DAVIS POLICE DEPARTMENT
INFECTIOUS DISEASE EXPOSURE
Policy and Procedure 1.21-A

DEPARTMENT MANUAL

Index As:
Pathogen Safety
Exposure
Communicable Disease
Infectious Disease Exposure

I. POLICY
The Davis Police Department is committed to providing a safe work environment for its members. Members should be aware that they are ultimately responsible for their own health and safety.

Members who could be exposed to HBV due to their positions may receive the HBV vaccine and any routine booster at no cost (8 CCR 5193).

II. GUIDELINES
A. Definitions & Guidance

- Communicable disease - A human disease caused by microorganisms that are present in and transmissible through human blood, bodily fluid, tissue, or by breathing or coughing. These diseases commonly include, but are not limited to, hepatitis B virus (HBV), HIV and tuberculosis.

- Exposure - When an eye, mouth, mucous membrane or non-intact skin comes into contact with blood or other potentially infectious materials, or when these substances are injected or infused under the skin; when an individual is exposed to a person who has a disease that can be passed through the air by talking, sneezing or coughing (e.g., tuberculosis), or the individual is in an area that was occupied by such a person. Exposure only includes those instances that occur due to a member’s position at the Davis Police Department.

This policy is intended to provide guidelines for department personnel to assist in minimizing the risk of contracting and/or spreading communicable diseases and to minimize the incidence of illness and injury. The policy will offer direction in achieving the following goals:

- To reduce exposures to bloodborne pathogens (BBP), aerosol transmissible diseases, and other potentially infectious substances;
- To assist Department personnel in making decisions concerning the selection, use, maintenance, limitations, storage, and disposal of personal protective equipment (PPE);
- To protect the privacy rights of all Department personnel who may be exposed to or contract a communicable disease during the course of their duties;
- To provide appropriate treatment and counseling in the event an employee is exposed to a communicable disease.
All Department members who may be involved in providing emergency medical care, or who come in contact with another person’s blood or body fluids, (e.g., during an altercation or while attending to any injured person), or who suffer an exposure, shall follow these procedures and guidelines.

In addition, this policy clarifies the procedure to be used for the reporting of contacts with the bodily fluids of individuals and an HIV testing procedure in accordance with the Legislature’s declaration of a public health crisis in Penal Code § 7500, et seq.

II. PROCEDURE

A. Exposure Control Officer and Supervisory Responsibility

1. The Deputy Chief serves as the Department’s Exposure Control Officer. The ECO shall be responsible for the following:
   a. Exposure-prevention and decontamination procedures.
   b. Procedures for when and how to obtain medical attention in the event of an exposure or suspected exposure.
   c. The provision that department members will have no-cost access to the appropriate personal protective equipment (PPE) (e.g., gloves, face masks, eye protection, pocket masks) for each member’s position and risk of exposure.
   d. Evaluation of persons in custody for any exposure risk and measures to separate them (15 CCR 1051; 15 CCR 1207).
   e. Compliance with all relevant laws or regulations related to communicable diseases, including:
      1. Responding to requests and notifications regarding exposures covered under the Ryan White law (42 USC § 300ff-133; 42 USC § 300ff-136).
      2. Bloodborne pathogen mandates including (8 CCR 5193):
         a. Sharps injury log.
         b. Needleless systems and sharps injury protection.
      3. Airborne transmissible disease mandates including (8 CCR 5199):
         a. Engineering and work practice controls related to airborne transmissible diseases.
         b. Distribution of appropriate personal protective equipment to minimize exposure to airborne disease.
      4. Promptly notifying the county health officer regarding member exposures (Penal Code § 7510).
      5. Establishing procedures to ensure that members request exposure notification from health facilities when transporting a person that may have a communicable disease (Health and Safety Code § 1797.188).

The ECO should also act as the liaison with the Division of Occupational Safety and Health (Cal/OSHA) and may request voluntary compliance inspections. The ECO shall annually review and update the exposure control plan and review implementation of the plan (8 CCR 5193).

