

EAST RANGE POLICE DEPARTMENT

Communicable Diseases

POLICY
213

REV 03/10/2025

I. PURPOSE AND SCOPE

This policy is intended to provide guidelines for officer 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:

- A. To manage the risks associated with blood-borne pathogens, aerosol transmissible diseases and other potentially infectious substances.
- B. To assist Office personnel in making decisions concerning the selection, use, maintenance, limitations, storage and disposal of personal protective equipment (PPE).
- C. To protect the privacy rights of all Office personnel who may be exposed to or contract a communicable disease during the course of their duties.
- D. To provide appropriate treatment and counseling should an employee be exposed to a communicable disease.

II. DEFINITIONS

- A. ***Biohazard or Blood-borne Pathogen-*** Infectious biological agents or hazardous biological materials that present a potential or actual health risk.

III. 1013.2 PROCEDURES FOR CONTACT WITH BLOOD OR BODILY FLUIDS

All personnel who may be involved in providing emergency medical care or who come in contact with another person's blood or bodily fluids (e.g., during an altercation or while attending to any injured person) shall follow these procedures and guidelines.

IV. EXPOSURE CONTROL OFFICER

- A. The Chief of Police will assign a person as the Office's Exposure Control Officer (ECO). The ECO shall be responsible for the following:
 - 1. The overall management of the blood borne Exposure Control Plan and ensuring compliance with 29 CFR 1910.1030 (Minn. R. 5206.0600).
 - 2. The ECO will work with management to develop and administer any additional related policies and practices necessary to support the effective implementation of this plan and remain current on all legal requirements concerning blood-borne pathogens and other communicable diseases.
 - 3. The ECO will act as a liaison during OSHA inspections and shall conduct program audits to maintain an up-to-date Exposure Control Plan.

4. The ECO. Will review and update the Exposure Control Plan annually (on or before January 1 of each year).
5. Office supervisors are responsible for exposure control in their respective areas. They shall work directly with the ECO and the affected employees to ensure that the proper exposure control procedures are followed.

V. UNIVERSAL PRECAUTIONS

All human blood and bodily fluids such as saliva, urine, semen and vaginal secretions are to be treated as if they are known to be infectious. Where it not possible to distinguish between bodily fluid types, all bodily fluids are to be assumed potentially infectious.

VI. PERSONAL PROTECTIVE EQUIPMENT

- A. Personal protective equipment is the last line of defense against communicable disease. Therefore, the following equipment is provided for all personnel to assist in the protection against such exposures:
 1. Not less than two pair of disposable later gloves (keeping a box in the car recommended).
 2. Safety glasses or goggles.
 3. Rescue mask with a one-way valve.
 4. Alcohol, or similar substance, to flush skin at emergency site.
 5. Maintaining alcohol hand wipes in the car is recommended.
- B. The protective equipment is to be kept in each vehicle, inspected at the start of each shift and replaced immediately upon returning to the station if it has been used or damaged during the shift, or as otherwise needed.

VII. IMMUNIZATIONS

All Office personnel who, in the line of duty, respond to emergency medical calls or may be exposed to or have contact with a communicable disease shall be offered appropriate immunization treatment.

VIII. WORK PRACTICES

- A. All personnel shall use the appropriate barrier precautions to prevent skin and mucous membrane exposure whenever contact with blood or bodily fluid is anticipated.
- B. Disposable gloves shall be worn on all medical emergency responses. Disposable gloves should be worn before making physical contact with any patient and/or when handling items (e.g., evidence, transportation vehicle) soiled with blood or other bodily fluids. Should one's disposable gloves become contaminated with blood or other bodily fluids, the gloves shall be disposed of as contaminated waste. Care should be taken to avoid touching other items (e.g., pens, books and personal items in general) while wearing the disposable gloves in a potentially contaminated environment.

- C. All procedures involving blood or other potentially infectious materials shall be done in a way to minimize splashing, spraying or otherwise generating droplets of those materials. Eating, drinking, smoking, applying lip balm and handling contact lenses shall be prohibited in areas where a potential for an exposure exists.

IX. DISPOSAL AND DECONTAMINATION

The following procedures will apply to the disposal or decontamination of equipment or personnel after responding to an event that involved contact with a person's blood or bodily fluids:

A. USE OF WASTE CONTAINERS

1. Officers shall dispose of biohazards with the on-scene fire response vehicle, at the attending clinic or hospital, with its approval, or in an appropriately marked biohazard waste container immediately upon arrival.
2. The biohazard waste container shall be collapsible, leak-proof, red or appropriately labeled with a biohazard warning and routinely emptied.

