

DEPARTMENT GENERAL ORDER 99-1

OFFICE of the CHIEF OF POLICE
REPLACES: SOP 501.18.00

DATE: January 6, 1999

INFECTIOUS DISEASES

I. PURPOSE.

Infectious or communicable diseases pose a significant hazard to department personnel. To minimize this risk, the following guidelines have been developed to limit an officer's exposure to diseases which may be transmitted by contact with blood or bodily fluids.

II. DEFINITIONS.

Contaminated - Presence of blood or other potentially infectious materials on an item or surface.

Contaminated Sharp - Any contaminated object that can penetrate the skin.

Decontamination - The use of physical or chemical means to remove, inactivate, or destroy blood-borne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles, and the surface or item is rendered safe for handling or disposal.

Exposure Incident - Specific eye, mouth, other mucus membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Infectious Disease - A disease that is capable of being communicated from one individual to another via contact with an infected person or their bodily fluids.

Parenteral - The piercing of mucus membranes or skin through events such as needle sticks, human bites, or cuts and abrasions.

Post Exposure Evaluation - A medical evaluation following a report of an exposure incident.

Potentially Infectious Materials - The following human body fluid: blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva, any body fluid that is visibly contaminated with blood, and all body fluids where it is impossible to differentiate the type of fluid. Any unfixed tissue or organ from a human either alive or dead. HIV containing cell, tissue or organ cultures, Hepatitis B Virus containing culture medium or other tissues from humans or experimental animals.

III. TYPES OF INFECTIOUS DISEASES.

A. AIDS/HIV

The human immunodeficiency virus (HIV) may be contracted by exposure to infected blood, body fluids, and living and dead human tissue. The effect of the virus is to decrease the ability of the body to fight infection. Symptoms may not appear for a period of years following exposure, during which time the infected individual is contagious. However, as the disease progresses, the individual may start having fever, enlarged lymph nodes and subsequently develop serious infections of the lung, central nervous system, skin, gastrointestinal tract, and blood. Once an individual begins to develop such infections, their medical status transforms from being HIV positive to having full blown AIDS. Infection with the HIV/AIDS virus is ultimately fatal.

B. Hepatitis B/C

Hepatitis is a disease of the liver which can be caused by a number of different substances and viruses. Hepatitis B is contracted in a similar way to the AIDS virus but, is in fact, more infectious and prevalent than AIDS. It may result in an individual becoming jaundiced (yellowish skin), vomiting, fever, and general feelings of weakness. Ultimately, the disease may result in liver failure, liver damage, or cancer of the liver. Hepatitis C is contracted in a similar manner, but is much more insidious. The infected individual may not be aware that they have Hepatitis and severe liver damage may result from lack of treatment.

C. Tetanus

The bacteria that causes Tetanus is commonly found in soil. Wounds which may be contaminated with soil form a major risk factor in the development of this disease, the onset of which may result in intense muscle spasms, breathing difficulties and ultimately, a high mortality rate.

D. Rabies

Caused by a virus, Rabies or Hydrophobia, is a disease that is generally transmitted by the bite of an infected animal. There are two primary forms of the disease: a Furious Type, which causes intense muscle spasms and hydrophobia, and a Paralytic Type. If left untreated the disease is fatal.

E. Human/Animal Bites

Due to bacteria contained in the mouth, human and animal bites which break the skin may result in infection and/or the transmittal of other infectious diseases.

IV. EXPOSURE CONTROL METHODS.

All blood, body fluids, feces, and dead or living human tissues shall be considered potentially infectious materials and handled accordingly. Department personnel will exercise caution and utilize protective equipment as a matter of norm in those instances where they may come into contact with contaminated/infectious substances. Situations in which department personnel shall use protective equipment will include, but not be limited to:

- A. The collection, handling, and packaging of evidence or other items which may be contaminated with blood or other body fluids.
- B. Searching arrestees suspected of being infected or a carrier of an infectious disease.
- C. Cleaning up blood, body fluids, or secretions which may have contaminated floors, car seats, chairs, equipment, etc.
- D. Administering CPR or first aid.
- E. When dealing with the homeless.
- F. Conducting searches where the potential of parenteral injuries or contamination may result.
- G. Viewing/photographing autopsies.