2. Department supervisors are responsible for exposure control in their respective areas. They shall work directly with the ECO and any affected employees to ensure that the proper exposure control procedures are followed.
B. Personal Protection

All members are expected to use good judgment and follow training and procedures related to mitigating the risks associated with communicable disease. This includes, but is not limited to (8 CCR 5193):

a. Stocking disposable gloves, antiseptic hand cleanser, CPR masks or other specialized equipment in the work area or department vehicles, as applicable.

b. Wearing department-approved disposable gloves when contact with blood, other potentially infectious materials, mucous membranes and non-intact skin can be reasonably anticipated.

c. Washing hands immediately or as soon as feasible after removal of gloves or other PPE. Antibacterial soap and warm water or an approved disinfectant shall be used to wash one’s hands, paying particular attention to the fingernails.

d. Treating all human blood and bodily fluids/tissue as if it is known to be infectious for a communicable disease.

e. Using an appropriate barrier device when providing CPR.

f. Using a face mask or shield if it is reasonable to anticipate an exposure to an airborne transmissible disease.

 g. Decontaminating non-disposable equipment (e.g., flashlight, control devices, clothing and portable radio) as soon as possible if the equipment is a potential source of exposure. Clothing that has been contaminated by blood or other potentially infectious materials shall be removed immediately or as soon as feasible and stored/decontaminated appropriately.

h. Handling all sharps and items that cut or puncture (e.g., needles, broken glass, razors, knives) cautiously and using puncture-resistant containers for their storage and/or transportation.

i. Avoiding eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses where there is a reasonable likelihood of exposure.

j. Disposing of biohazardous waste appropriately or labeling biohazardous material properly when it is stored.

C. Containment, Decontamination, and Disposal Procedures

The following procedures will apply to the containment, decontamination, and disposal in responding to an event that involved contact with a person’s blood or body fluids:

1. Members shall dispose of biohazard with the on-scene fire response vehicle or at the attending hospital with their approval immediately upon arrival.

2. Members shall wash their hands immediately (on-scene if possible), or as soon as possible following the removal of potentially contaminated gloves. Antibacterial soap and warm water or an approved disinfectant shall be used to wash one’s hands, paying particular attention to the fingernails.

3. If a member’s intact skin contacts someone else’s blood or bodily fluids or other potentially infectious materials, the member shall immediately wash the exposed part of their body with soap and warm water and/or an approved disinfectant, as soon as possible. If the skin becomes grossly contaminated, body washing shall be followed by an approved hospital strength disinfectant. If large areas of the member’s skin are contaminated, the member shall shower as soon as possible, using warm water and soap and/or an approved disinfectant. Medical treatment should be obtained.
4. Contaminated non-intact skin (e.g., injured skin, open wound) shall be cleaned using an approved disinfectant and then dressed or bandaged as required. Medical treatment is required.

5. All hand, skin, and mucous membrane washing that takes place in the station shall be done in the designated cleaning or decontamination area. Designated areas are the three janitor’s closets (near holding cell in main hallway, near break room in main hallway, and in main lobby near women’s restroom). Cleaning shall not be done in the kitchen, restrooms, or other locations not designated as the cleaning or decontamination area.

6. Needles used to inject illegal drugs are illegal to possess and their presence, regardless if they are legal to possess or not, generally poses a public safety and health hazard that must be immediately addressed. Members shall avoid using or holding sharps (needles) unless needed to do so while assisting medical personnel or collecting them as evidence and/or contraband. Unless required for evidentiary reasons related to evidence preservation, members are not to recap sharps. If recapping is necessary, a one-handed method shall be employed to avoid a finger prick. Disposal of contraband needles for destruction, when possible, shall be into a puncture proof biohazard container (sharps container).

**The One-Handed Needle Recapping Method**

Step 1: Place the cap on a flat surface like the table or counter with something firm to “push” the needle cap against.