B. DECONTAMINATION OF SKIN AND MUCOUS MEMBRANES

1. Personnel shall wash their hands immediately, on-scene if reasonably possible, or as soon as reasonably possible following the removal of potentially contaminated gloves.
2. Anti-bacterial soap and warm water or an approved disinfectant shall be used to wash one's hands, paying particular attention to the fingernails.
3. If an employee's intact skin contacts someone else's blood or bodily fluids or other potentially infectious materials, the employee shall immediately wash the exposed part of his/her 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 employee's skin are contaminated, the employee shall shower as soon as reasonably 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 mucous membrane washing that takes place in the station shall be done in the designated cleaning or decontamination area. Cleaning shall not be done in the kitchen, bathrooms or other locations not designated as a cleaning or decontamination area.

C. SHARPS AND ITEMS THAT CUT OR PUNCTURE

1. All personnel shall avoid using or holding sharps (e.g., needles, blades) unless they are needed to assist a paramedic or are being collected for evidence. Unless required for evidentiary reasons related to evidence preservation, employees are not to recap sharps. If recapping is necessary, a one-handed method shall be employed to avoid a finger prick.
2. Disposal, when practicable, shall be into a puncture-proof biohazard container.

3. 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. 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. 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.

D. DISPOSABLE PROTECTIVE EQUIPMENT

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

E. DECONTAMINATION OF PERSONAL PROTECTIVE EQUIPMENT

1. After using any reusable personal protective equipment, it shall be washed or disinfected and stored appropriately. If the personal protective equipment is not reusable (e.g., disposable gloves, mask) it shall be discarded in a biohazard waste container as described in this policy.
2. Any personal protective equipment that becomes punctured, torn or loses its integrity, shall be removed as soon as feasible. The employee shall wash up and replace the personal protective equipment if the task has not been completed. If any failure of personal protective equipment results in a contaminated non-intact skin event, decontamination as described in this policy shall be implemented.
3. Contaminated reusable personal protective equipment that must be transported prior to cleaning shall be placed into a biohazard waste bag and transported in the ambulance, paramedic truck or patrolman's vehicle. Gloves shall be worn while handling the biohazard waste bag and during the placement into the biohazard waste container, and then included in with the waste.

F. DECONTAMINATION OF NON-DISPOSABLE EQUIPMENT

1. Contaminated non-disposable equipment (e.g., flashlight, gun, baton, clothing, portable radio) shall be decontaminated as soon as reasonably possible. If it is to be transported, it shall be done by first placing it into a biohazard waste bag.
2. Grossly contaminated non-disposable equipment items shall be transported to a hospital, fire station or police department 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 the Environmental Protection Agency (EPA).
3. While cleaning equipment, pay close attention to handles, controls, corners, crevices and portable radios. Equipment cleaning shall not be done in the

kitchen, bathrooms or areas that are not designated as a cleaning/decontamination area.

4. Contaminated equipment should be cleaned using an approved EPA germicide or a 1:100 solution of chlorine bleach (.25 cup of bleach per one gallon of water) while wearing disposable gloves and goggles. Large particles of contaminants such as vomit, feces and blood clots should first be removed (e.g., using a disposable towel or other means to prevent direct contact) and then properly disposed.

G. DECONTAMINATION OF CLOTHING

1. 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 the ECO. The ECO will secure a dry cleaner that is capable of cleaning contaminated clothing and will inform them of the potential contamination. This dry cleaning will be done at the Office's expense.
2. 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.

H. DECONTAMINATION OF VEHICLES

1. 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.

I. DECONTAMINATION OF STATION AND CLEANING AREA

1. The ECO shall designate a location at the station that will serve as the area for cleaning/decontamination. This area is to be used to keep equipment clean and sanitary and for the employees to wash any potential contamination from their bodies. This area is to be thoroughly cleaned after each use and maintained in a clean and sanitary order at all times. The application of cosmetics, smoking cigarettes and consuming food and drink are prohibited in this designated area at all times.

J. POST-EXPOSURE REPORTING AND FOLLOW-UP REQUIREMENTS

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

K. EMPLOYEE RESPONSIBILITY TO REPORT EXPOSURE

1. To provide appropriate and timely treatment should exposure occur, all employees shall verbally report the exposure to their immediate supervisor and complete a written exposure report as soon as possible following the exposure or suspected exposure. The report shall be submitted to the employee's immediate supervisor and should include the names of witnesses to the incident, names of

persons involved in the underlying incident, and if reasonably feasible, any written statements from these parties.

