



TALLAHASSEE POLICE DEPARTMENT GENERAL ORDERS

 Proudly Policing Since 1841	SUBJECT <p style="text-align: center;">Communicable Disease Control</p>	 Nationally Accredited 1986	
	CHIEF OF POLICE <p style="text-align: center;"><i>Signature on File</i></p>		
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AUTHORITY/RELATED REFERENCES

OSHA 3127, Occupational Exposure to Bloodborne Pathogens
 Tallahassee Fire Department SOP 603, Employee Health/Exposure Control Plan
 General Order 42, Impounding and Controlling of Property and Evidence
 General Order 59, Transportation and Booking Procedures
 General Order 66, Vehicle Assignment and Operations
 Property and Evidence Packaging Manual

ACCREDITATION REFERENCES

CFA Chapter 29

KEY WORD INDEX

Biohazard/Medical Trauma Bag Confidentiality of Medical Information Decontamination and Cleanup Procedures Exposure Reporting, Response, and Testing Exposure to Communicable Diseases Immunization Programs Infection Control Officer Precautions – Blood/Bodily Fluid/Contagious Disease Precautions – General Precautions – Impounding/Evidence Processing Precautions – Persons Who Die in Custody Precautions – Searches Training	Procedure II Procedure XIII Procedure IX Procedure X Procedure I Procedure XII Procedure III Procedure VI Procedure IV Procedure VIII Procedure VII Procedure V Procedure XI
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POLICY

The Department shall safeguard, to the highest degree possible, members who encounter individuals who have, or are suspected of having, a communicable disease. When handling or assisting persons with medical conditions, members shall be sensitive to the person's condition and shall treat each person with dignity. All members shall adhere to precautions and procedures described in this General Order which shall serve as the Department's Exposure Control Plan.

DEFINITIONS

Airborne Pathogens: Disease-causing microorganisms spread by droplets expelled into the air, typically through a productive cough or sneeze.

Biohazard Waste: Items to be disposed which are contaminated with blood or other potentially infectious material in a liquid or dried state, and for which special handling precautions are necessary; also known as regulated waste.

Blood: Human blood, human blood components, and products made from human blood.

Bloodborne: Carried or transmitted by blood.

Bloodborne Pathogens: Microorganisms carried or transmitted by blood which can cause disease.

Communicable Disease: A disease transmitted from one person to another; also known as a contagious disease.

Contaminated: Potentially infectious materials on an item or surface, or a substance or process, which poses a threat to life, health or the environment.

Decontamination: A process or method whereby an object or material is freed of biological contaminants and rendered safe for human handling.

Disinfect: Killing infectious agents outside the body by directly applied chemical or physical means.

Engineering Controls: Devices designed to reduce the likelihood of exposure by removing or isolating the hazard or by isolating the member from exposure.

Exposure: Eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood, other body fluids, or other potentially infectious material.

Hepatitis B: A viral form of hepatitis spread through blood or sexual contact. It is a

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disease of the liver for which there is no cure, though a vaccine exists which can prevent infection. Also known as HBV or serum hepatitis.

ICO: Infection Control Officer.

Infectious Disease: An illness or disease resulting from invasion of a host by disease-producing organisms such as bacteria, viruses, fungi, or parasites. An infectious disease is not necessarily communicable.

Occupational Exposure: A reasonably anticipated exposure occurring during the member's regular performance of duties. It does not include incidental exposures that are neither reasonably nor routinely expected, and the member is not likely to incur in the normal course of employment.

OSHA: Occupational Safety and Health Administration.

Other Potentially Infectious Material: Human body fluids (semen; amniotic, cerebrospinal, synovial, pleural, peritoneal, and pericardial fluids; saliva; sweat; urine; vaginal secretions; vomitus; fecal material; any fluids visibly contaminated with blood; all body fluids in situations where it is difficult or impossible to differentiate between body fluids); contaminated body materials; unfixed human tissues or organs; HIV-containing cell or tissue cultures; HIV or HBV containing culture mediums or other solutions.

Standard Precautions: As defined by the Centers for Disease Control, a set of precautions designed to prevent transmission of HIV, Hepatitis B, and other bloodborne pathogens when providing first aid or health care.