Step 2: Holding the syringe with the needle attached in one hand, slip the needle into the cap without using the other hand.

Step 3: Push the capped needle against a firm object to “seat” the cap onto the needle firmly using only one hand.

7. All sharps and items that cut or puncture (e.g., broken glass, razors, and knives) shall be treated cautiously to avoid cutting, stabbing, or puncturing one’s self or any other person. In addition, if a sharp object contains known or suspected blood or other bodily fluids, that item is to be treated as a contaminated item. If the item is not evidence, touching it with the hands shall be avoided. Rather, use a device such as tongs, or a broom and a dustpan to clean up debris. If the material must be hand held, protective gloves must be worn.

8. Contaminated disposable supplies (gloves, dressings, CPR mask) shall be transported with the patient or suspect in the ambulance or police vehicle. The waste material shall then be disposed of in a biohazard waste container at the hospital. Disposable gloves are to be worn while placing the waste into the waste biohazard container, placing the gloves in with the waste when through.

9. After using any reusable personal protective equipment, it shall be washed or disinfected and stored appropriately. If the personal protective equipment is non-reusable (e.g., disposable gloves), it shall be discarded in a biohazard waste container.

10. Any personal protective equipment that becomes punctured, torn, or loses its integrity, shall be removed as soon as feasible.

11. Contaminated reusable personal protective equipment that must be transported prior to cleaning it shall be placed into a biohazard waste bag and transported in the ambulance or police vehicle. Gloves shall be worn while handling the biohazard waste bag and during
placement into the biohazard waste container, and then included in with the waste. Red marked biohazard waste bags are kept in the patrol cars and in the Patrol Storage Area.

12. Contaminated non-disposable equipment (e.g., flashlight, gun, baton, clothing, portable radio) shall be decontaminated as soon as possible. If it is to be transported, it shall be done by first placing it into a biohazard waste bag.

13. Grossly contaminated non-disposable equipment items shall be transported to a hospital, fire station, or police station for proper cleaning and disinfecting. Porous surfaces such as nylon bags and straps shall be brushed and scrubbed with a detergent and hot water, laundered and allowed to dry. Non-porous surfaces (e.g., plastic or metal) shall be brushed and scrubbed with detergent and hot water, sprayed with a bleach solution, rinsed, and allowed to dry. Delicate equipment (e.g., radios) should be brushed and scrubbed very carefully using a minimal amount of a type of germicide that is approved by Environmental Protection Agency (EPA). Cleaning supplies are located in the janitor’s closets.

14. While cleaning equipment, pay close attention to handles, controls, portable radios, and corners (tight spots). Equipment cleaning shall not be done in the kitchen, bathrooms, or other areas not designated as the cleaning/decontamination area.

15. Contaminated equipment should be cleaned using an approved EPA germicide or a 1:100 solution of chlorine bleach (one-quarter-cup of bleach per one gallon of water) while wearing disposable gloves and goggles. Large particles of contaminants such as, vomit, feces, blood clots, etc. should first be removed (using a disposable towel or other means to prevent direct contact) and properly disposed of.

16. Contaminated clothing such as uniforms and undergarments shall be removed as soon as feasible and rinsed in cold water to prevent the setting of bloodstains. If the clothing may be washed in soap and hot water, do so as soon as possible. If the clothing must be dry cleaned, place it into a biohazard waste bag and give it to a Patrol Commander. The Patrol Commander will secure a dry cleaner that is capable of cleaning contaminated clothing, and inform them of the potential contamination. This dry cleaning will be done at the Department’s expense.

17. Contaminated leather boots shall be brushed and scrubbed with detergent and hot water. If the contaminant soaked through the boot, the boot shall be discarded.

18. Contaminated vehicles and components such as the seats, radios, and doors shall be washed with soap and warm water and disinfected with an approved germicide as soon as feasible.

D. Exposure Reports

In actual or suspected exposure incidents, proper documentation and follow-up action must occur to limit potential liabilities, ensure the best protection, and care for the member(s).

