaned.
  1. In some cases, disposal of the uniform items is necessary. See equipment replacement procedures in General Order 2-3.

**VII. Hepatitis-B Vaccination Program**

- A. The Coordinator is responsible for administration and record keeping of the Department’s Hepatitis-B Vaccination Program.
- B. While there are many forms of hepatitis, only Hepatitis-B currently has a vaccination available that may prevent infection.
- C. Participation in the Department’s Hepatitis-B Vaccination Program is strictly voluntary at all times.
- D. Pursuant to VOSH regulations, all sworn members and uniformed non-sworn members of the Department are **offered** the Hepatitis-B vaccination procedure, at no cost to the member.
- E. Any member who refuses to undergo the Hepatitis-B vaccination procedure shall document his refusal on the appropriate form and forward it to the Coordinator.
- F. Any member who has refused to undergo the Hepatitis-B vaccination procedure may, at any time, decide to undergo the vaccination procedure by documenting his desire to do so in memorandum form and forwarding it to the Coordinator. The Hepatitis-B vaccination procedure is then offered to the member, at no cost to the member.
- G. Any member desiring more information about the Department Hepatitis-B Program should contact the Coordinator.

**VIII. Exposure Determination**

- A. Exposure determination is organized into three levels of exposure, each of which requires a different treatment and reporting procedure.

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- B. Level I.
  - 1. Contact limited to merely being in the presence of a person suspected of having a communicable disease.
    - a. Response personnel require no special action.
    - b. Disposal of PPE following exposure.
    - c. No reporting requirements.
- C. Level II.
  - 1. Exposure to the member's healthy, intact skin from the source individual's bodily fluids.
    - a. Immediate first aid and follow-up medical procedures as appropriate.
    - b. Consideration of the need for the application of Tetanus-Diphtheria Toxoid.
    - c. Completion of the Communicable Disease Exposure Report (see Attachment "A").
    - d. Initiation of the screening procedure at the member's options (see Section X).
    - e. Processing of the incident as an on-duty injury at the member's option (see General Order 3-16).
- D. Level III.
  - 1. Whenever there is contact with infected blood or bodily fluids through open wounds, mucous membranes or parenteral routes, including the following:
    - a. Contaminated needle-stick injury.
    - b. Blood or bodily fluid contact with a member's mucous membranes of the eyes, nose or mouth.
    - c. Blood or bodily fluid contact with non-intact skin.
    - d. Any cut with a sharp instrument covered with blood or bodily fluids.
    - e. Any injury sustained while cleaning contaminated objects or equipment.
  - 2. Special actions required in all cases.
    - a. Immediate first aid and follow-up medical procedures as appropriate.
    - b. Consideration of the need for the application of Tetanus-Diphtheria Toxoid.
    - c. Completion of the Communicable Disease Exposure Report (see Attachment "A").
    - d. Initiation of the screening procedure (see Section X).
    - e. Processing of the incident as an on-duty injury (see General Order 3-16).
- E. Members may initiate a post exposure screening regardless of the apparent level of exposure, at no cost to the member. See Section X.

**IX. Training requirements.**

- A. The City's Safety Manager is responsible for infectious disease orientation and training for new Department members as a part of the Department of Human Resources orientation program.
- B. The Coordinator is responsible for coordinating in-house training for all Department members on an annual basis and maintaining training records pursuant to VOSH regulations.

**X. Post Exposure Procedure (see Section I and IV of General Order 3-16)**

- A. Members who are exposed to persons, fluids, or secretions known or suspected to contain infectious disease or bloodborne pathogens are processed as on-duty injuries as noted in Section IV of General Order 3-16, unless and until the exposure is determined by medical screening to have not infected or otherwise injured the member.
  - 1. See General Order 3-16 for supervisor responsibilities, required reports and notifications for processing an on-duty injury.
  - 2. See General Order 3-16 for the Coordinator's responsibilities, required reports and notifications for processing an on-duty injury.
- B. Exposed members are screened and receive appropriate follow-up medical care by certified medical personnel, at no cost to the member.