Work Practice Controls: Practices designed to reduce the likelihood of exposure by altering the way members perform certain tasks.

PROCEDURES

I. EXPOSURE TO COMMUNICABLE DISEASES

- A. The following tasks are reasonably anticipated to involve exposure to blood, bodily fluids, airborne pathogens, or other potentially infectious or communicable diseases:
1. Provision of emergency care to injured or ill patients,
 2. Rescue of victims from hostile environments, fires and hazardous situations, contaminated atmospheres and oxygen deficient environments,
 3. Extrication of persons from vehicles, machinery, excavations and collapses, elevated areas or aquatic environments,

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4. Recovery and removal of deceased bodies from various situations,
 5. Response to hazardous materials emergencies involving potentially infectious substances,
 6. Arrests, searches and stop and frisk situations,
 7. Contact with contaminated evidence and/or personal property, and
 8. Fingerprinting.
- B. Members in the following job classifications are reasonably anticipated to have occupational exposure to blood, bodily fluids or other potentially infectious substances:
1. Property and Evidence Specialists and Unit Supervisor,
 2. Forensic Specialists and Unit Supervisor,
 3. Community Service Technicians,
 4. Police Officer Trainees,
 5. Police Officers/Investigators,
 6. Police Sergeants,
 7. Police Lieutenants, and
 8. Facilities employees,
- C. The reporting protocols in this general order are applicable to any member, regardless of job classification, having an occupational exposure.

II. BIOHAZARD/MEDICAL TRAUMA BAG

- A. Because of their work in the field, members identified in subsection I B 2 – 6 above shall be issued a biohazard/medical trauma bag.
- B. Members are responsible for utilizing the equipment in the biohazard/medical trauma bag only for Department-related activity and shall request replacement for used items from the Supply Office.
- C. Contaminated items from the biohazard/medical trauma bag shall not be reused and shall be disposed of as described in subsection IX E below.

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- D. Upon request, the Supply Office shall provide replacement items for a member's biohazard/medical trauma bag.
- E. The biohazard/medical trauma bag shall contain disposable personal protective equipment (PPE) and first aid supplies as listed below.
 - 1. Isolation kit and disposable gloves.
 - 2. Biohazard bags.
 - 3. CPR resuscitator mask, face shield, and fluid resistant masks.
 - 4. Safety glasses and shoe covers.
 - 5. Assorted bandages and pads.
 - 6. Emergency blankets.
 - 7. Waterless anti-microbial hand rinse.

III. INFECTION CONTROL OFFICER

- A. The Chief of Police or appointed designee is responsible for designating a member as the Department's Infection Control Officer (ICO).
- B. In compliance with OSHA standards, the ICO is the contact person for all Department-related infection control and occupational exposure issues and the liaison with area health care facilities for such events.
- C. The Director of Employee Resources is the Department's ICO.
- D. The ICO or appointed designee, upon being notified of an occupational exposure, is responsible for ensuring each affected member receives appropriate medical assistance.
- E. The Employee Resources Director is responsible for an annual review of the Exposure Control Plan (this general order) with consideration for updating procedures designed to eliminate or minimize occupational exposure.

IV. PRECAUTIONS – GENERAL

- A. Whenever possible, direct contact with blood and other bodily fluids should be avoided.

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- B. In performing assigned duties, members should take the preventive measures listed below.
1. Wear disposable gloves when fingerprinting, administering first aid, conducting person/vehicle searches, or similar activities.
 2. Use a resuscitator mask when performing mouth-to-mouth resuscitation or CPR (Cardiopulmonary Resuscitation).
 3. Ensure rings, jewelry or long fingernails do not tear disposable gloves.
 4. Wear disposable shoe coverings if considerable blood or bodily fluid contamination is encountered.
 5. Even if disposable gloves were worn, immediately wash hands thoroughly with soap and water following contact with blood or other bodily fluids.
 6. Bandage open wounds or cuts on hands to avoid direct contact with contaminated blood or bodily fluids even if gloves are worn. Bandages should be changed if they become wet or soiled.
 7. Members are prohibited from eating, drinking, applying make-up, or handling contact lenses in work areas where there is a reasonable potential of occupational exposure.
 8. Members are prohibited from placing or keeping non-evidentiary food and beverages in refrigerators, freezers, cabinets, or on shelves, counter tops, bench tops where blood or other potentially infectious materials are stored.
 9. Members working in areas for extended periods of time where blood and/or other bodily fluids have been shed should wear protective clothing such as coveralls, masks, shoe covers and gloves.
 10. Members taking prescribed medications (such as steroids and asthma medications) should use extra caution in potential occupational exposure situations because such medications may suppress the immune system, making one more susceptible to infectious disease.
 11. Pregnant members having an occupational exposure should report the incident to their physician.
 12. Members who have been diagnosed with leukemia or other forms of cancer, or who are taking medicine which suppresses the immune system,