In order to provide appropriate and timely treatment should exposure occur, all members shall verbally report the exposure to their immediate supervisor and complete the standard City Injury and Workers Compensation Reports and City Report of Injury form as soon as possible following the actual or suspected exposure.

E. Member Exposure

1. Members who experience an exposure or suspected exposure shall:
a. Begin decontamination procedures immediately (e.g., wash hands and any other skin with soap and water, flush mucous membranes with water).
b. Obtain medical attention as appropriate.
c. Notify a supervisor as soon as practicable.

2. Department members shall have the opportunity to have a confidential medical evaluation immediately after an exposure and follow-up evaluations as necessary (8 CCR 5193).

3. The supervisor on-duty shall investigate every exposure or suspected exposure that occurs as soon as possible following the incident. The supervisor shall ensure the following information is documented (8 CCR 5193):

   a. Name and Social Security number of the member exposed
   b. Date and time of the incident
   c. Location of the incident
   d. Potentially infectious materials involved and the source of exposure (e.g., identification of the person who may have been the source)
   e. Work being done during exposure
   f. How the incident occurred or was caused
   g. PPE in use at the time of the incident
   h. Actions taken post-event (e.g., clean-up, notifications)

The supervisor shall advise the member that disclosing the identity and/or infectious status of a source to the public or to anyone who is not involved in the follow-up process is prohibited. The supervisor should complete the incident documentation in conjunction with other reporting requirements that may apply.

4. Any member who received exposure or suspected exposure to HIV or to Hepatitis A, B or C should be seen by a physician (or qualified health care provider) as soon as possible. The doctor (or qualified health care provider) shall review the supervisor’s report, the member’s medical records relevant to the visit and examination, and the Communicable Disease Notification Report (Penal Code § 7501(a)). The treating health care provider should assume no immediate testing will be done on the blood source to determine where it is infected.

5. The blood of the exposed member shall be tested. If possible, the blood of the source shall also be tested (Health & Safety Code §§ 121050, et seq.) (see section F below).

6. The member shall be made aware of the laws and regulations concerning disclosure of the identity and infectious status of a source. If possible, the exposed member will be informed of the source’s test results (Health & Safety Code § 121065(d)).

7. The health care professional shall provide the Department and/or Human Resources with a written opinion/evaluation of the exposed member’s situation. This opinion shall only contain the following information:

   a. If a post-exposure treatment is indicated for the member.
   b. If the member received a post-exposure treatment.
   c. Confirmation that the employee received the evaluation results.
   d. Confirmation that the member was informed of any medical condition resulting from the exposure incident that will require further treatment or evaluation.
e. All other findings or diagnosis shall remain confidential and are not to be included in the written report.

f. The Department shall provide the exposed member (and their family if necessary) the opportunity for counseling and consultation.

8. Most of the information involved in the process must remain confidential. The Department shall ensure that all records and reports are kept in the strictest confidence and information shall not be disclosed to anyone without the member’s written consent, except as required by law.

9. Any member who believes they came into contact with bodily fluids of an individual who has been arrested or taken into custody shall complete a State Department of Health Services form (CDPH 8479) https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph8479.pdf. This form includes the names of witnesses to the incident, names of persons involved in the underlying incident, and if feasible, any written statements from these parties. This form shall be in addition to any other reports related to the underlying incident (Penal Code § 7510).

10. The member’s form CDPH 8479 shall be submitted by the end of the shift during which the incident occurred, or if not practicable, as soon as possible, but no longer than two days after the incident, unless waived by the county’s Chief Medical Officer.

11. Upon completion of form CDPH 8479, it and all available related reports shall be forwarded immediately to the county’s Chief Medical Officer.

12. In addition to any other available employee assistance programs, personal counseling may be available through the Chief Medical Officer to any law enforcement employee who has filed a form CDPH 8479 (Penal Code § 7510).