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- C. Screening procedures are used to identify exposure to a broad range of diseases, including but not limited to:
1. HIV.
  2. Tuberculosis (TB).
  3. Hepatitis-B.
  4. Various diseases as indicated by exposure to the source individual on a case-by-case basis.
- D. In addition to processing the exposure as an on-duty injury, the following steps are taken:
1. The Coordinator's responsibilities.
    - a. Immediately upon being notified of a suspected exposure where the "source individual" (who is suspected of having exposed a Department member) has been transported to the hospital, the Coordinator notifies the Infection Control Coordinator (or designee) at Prince William Hospital or any other hospital (24-hour notification is made by the Hospital) of general background information on the source individual and the exposed Department member, and requests a screening of the source individual.
      - (1) Pursuant to the provisions of the (U.S.) Ryan White Comprehensive AIDS Resource Act of 1990, the Infection Control Coordinator is responsible for arranging for the appropriate testing procedure to be performed on the source individual, and reports the findings to the Department Coordinator within 48 hours of a communicable disease diagnosis on the source individual.
        - (a) By VOSH regulations, only the Department Coordinator is notified of the source individual's screening results by the Infection Control Coordinator.
      - (2) In any case, the Department Coordinator initiates a screening procedure on the exposed member.
      - (3) In the event that screening on the source individual does not take place during the individual's treatment (or the source individual refuses treatment and / or the screening procedure); the Department Coordinator contacts the City Attorney to obtain a court order to screen the source individual.
    - b. Consults with the exposed member to complete required reports and initiate the screening procedure, and open a file on the exposure incident.
    - c. Notifies the City Risk Manager of the exposure, and updates the Risk Manager throughout the screening process as appropriate.
    - d. Completes the applicable sections of the Communicable Disease Exposure Report (see Attachment "A"), and forwards a copy to the Risk Manager.
    - e. Contacts the Infection Control Coordinator at Prince William Hospital (or any other hospital), forwards applicable background information, initiates an exposure screening procedure, and forwards any bills received for medical services generated by the screening procedure and follow-up treatment to the Risk Manager.
    - f. Maintains contact with the member and the Infection Control Coordinator throughout the screening procedure, notifies the member of developments and screening results as appropriate, and updates the Communicable Disease Exposure Report throughout the screening procedure.
    - g. When all screening steps are complete, the Coordinator completes the (original) Communicable Disease Exposure Report, makes a copy for his records, and forwards the original to the Risk Manager for inclusion in the member's official personnel files.
    - h. Consults with the member for a final exposure / no-exposure notification, and any other medical follow-up as appropriate.
    - i. Maintains copies of all paperwork generated during the screening procedure in the Infectious Disease Exposure files.

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- j. Maintains the confidentiality of screening procedure results as appropriate, pursuant to the Code of Virginia Section 32.1-36.1.
- k. Recommends an Employee Assistance Program referral as appropriate. See General Order 3-11.
- 2. The member's responsibilities.
  - a. Washes the exposed area, and seeks first aid or hospital treatment as appropriate.
  - b. Immediately reports any exposure or suspected exposure to his supervisor. See General Order 3-16.
  - c. In the event that the member is transported to a hospital for treatment, he notifies Rescue and Emergency Room personnel, so that the Employee Health Coordinator may be immediately notified.
  - d. Maintains contact with the Department Coordinator and follows his directions throughout the screening procedure.
  - e. Coordinates with the Infection Control Coordinator at Prince William Hospital to schedule screening appointments and follow-up medical procedures as directed.
  - f. Forwards all screening paperwork received from the Infection Control Coordinator or Prince William Hospital, including any billings, to the Department Coordinator as soon as possible.
  - g. In the event that the member refuses the screening procedure, or does not complete the screening procedure, he shall document this in memorandum form and forward it to the Department Coordinator as soon as possible.

Attachments: "A" Department Communicable Disease Exposure Report.

Index as: Infectious Diseases.

- References:
- 1. 29 Code of Federal Regulations, Part 1910, OSHA Instruction CPL 2-2.44B.
  - 2. Virginia Occupational Safety and Health (VOSH) Standards for General Industry Part 1910 as of May 4, 1999, Section 1910.1030.
  - 3. City of Manassas Infection Control Policy and Program Manual.
  - 4. Code of Virginia Sections 32.1-36.1 and 32.1-45.1, available at: <http://leg1.state.va.us/000/src.htm>.