L. SUPERVISOR REPORTING REQUIREMENTS

1. The supervisor on-duty shall investigate every exposure that occurs as soon as reasonably possible following the incident, while gathering the following information:
 - a. Names and social security numbers of the employee(s) exposed.
 - b. Date and time of incident.
 - c. Location of the incident.
 - d. The potentially infectious materials involved.
 - e. Source of material or person.
 - f. Current location of material or person.
 - g. Work being done during exposure.
 - h. How the incident occurred or was caused.
 - i. PPE in use at the time of the incident.
 - j. Actions taken post-event (e.g., clean-up and notifications).
2. The supervisor shall use the above information to prepare a written summary of the incident, its causes and recommendations for avoiding similar events. This report will be provided to the ECO, the consulting physician and to the City's Risk Manager.

M. MEDICAL CONSULTATION, EVALUATION AND TREATMENT

1. Any employee who received exposure or suspected exposure shall be seen by a physician (or qualified health care professional) as soon as reasonably possible.
2. The ECO will request that the qualified health care professional provide the ECO and/or the County's risk Manager with a written opinion/evaluation of the exposed employee's situation. This opinion shall only contain the following information:
 - a. If a post-exposure treatment is indicated for the employee.
 - b. If the employee received a post-exposure treatment.
 - c. Confirmation that the employee received the evaluation results.
 - d. Confirmation that the employee was informed of any medical condition resulting from the exposure incident that will require further treatment or evaluation.
3. All other findings or diagnosis shall remain confidential and are not to be included in the written report.

N. COUNSELING

1. The office should provide the exposed employee, and his/her family if necessary, the opportunity for counseling and consultation.

O. CONFIDENTIALITY OF REPORTS

1. Most of the information involved in the process must remain confidential. The ECO shall ensure that all records and reports are kept confidential (Minn. Stat. 144.7411).

2. The ECO shall be responsible for maintaining records containing the employee's treatment status and the results of examinations, medical testing and follow-up procedures that took place as a result on an exposure.
3. The risk manager shall be responsible for maintaining the name and social security number of the employee and copies of any information provided to the consulting health care professional as a result of an exposure.
4. This information is confidential and shall not be disclosed to anyone without the employee's written consent, except as required by law.

P. SOURCE TESTING

1. 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 several methods to obtain such testing. It is the responsibility of the ECO to ensure that the proper testing and reporting occur. These methods include the following:
 - (a) The East Range Police Department may request that a licensed hospital or other licensed emergency medical care facility follow the procedures of Minn. Stat. 144.7401 to Minn. Stat. 144.7415 for consensual source testing when an officer or any other employee acting as a Good Samaritan may have experienced a significant exposure to pathogenic microorganisms present in human blood that can cause disease. Officers need not have been engaged in providing medical assistance for the exposure to apply for source testing; for example, being pricked by a hypodermic needle during a search may suffice (Minn. Stat. 144.7401; Minn. Stat. 144.7402). A court order may be sought when a source person does not consent to the testing requested by a hospital or other facility (Minn. Stat. 144.7407).
 - (b) Obtaining voluntary consent directly from a person who may be the source of an exposure to include testing for any relevant disease. This is separate from the consent that may be sought through a statutory process above.
2. If the ECO is unavailable to seek testing of the person who was the source of the exposure, it is the responsibility of the exposed employee's supervisor to ensure testing is sought.

Q. PROCEDURE

1. Upon notification of an employee's exposure, the ECO should attempt one or more of the following methods to obtain source testing:
 - (a) In order to seek testing through the procedures of Minn. Stat. 144.7401 to Minn. Stat. 144.7415 by a licensed hospital or other emergency medical care facility, the ECO should:
 - (1) Notify a hospital or other applicable facility where the exposed officer or other employee was evaluated that testing is being requested.
 - (2) Locate the source person if he/she is not at the hospital or other facility. If the person cannot be located, the Chief of Police should be notified and will assist in location attempts. When located, the ECO will notify the evaluating hospital of the person's location. (It will then be the responsibility of the hospital to contact the person.)

X. REFERENCES AND REVISIONS

a. REFERENCES

i. X

b. REVISIONS

i. 04/19/2016 – Initial Policy

ii. 03/10/2025 – ERPSB Approval Date