



ACTON POLICE DEPARTMENT

DEPARTMENT MANUAL; P&P: Special Occurrences		
POLICY & PROCEDURE # 7.05	DATE OF ISSUE:	EFFECTIVE DATE:
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SUBJECT: Exposure Control	ISSUING AUTHORITY: Chief Richard Burrows	
REFERENCE(S): Massachusetts Police Accreditation Commission # 22.2.6	<input checked="" type="checkbox"/> X___NEW ___AMENDS ___RESCINDS	

I. PURPOSE

The procedures and guidelines contained in this policy are intended to minimize an employee's exposure to and furnish the maximum level of protection from communicable diseases and vermin infestation that may be encountered during the course of duty.

II. POLICY

It is the policy of the Acton Police Department to pursue proactive measures in employee health issues; therefore, the Department has developed these exposure control guidelines and assigned support personnel to oversee a health and safety program. These guidelines should be followed whenever applicable.

Potentially infectious individuals may not display specific signs, symptoms or complaints and may have no awareness of their ability to transmit their disease(s) to others. Additionally, police officers encounter bodily fluids under uncontrolled, emergency circumstances in which the differentiation between fluid types is difficult, if not impossible, making it necessary to treat all body fluids as potentially hazardous.

Therefore, all department personnel are strongly encouraged to take all reasonable preventative and protective measures with each person(s) whom they are exposed to in order to reduce the risk of direct exposure to communicable diseases.

III. DEFINITIONS

For the purposes of this policy, the following definitions are applicable:

- **Communicable Diseases** – Diseases that may be transmitted from one person to another. They may be categorized into two exposure groups:
 1. Diseases that may be contacted via the respiratory system
 2. Diseases that may be contacted through direct contact with body fluids, such as blood, saliva, mucus membrane secretions, urine or feces.

- **Contamination** – The presence or reasonably anticipated presence of blood or other potentially infectious materials on a person, surface or item.
- **Decontamination** – The use of physical or chemical means to remove, inactivate or eradicate pathogens on a person, surface or item to the point they are no longer capable of transmitting infectious particles and the item is considered safe for handling, use or disposal.
- **Designated Infection Control Officer (DICO)** – The Officer responsible for ensuring that the department has an effective safety and health program. The DICO ensures that the Department meets any occupational requirements, assists the Training Supervisor with employee training on safety and health issues. The DICO shall also be a member of the Health and Safety Committee.

The DICO will also serve as the Acton Police Department's Infection Control Officer. As the Infectious Control Officer, the DICO shall act as a liaison between the department, the fire department, and any treating facility in a potential or actual exposure and coordinates effort surrounding the investigation of an exposure.

- **Health and Safety Committee** – A committee consisting of two patrol officers, the DICO and a designee of the Chief of Police. The Health and Safety Committee shall review health and safety issues, investigates officer health and safety complaints and makes recommendations to the Chief of Police on all health and safety concerns.
- **Parenteral Exposure** – An exposure that occurs through a break in the skin barrier; i.e. needle sticks, human bites, cuts contaminated with blood, etc., and which presents the greatest hazard of infection.
- **Personal Protective Equipment (PPE)** – Specialized clothing or equipment worn by an individual to protect him/herself from a hazard; it includes, but is not limited to gloves, gowns, face shields, protective eyewear, masks, mouthpieces and resuscitation bags.
- **Universal Precautions** – A method of infection control which all human blood and certain other body fluids are treated as if known to be infectious for HIV, HBV, and other blood borne pathogens.
- **Unprotected Exposure** – Eye, mouth, other mucous membrane, non-related skin or parenteral contact with blood, other body fluids or other potentially infectious material. Exposure may also occur by inhalation when a person in close face-to-face contact with an officer coughs or sneezes.

IV. CONFIDENTIALITY

All exposure reports and related medical records are strictly confidential. All documented reports of an unprotected exposure(s) shall be kept in a secure location maintained and restricted to the DICO. Employees may view their records through the DICO.

No medical records will be released without signed written consent from the affected officer.

V. INOCULATIONS

Due to the nature of police work and the hazards it entails, it is suggested that all officers receive the following inoculations: diphtheria, influenza, measles, mumps, poliomyelitis (polio), rabies, rubella and tetanus.

All officers shall be offered a hepatitis C check every five years and the hepatitis B vaccination series without cost.

VI. SAFETY PRECAUTIONS

A. Universal Precautions

All employees whenever possible should follow the following universal precautions.