F. Source Testing

Testing for communicable diseases of a person who was the source of an exposure should be sought when it is desired by the exposed employee or when it is otherwise appropriate. There are five methods to obtain such testing. It is the responsibility of the ECO to ensure that the proper testing and reporting occur (a supervisor must immediately contact the ECO or a Commander to ensure immediate testing). These methods are:

1. Obtaining voluntary consent from any person who may be the source of an exposure to cover testing for any communicable disease. This is the quickest and easiest method for testing and should be the first option. A supervisor can ask the person for consent.

2. Filing a report with the county health officer when an employee is exposed to the bodily fluids of an arrestee. The county health officer may pursue testing for HIV or hepatitis B or C (Penal Code § 7510 et seq.). In Yolo County, the county health officer will not likely order testing.

3. Seeking consent for testing or applying for a court order for HIV, hepatitis B and hepatitis C testing (Health and Safety Code § 121060 et seq.). The City doctor and City Attorney are needed to facilitate this process.

4. Seeking a court order when the person who may be the source of an exposure will not consent to testing and the exposure does not fall under the statutory schemes for testing.
This covers testing for any communicable disease as deemed appropriate by a health care professional and documented in the request for the court order.

5. Under certain circumstances, a court may issue a search warrant for the purpose of HIV testing an adult or juvenile when an employee of the Davis Police Department qualifies as a crime victim (Penal Code § 1524.1).

G. Training

All members shall participate in training regarding communicable diseases commensurate with the requirements of their position. The training (8 CCR 5193):

1. Shall be provided at the time of initial assignment to tasks where an occupational exposure may take place and at least annually after the initial training.

2. Shall be provided whenever the member is assigned new tasks or procedures affecting his/her potential exposure to communicable disease.

3. Should provide guidance on what constitutes an exposure, what steps can be taken to avoid an exposure and what steps should be taken if a suspected exposure occurs.

Darren Pytel
Police Chief
9/99

Reviewed 12/00, 1/02, 1/03, 10/11, 03/16, 12/17

Revised 03/10 major revisions to all parts of policy.
08/12 revisions to source testing, ECO responsibility, and ATS
03/17 revised for new statutes
09/18 revisions to needles
Yolo County Health Department – HIV Program

Procedures for Court Ordered HIV Testing - Out of Custody

1. The judge orders HIV testing. The client will be given a copy of the order and the court clerk will fax a copy of the order to the confidential fax at the health department (530-669-1549).
2. The client will call the HIV/AIDS Counseling and Testing program and set up an appointment for a rapid HIV test at the Yolo County Health Department (530-666-8645).
3. The client will provide the HIV tester with name and court case number. At this time there is no fee for the HIV test.
4. A State Office of AIDS trained counselor will conduct a 20 minute counseling session, following the state guidelines for rapid test and complete the court document. A client may choose to get a HIV test with their own physician, but it must be approved by the judge.
5. The client will be given their results at the end of the 20 minute session and the results will be forwarded to the courts. In event that a test is positive a second sample will be taken and results for the confirmed test may take up to 2 weeks for results to be forward to the courts.
6. The HIV/AIDS program will send a copy of the results to the court clerk via county courier in a double sealed envelope marked confidential with the client’s name and court number.
7. The HIV/AIDS program will keep a copy of the results in a locked file cabinet in the surveillance office and record the result on the court ordered log sheet.

Procedures for Court Ordered HIV Testing - In Custody

1. Maddie or Lisa (court services) at the jail will fax the court order to the confidential fax (530-669-1549).
2. The HIV program will add the client to the regular testing schedule at the jail that occurs every two weeks.
3. The court ordered HIV tests take priority on the list of clients and will be called into the medical unit first.
4. The court ordered paper work is signed and a copy is left at the front desk at the Monroe detention center for Maddie or Lisa (court services).
5. The HIV/AIDS program will keep a copy of the results in a locked file cabinet in the surveillance office and record the result on the court ordered log sheet.
6. The court copy is submitted to the courts in a double sealed envelope via courier. Courier number 77B.

Revised 1/10