Various exposure control methods are listed as follows:

- A. The use of discretion in having a prisoner empty out their own pockets.
- B. Maintaining a safe distance from a suspect/prisoner.
- C. The use of tuberculosis/bacterial masks when dealing with homeless persons.
- D. Wearing latex or other types of protective gloves when processing crime scenes, in assisting injured persons with open wounds, and conducting body cavity searches.
- E. Empty the contents of purses onto a table rather than placing the hand inside.
- F. The use of masks and protective eye wear when scraping dried blood.
- G. The use of protective gloves/clothing/mask when viewing an autopsy or when in contact with deceased persons or tissue.
- H. The utilization of pocket CPR valve masks when attempting mouth to mouth resuscitation.
- I. Handling contaminated evidence with extreme caution.
 - 1). All contaminated items of evidentiary value shall be placed in a plastic envelope and sealed with tape. Plastic envelopes containing contaminated items shall not be stapled.
 - 2). Contaminated evidence that bears blood or other fluid stains should be air dried prior to packaging, if same can be accomplished in a safe and secure manner. Should this be impractical, the evidence shall be packaged and forwarded directly to the St. Louis County Police Laboratory.
 - 3). The evidence envelope/package shall be clearly marked:
CONTAINS POSSIBLE CONTAMINATED ITEMS.
 - 4). Needles, syringes that are seized shall be placed in hard plastic receptacles so as to avoid potential puncture wounds.
 - 5). Knives that are seized shall be packaged whenever possible in cardboard tubes (with the ends stapled shut) to again avoid potential puncture wounds.

Gloves, masks, pocket values, and other protective devices/clothing which have been used to control exposure to infectious diseases should be appropriately discarded at the earliest practical moment and replacements obtained.

V. DECONTAMINATION PROCEDURES.

In the event that department facilities may have been contaminated with potentially infectious materials, or if a person with a known communicable disease has been transported in a department vehicle or lodged in a temporary holding cell, the following decontamination procedures shall apply:

- A. Contact custodial personnel, advise them of the situation and request that potentially contaminated areas be cleaned immediately.
- B. Should custodial personnel be unavailable, employees shall ensure that the vehicle, cell, or affected area is immediately and thoroughly cleaned with a disinfectant or mixture (1:100) of household bleach and water.
- C. Latex gloves, masks, garments, and eye glasses should be worn at all times during this process to protect the employee against possible splashes and contamination. At the conclusion of the clean up work, employees should thoroughly wash their hands with soap and water.
- D. Contaminated items, including replaceable gloves, etc. should be properly disposed of in a hazardous waste container. Contaminated clothing should be placed in a plastic bag for transport and may subsequently be washed normally in conjunction with other clothing.
- E. No other individual shall be placed in a vehicle or holding cell that may have been contaminated until the affected areas have been cleaned.

VI. INJURY OR EXPOSURE TO INFECTIOUS FLUIDS/MATERIAL.

When department personnel are exposed by contact to an infectious disease, or suspect they may have been exposed, particularly where there may have been an exchange of body fluids with an

open wound, the incident should be treated as an emergency and the following steps shall be followed:

- A. Thoroughly wash and disinfect the affected areas with a chlorine bleach solution or other approved disinfectant. This should be immediately followed by a second cleansing with soap and water, and the application of a sterile dressing.
- B. Deposit all contaminated items (excluding evidence) in a specially marked hazardous waste container.
- C. Immediately notify the supervisor of the incident and proceed to the nearest designated "Receiving Medical Facility," as soon as possible, and preferably within one (1) hour of the injury or potential exposure. The "Receiving Medical Facility" will be St. Mary's Health Center.