- Any member who has open cuts or lesions on their hands should bandage them prior to contact with any persons.
- Gloves should be worn when physical contact with a person is anticipated.
- Goggles or face shields should be worn when performing any procedure during which the splashing of blood or body fluids is likely to occur.
- A mask or face shield should be worn if the generation of droplets or spattering of blood and/or other body fluids is likely to occur.
- A gown should be worn when participating in situations where spattering of blood or body fluids is likely to occur.
- Once gloves become contaminated, they should not handle anything clean.
- When removing gloves, turn them inside out and dispose of them properly. Employees should wash their hands immediately or as soon as possible after removing gloves or other PPE, and after hand contact with blood or other potentially infectious materials.
- Alternative hand-washing methods (waterless disinfectant hand cleaner or

antiseptic towelettes) should be used when soap and water are not available for handwashing. Handwashing with soap and water must still be performed as soon as possible to adequately flush contamination from the skin.

- Sharp objects should be handled in a manner that minimizes the likelihood of accidental cuts or punctures. These items should be stored (in the case of evidence) or discarded in an impervious container. Such containers shall be available in the booking area, rollcall room, and all cruisers.
- Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or countertops where blood or other potentially infectious materials are present.
- Specimens of blood or other potentially infectious materials shall be placed in a container that prevents leakage during collection, handling, processing, storage, transport or shipping. All such materials shall be distinguished with a “biohazard” label.
- To prevent possible exposures to employee’s families and/or the contamination of their households via work-related clothing items, these items should not be brought home if they have been contaminated. The Department will provide facilities and/or services for the cleaning of uniforms, equipment, and other work-related clothing for all officers.

B. Facility Considerations

To help minimize exposures, certain health and safety measures will be followed within the public safety facility.

- A decontamination area will be maintained containing:
 - a) Appropriate disinfecting supplies, including sprays to kill vermin
 - b) Saline solution (to rinse eyes)
 - c) Hot and cold running water
 - d) A washer, dryer and appropriate cleaning supplies to clean contaminated uniforms and equipment, or access to an outside facility to clean contaminated items
 - e) Non-latex gloves in various sizes
- The decontamination area is reserved for the use of Department members and shall be regularly and properly cleaned by Department custodians.
- The locker rooms and bathrooms of the police facility will not be used for decontamination purposes.
- “Sharps” containers will be located in appropriate areas, such as the sally port, booking room, evidence areas, etc.
- Portable hand sanitizer units will be placed in convenient locations throughout the facility.

C. Motor Vehicle Supplies

The DICO, or his/her designee, will ensure all department vehicles contain appropriate health and safety supplies. Specifically the DICO will be responsible for:

- Periodically inspecting department vehicles to ensure the maintenance of required health and safety items.
- Maintaining sufficient supplies of required health and safety items.
- Replacing required health and safety items when needed

VII. SPECIAL CONSIDERATIONS & SEARCHES

During the course of their duties, officers are often involved in situations that require special attention towards potential exposures. Some of these situations include:

- Pat-down searches
- Motor vehicle or residential searches
- Rescue and medical situations
- Transport and custody situations

The Following tactical considerations are meant to serve as guidelines for officers in these circumstances; it is understood that they may not be practical at times.

A. Pat-down Searches

- Department members should not place their hands in suspect's pockets or other hidden areas where needles, knives or other sharp objects may be hidden.
- Department members should wear disposable gloves when patting down a suspect and specially designed gloves that resist needle sticks, cuts and abrasions over the disposable gloves if the disposable gloves may be penetrated.
- If it does not present an undue safety risk, members may request a suspect remove all items from their own pockets while under close scrutiny.

B. Vehicle & Other Area Searches

- Officers should not blindly reach into areas where objects may be hidden when performing vehicle, residential, or other types of searches.
- Searches in some of these areas, such as under car seats, may be facilitated by the use of flashlights and mirrors.

- Pocketbooks and other small containers may be searched by turning them upside down over a table, counter, etc. and then examining the contents.

C. Medical Situations

- When dealing with persons requiring medical assistance, department members should wear disposable, protective gloves.
- If a medical situation involves the chance of a penetration of the protective gloves, another pair of gloves designed to resist penetration should be worn over the original pair.
- If members are required to perform CPR, a proper barrier resuscitation device should be used.

D. Transport and Custody Situations

- When practical, officers involved in the transportation of individuals who have body fluids or noticeable vermin infestation on their person should be transported in separate vehicles from other subjects.
- If individuals are bleeding or otherwise emitting body fluids, they should wear suitable protective coverings (bandages etc.) after receiving medical attention.
- Officers shall notify relevant support personnel during the transfer of custody of a person who has body fluids or noticeable vermin infestation on their person.
- Detainees with body fluids on their person or noticeable vermin infestation will be placed in an isolated area of the cellblock. Their cell will be posted with a noticeable sign that reads “Notice of Contamination”
- Department members shall document in incident reports and booking reports whenever a detainee taken into custody has body fluids on their person.