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should not enter areas where there is blood or bodily fluids present or have contact with persons with a communicable disease.

V. PRECAUTIONS – SEARCHES

- A. Members should utilize extraordinary care when conducting searches of suspects and vehicles.
- B. Members should never blindly place their hands into an area where there may be a sharp object which could puncture the skin.

VI. PRECAUTIONS – BLOOD/BODILY FLUIDS AND CONTAGIOUS DISEASE

- A. The protocols in this section are applicable when a member has custody over a person and:
 - 1. The person has blood or bodily fluids on their person,
 - 2. The person has voluntarily disclosed they have a contagious disease, or
 - 3. By some other means, the member reasonably believes the person has a contagious disease.
- B. Persons in obvious need of medical attention shall be transported to the nearest medical care facility in accordance with General Order 59 (Transporting and Booking Procedures).
- C. Whenever possible, persons with blood or bodily fluids on themselves or a contagious disease should be transported separately from other individuals.
- D. Whenever a transfer of custody occurs, the member shall inform the appropriate personnel of the relevant medical or occupational exposure information.

VII. PRECAUTIONS – PERSONS WHO DIE IN CUSTODY

If a person dies while in Department custody *and one or more of the following conditions exist*, the Watch Commander (or if more appropriate, another Department Commander) shall ensure a specific request is made of the medical examiner to check the deceased person for the presence of infectious diseases. The conditions include the following:

- A. A member was exposed to the person's bodily fluids.
- B. Information indicates the person was a communicable disease carrier.

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- C. Information indicates the person participated in activity known to increase the likelihood of having a communicable disease (e.g., intravenous drug use, prostitution).

VIII. PRECAUTIONS – IMPOUNDING AND EVIDENCE PROCESSING

- A. The protocols in this section are applicable when a member has property impounding or evidence processing responsibilities for items considered contaminated.
- B. Evidence or other items coming into Department custody which are suspected of being contaminated should be treated with extraordinary care.
- C. Members handling property considered contaminated shall wear disposable gloves.
- D. Members shall adhere to the protocols in General Order 42 (Impounding and Controlling of Property and Evidence) and the Property and Evidence Unit's *Property and Evidence Packaging Manual* when impounding items contaminated with blood or other bodily fluids.
- E. Members who open bags or packages marked as a biohazard shall wear disposable gloves.
- F. Members are reminded to immediately wash their hands with soap and water after handling any item suspected of being contaminated with blood or other bodily fluids, even if gloves were worn.

IX. DECONTAMINATION AND CLEANUP PROCEDURES

- A. Members shall wear disposable gloves during all decontamination procedures.
- B. Eye protection and a facemask is required if there is a possibility of splashing during the decontamination procedure.
- C. Members are responsible for adhering to the decontamination and cleanup protocols in subsection D – H below.
- D. Hand Washing and Personal Disinfecting
 - 1. Proper and frequent hand washing cannot be overemphasized. On-scene hand washing should be performed as soon as possible upon removing the disposable gloves.

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2. Proper hand washing requires soap, running water and at least twenty (20) seconds of rubbing soap over the entire hand to include under nails and between fingers.
3. Members should not wash their hands while wearing disposable gloves.
4. The exposed portion of forearms and other body surfaces contacted by bodily fluids should be washed thoroughly.
5. Rings and watches should be removed prior to hand washing. If the jewelry has been contaminated, it should be washed in a 10% bleach to water solution.
6. If soap and water are not immediately available, members should, as a temporary alternative, use a waterless anti-microbial hand rinse.