Medical personnel will then make a post exposure determination as to whether the injury constitutes a significant exposure and make recommendations as to what types of treatment and/or drugs are appropriate. If treatment is ordered, it will eliminate the threat of disease transmittal in 81 percent of cases, as long as treatment is immediate. The employee's agreement and/or refusal to follow the recommendations shall be noted on forms provided the medical institution.

- D. Pursuant to RSMo 190.185, amended on August 28, 1994, supervisors shall be required to complete a Communicable Disease Exposure Report (Refer attachment), which will be forwarded through the chain of command to the department's Communicable Disease Coordinator within twenty-four (24) hours of the incident. The Communicable Disease Coordinator will, in turn, deliver same to the "Receiving Medical Facility."

The lieutenant assigned to Platoon #2 of the Field Operations Bureau shall serve as the department's Communicable Disease Coordinator. He shall maintain copies of all pertinent documentation and forward same through the chain of command to the Chief of Police and the city personnel department.

Should information be available as to the source of the exposure (Ex. suspect/victim's name and pedigree), the data will be included in a brief narrative in Section A of the Communicable Disease Exposure Report.

- E. Upon receipt of the Communicable Disease Exposure Report, hospital personnel will administer such testing of the suspect as is necessary. However, the testing process will be contingent upon the availability of the suspect to medical personnel and the suspect's agreement to submit to the testing.

An arrestee who is suspected to be infected or a carrier of a communicable

disease, and who has caused possible contamination to one or more members of this department, shall be asked to submit to testing in accordance with state guidelines. Should the prisoner refuse, the St. Louis County Prosecuting Attorney's Office will be contacted for the purpose of requesting a search warrant to obtain the fluid/blood sample needed for testing.

The hospital will then report their findings, in writing, back to this department within forty-eight (48) hours of the completion of testing.

- F. In the event the suspect or individual would test positive for an infectious disease, the affected employee(s) will be required to seek additional testing and/or treatment at the initial "Receiving Medical Facility."
- G. If contamination of an employee is deemed to have been a deliberate act on the part of a prisoner or other individual, in addition to any other pending charges, they shall be charged with Assault First Degree.

Situations which would constitute personal exposure include: penetration of the skin by a sharp, potentially contaminated object; a human or animal bite that penetrates the skin; the accidental or deliberate contact of an infected person's blood, saliva, semen, or other body fluid with an open wound or with an employee's mucous membranes (eyes or mouth); and the contamination of a open wound with soil.

In those instances where a department employee or employees may be exposed to an infectious disease and be unaware of same, the treating facility which discovers the problem (to include the St. Louis County Justice Center) is required by law to notify the St. Louis County Health Department. That organization, in turn, shall notify every individual who may have had contact with the source and/or carrier of the disease.

VII. PROTECTIVE EQUIPMENT.

Department employees shall utilize protective equipment in each instance where the potential for contact with an infectious disease exists. As such, each officer shall be equipped with a nylon pouch containing a pair of latex gloves, a Microshield CPR device, and a bacterial TB mask.

Additional latex gloves, bacterial masks, and containers of alcohol-based anti-bacterial jell (or suitable substitute) will be available at the booking desk, in all patrol vehicles, the Criminal Investigative Division, Communications Unit and in Field Investigator supply kits. Hard plastic containers for needle storage, and cardboard tubes for knife storage will be available in the processing/report writing room and in the Criminal Investigative Division.

Protective glasses and a number of lab coats/jump suits shall also be available for use by department personnel, and in particular field Investigators, during crime scene and evidence processing.

Supervisors shall ensure protective equipment is utilized by subordinate personnel and will be responsible to verify the proper distribution of such equipment during line inspections.

BY ORDER OF:

RICHARD T. MORRIS
Chief of Police

RTM:dld

CALEA Reference: 1.2.4/1.2.5/41.3.2
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