VIII. CONTAMINATION PROCEDURES

A. Personnel

If a department member is contaminated with a substance, the following actions should be taken:

Step	Action
1	If the skin comes into contact with blood, body fluids or human tissue, it should be washed immediately with soap and hot water for at least 60

	seconds or with waterless disinfectant hand cleaner (and then as soon as possible with soap and hot water).
2	If an eye(s) comes into contact with potentially infectious material, it should be vigorously flushed with saline solution.
3	If a person becomes contaminated over a significant area, or is potentially infested with contagious vermin, they will only enter the public safety facility to access the decontamination area.
4	A contaminated or infested person will enter the decontamination area from the nearest entry way and attend to all appropriate cleaning in that area.
5	Require the reporting requirements listed in this policy.

B. Equipment

Equipment items becoming contaminated should be handled in the following ways:

Step	Action
1	Any soiled or contaminated item(s) to be disposed of will be done so in a manner that does not endanger the health of other department members, or the general public.
2	Contaminated items to be disposed of will be placed in plastic biohazard bags.
3	Contaminated items to be cleaned should be brought to the decontamination area and be cleaned as soon as possible, or be placed in appropriate containers for safe storage until future cleaning.
4	All body fluids should be cleaned up immediately and washed with an

	aerosol disinfectant or a 1:10 dilution of 5.25% sodium hypochlorite (bleach).
5	Proper cleaning procedures will be posted in the decontamination area.

C. Station

If an area of the station becomes contaminated, the following procedures should be followed:

Step	Action
1	Areas of the police station that become contaminated, including the decontamination area should be cleaned as soon as possible.
2	Personnel assigned to clean up a contaminated area should wear appropriate protective apparel, such as protective gloves, booties, eye protection, masks and aprons.
3	Any hazardous substance should be cleaned up immediately by wiping the contaminated area with absorbent material and disposing of it in plastic biohazard bags. Areas contaminated should not be hosed down, as this simply creates a larger contaminated area.
4	The affected area should be washed with an aerosol disinfectant or a 1:10 dilution of 5.25% sodium hypochlorite (bleach).
5	If personnel are unable to clean an area immediately, such as in the cellblock, the contaminated area will be closed off and marked as a biohazard area.
6	Civilian companies such as 24Trauma or Aftermath may be notified by the shift supervisor or Patrol Division Commander to clean up major

	contamination problems.
7	Proper cleaning procedures will be posted in the custodial area of the booking room.

D. Vehicles

If a department vehicle becomes contaminated the following procedures should be followed:

Step	Action
1	Officers will not drive any police vehicle while they are contaminated or are wearing contaminated items, unless no viable alternative exists. Officers who must drive a police vehicle while contaminated will make a reasonable attempt to decontaminate themselves at the scene prior to entering the vehicle.
2	Any contaminated vehicle will not be used for regular duties until decontaminated.
3	A contaminated vehicle will be brought to the garage area for appropriate decontamination. Officers may clean up minor contamination problems during their shift. Civilian companies such as 24Trauma or Aftermath may be notified by the Patrol Division Commander or the Shift Supervisor to clean up major contamination problems.
4	Personnel assigned to clean up a contaminated vehicle should wear appropriate protective apparel, such as protective gloves, booties, eye protection, masks and aprons.
5	If a contaminated police vehicle cannot be immediately cleaned, it will be secured and tagged as a potential hazard until it can be properly decontaminated.

6	Proper cleaning procedures will be posted in the garage area.
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IX. REPORTING PROCEDURES

If any department member has or may have had exposure to any potential health hazard, the following reporting procedures will be followed:

Step	Action
1	The member(s) will notify their supervisor immediately.
2	In the case of any unprotected exposure, the DICO will be notified immediately.
3	Any member who has an unprotected exposure will submit a Mass. Dept. of Public Health Unprotected Exposure Form as soon as practical. Each Unprotected Exposure Form should include the Acton Police Department incident number on the form.
4	Any member who has an unprotected exposure will complete both an incident report and an on duty exposure report to (be submitted to the Gowrie Group) documenting the incident.
5	The DICO will receive copies of all exposure forms and provide any necessary follow-up

X. TRAINING

Proper training on the hazards of communicable diseases and preventative measures in dealing with potential or actual exposure situations is necessary of all department members. Annual training in these areas will be provided to all sworn officers, dispatchers and other employees working in situations where they may encounter contaminated substances.

All department members who are required to perform decontamination activities or to clean potentially hazardous substances shall be properly trained in safe cleaning and decontamination techniques.

XI. DEBRIEFING

Any incident of an unprotected exposure will be considered a critical incident and the Patrol Division Commander or the Shift Supervisor will make arrangements for a post-operative debriefing as outlined in Acton Police Department's All Hazards Plan & Training Policy (Policy 7.02)

EXPOSURE CONTROL INFORMATION

History: Manual I, Section III