E. Equipment and Clothing

1. Disposable personal protective equipment (PPE) shall not be reused.
 - a. PPE items include, but are not limited to, disposable gloves, CPR masks, and shoe covers.
 - b. Unless needed as evidence, used PPE items shall be placed in a Department-issued biohazard bag and placed into a Department biohazard waste container (see subsection H below).
 - c. If a used PPE item is considered evidence, the member is responsible for following Department impoundment protocols as described in General Order 42 and the *Property and Evidence Packaging Manual*.
2. Issued equipment such as flashlights, handcuffs, and batons can often be decontaminated and reused.
 - a. Contaminated equipment which is considered evidence shall not be decontaminated and instead impounded following Department impoundment protocols as described in General Order 42 and the *Property and Evidence Packaging Manual*.
 - b. In most cases decontamination can be accomplished by wiping down the item with a 10% bleach to water solution and/or using anti-microbial hand rinse or cleaning pads.
 - c. If considered too contaminated for decontamination procedures or the equipment is no longer functional, members shall adhere to

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established replacement protocols to include completion of the Lost, Stolen, Damaged Equipment Form (PD 160).

3. Contaminated uniforms/clothing shall be changed as soon as possible, being careful not to contaminate the wearer or others during the process.
 - a. Contaminated uniforms/clothing items considered evidence shall not be decontaminated and instead impounded following Department impoundment protocols as described in General Order 42 and the *Property and Evidence Packaging Manual*.
 - b. Members may utilize routine laundry practices to decontaminate clothing soiled with blood or other bodily fluids of a minimal nature from a known source.
 - c. Depending on the uniform/clothing condition, members may dispose of the items as biohazard waste, utilizing a Department-issued biohazard bag and placing the bag into a Department biohazard waste container (see subsection H below).
 - d. If the uniform/clothing item is considered too contaminated for decontamination procedures, members shall adhere to established replacement protocols to include completion of the PD 160.
 - e. Soles and heels of footwear should be decontaminated at the scene if the wearer stepped in blood or bodily fluids.

F. Department Vehicles

Whenever blood or another bodily fluid has contaminated a member's Department vehicle, the member is responsible for adhering to the following decontamination protocols:

1. Wiping down the area with a 10% bleach to water solution and/or using anti-microbial hand rinse or cleaning pads, or
2. Following the protocols in General Order 66 (Vehicle Assignment and Operations) to deadline the vehicle, and:
 - a. Affixing a "BIOHAZARD" label on the front windshield, and
 - b. Indicating on the Vehicle Inspection/Repair Work Order (PD 137) the vehicle needs to be disinfected and detailed.

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G. Department Building


1. In the event blood or another bodily fluid has contaminated any area of the Department building (e.g., office, hallway, interview room), member(s) shall without delay:
 - a. Initiate disinfection procedures,
 - b. Prevent unauthorized entry into the area (posting of signage or assigning a member to the area),
 - c. Notify the Watch Commander or another appropriate Department Commander, and
 - d. The notified Commander is responsible for ensuring prompt contact with the Building Manager for disinfection procedures.
2. Recommended decontamination procedures include:
 - a. Members should be aware jewelry or long fingernails may compromise the structural integrity of disposable gloves and should make certain the gloves are not torn before they begin any phase of the decontamination process.
 - b. Any excess of blood or bodily fluids should first be wiped up with a disposable absorbent cloth or towel, which should be promptly placed into a Department-issued biohazard bag and disposed of as biohazard waste.
 - c. The affected area shall be cleaned with a 10% bleach to water solution, then allowed to air-dry for at least 10 minutes.
 - d. All disposable contaminated cleaning items shall be placed into Department-issued biohazard bags and disposed of as biohazard waste.
 - e. Members shall be careful not to contaminate themselves during this cleaning regimen or when taking off their disposable gloves.
 - f. Promptly after the conclusion of the decontamination procedure, members shall wash their hands with soap and water.

H. Biohazard Waste Disposal

1. The Department has two (2) designated biohazard waste container

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locations (to include sharps containers); one in the Property and Evidence Unit's Temporary Evidence Storage Room and the other in the Forensic Unit.

2. Representatives from Property and Evidence and Forensics will coordinate with a private vendor to ensure the biohazard waste containers are collected on a regular basis.
3. In accordance with OSHA standards, all labels denoting the presence of biohazard material shall be fluorescent orange or orange-red in color and shall contain the universal biohazard symbol and the word "BIOHAZARD."
4. Universal biohazard symbol: 
5. Members may obtain biohazard labels from the Property and Evidence Unit.

X. EXPOSURE REPORTING, RESPONSE, AND TESTING

A. General Protocols

1. A member who has been exposed to a communicable disease and/or contaminated by blood, bodily fluids or tissue while in the performance of their duty (i.e., occupational exposure), or reasonably believes such an exposure occurred, shall promptly notify their supervisor (or if more appropriate, the Watch Commander).
2. Supervisors learning of a member having an occupational exposure after normal business hours shall notify the ICO.
3. The member's supervisor shall ensure the following documents are completed and forwarded to the City's Risk Management Office, via the ICO, within 24 hours of the incident:
 - a. "First Report of Injury or Illness" (a Workers' Compensation document), and
 - b. "Incident Field Reporting Form" (a City of Tallahassee document).
4. The ICO, or the member's supervisor if after normal business hours, shall promptly arrange for the member to contact the Infection Control Nurse at TMH (Tallahassee Memorial Healthcare).

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5. If the Infection Control Nurse recommends the member be evaluated at TMH, the member should report to the TMH Infection Control and Employee Health Office with the following:
 - a. A copy of the “First Report of Injury or Illness” form, and
 - b. Pertinent information, if applicable and available, about the person with whom the member had contact resulting in the occupational exposure.
6. If the Infection Control Nurse confirms an occupational (blood) exposure took place and the source patient has a confirmed HIV positive status or belongs to certain high-risk groups, the Infection Control Nurse may administer prophylactic retroviral medication to the member.
 - a. Prophylactic medication must be given within a certain time frame of exposure for highest efficacy.
 - b. If the member refuses the medication, it should be noted on the Worker’s Compensation Medical Disposition Report.
7. Evaluation of a bloodborne occupational exposure occurs at the following timeframe intervals: time of the incident, six weeks after exposure, twelve weeks after exposure, and six months after exposure.
 - a. The medical care provider will schedule re-evaluation appointments.
 - b. The affected member is required to attend the re-evaluation appointments.
8. If the occupational exposure was not of a bloodborne nature (e.g., respiratory tuberculosis), the evaluation of the member:
 - a. May take place at one of the Department’s contract medical care providers, and
 - b. If after the normal business hours of the Department’s contract medical care providers may wait until the medical care provider is open, and
 - c. Must take place within 24 hours of the exposure.
9. The ICO is responsible for forwarding all required occupational exposure documents to the City’s Risk Management Office and maintaining a copy of each document in the affected member’s confidential medical file in Employee Resources.

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10. If a member has positive test results from a bloodborne occupational exposure, the healthcare provider will contact the ICO. The ICO will arrange for the member to go to the healthcare provider to receive the test results.
11. The City's Employee Assistance Program is available to members who have had an occupational exposure.

B. Court-ordered Testing Due to an Occupational Exposure

1. When a member comes in contact with a person and an occupational exposure has occurred, the member (or other appropriate member) may request the person consent to a blood test to check for communicable diseases.
2. If the person to whom the member was exposed does not grant consent for a blood test, the member (or other appropriate member) may request a court order mandating the person be tested for communicable diseases.
3. The member's supervisor shall contact the Legal Advisor's Office to assist in preparing the court order documents.
4. A Physician's Certification Form (PCF) must be signed by the attending physician as part of a Motion for Court Order to have blood drawn.
 - a. The member or member's immediate supervisor is responsible for obtaining the physician's signature on the PCF.
 - b. The PCF shall be attached to the Motion for Court Order.
5. The Legal Advisor shall be responsible for contacting the appropriate judge and arranging for the judge to review the Motion for Court Order.
6. If the judge signs the court order, a copy is to be given to the member, the person who is the subject of the order, and the facility which is to draw the blood for testing.

XI. TRAINING

- A. Members with assignments listed in subsection I.B. above shall receive training on the Department's Exposure Control Plan via PowerDMS prior to assignment where risk of occupational exposure may occur.
 1. For sworn members, the training will occur during In-House training prior to being sworn in.

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2. For non-sworn members, the training will occur within 10 working days of being hired..
 3. The member's supervisor shall ensure the training is completed within the timeline described above.
- B. Members with assignments listed in subsection I.B. above shall receive annual refresher training on the Department's Exposure Control Plan.
- C. Members with assignments not listed in subsection I.B. above shall receive training on the Department's Exposure Control Plan if their job tasks change in a manner which increases the likelihood of an occupational exposure. This training will occur within 10 working days of the change in job tasks.
- D. Orientation and refresher training is designed to instruct members how to eliminate or minimize occupational exposures and provide a broad base of knowledge regarding the following topics:
1. Description and symptoms of bloodborne diseases, including AIDS and Hepatitis B.
 2. Modes of transmission of bloodborne pathogens.
 3. Methods of control, which may prevent or reduce occupational exposure, including standard precautions, engineering controls, work practice controls, and PPE.
 4. Familiarization with PPE provided by the Department.
 5. Information on the Hepatitis B Immunization Program.
 6. Visual warnings of biohazards, including labels, signs and color-coding.
 7. Procedures to follow and incident reporting subsequent to an occupational exposure.
 8. Information on post-occupational exposure evaluation and medical follow-up.
 9. Biohazard waste disposal procedures.
- E. To comply with OSHA standards, training rosters and records shall be kept in the Training Unit for at least three years and shall include the following information:

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1. Dates of training,
 2. Content or summary of the training,
 3. Names and qualifications of trainers, and
 4. Names and job titles of trainees.
- F. The ICO, in conjunction with the Training Unit's designated training officer, shall review this Exposure Control Plan annually with consideration for updating procedures designed to eliminate or minimize occupational exposure.
- G. As needed, the ICO shall work in conjunction with the Training Unit, and the City's Risk Management and Safety Offices on occupational exposure issues.

XII. IMMUNIZATION PROGRAMS

- A. The City, through its contract medical services providers, offers a Hepatitis B Immunization Program at no cost to the member.
- B. Participation in the Hepatitis B Immunization Program is voluntary.
- C. The Employee Resources Director, or appointed designee, is responsible for ensuring:
1. This general order is provided to each new member during their orientation period, and
 2. Each new member in one of the job classifications identified in subsection I B above is offered the Hepatitis B immunization during their orientation period (within 10 working days of being hired).
- D. Each member offered the immunization is required to sign the Hepatitis B Vaccine form (PD 113) indicating whether or not they wish to receive the immunization.
1. If the member chooses to receive the immunization, it is the member's responsibility to receive the initial and subsequent series of injections.
 2. The Employee Resources Office will maintain the PD 113 in the member's confidential medical file.

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- E. A member who initially declines to participate in the Hepatitis B Immunization Program may later request to participate in the program by contacting the Employee Resources Office.
- F. As part of the voluntary annual medical examination, the City provides member tuberculosis testing for the job classifications listed in subsection I B above.
- G. The City provides tuberculosis testing for members who believe they have been exposed to tuberculosis during an occupational exposure.
 - 1. This service is furnished by the City's contract medical services providers, or
 - 2. May be obtained at the TMH Emergency Room after normal business hours (see subsection X A above for occupational exposure reporting).

XIII. CONFIDENTIALITY OF MEDICAL INFORMATION

- A. All medical information or records pertaining to members and arrestees is confidential.
 - 1. Access to such information is limited to only those persons who have a legal right to know.
 - 2. Disclosure of such information about a person, except as required or allowed by law, shall not be made without the prior written consent of the person.
- B. Members shall not include in their reports, or other official correspondence and documents, any information identifying a person as having a communicable disease unless that information is part of the probable cause for arrest of the individual or is otherwise relevant to the investigation.

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