



*Alexandria Police Department*  
**Directive 10.5**



# INFECTION CONTROL

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**10.5.01 POLICY/PURPOSE**

It is the policy of this Department to provide appropriate equipment, training and procedural guidelines to minimize or eliminate employees' risk of exposure to communicable diseases; ensure that employees consistently use the measures provided; and provide confidential follow-up medical treatment and advice to employees who experience confirmed exposure to communicable disease.

**10.5.02 RULES/RESPONSIBILITIES**

All incidents of exposure to communicable substance will be administered with extreme confidentiality. Only internal personnel on a need to know basis will be privileged to information related to exposure incidents.

**No reference to a communicable substance exposure will be made in any incident report.**

**The names of individual(s) involved will not be revealed.**

**No form of verbal or written reference to the exposure is to be made.**

All out of pocket expenses not covered by Worker's Compensation related to communicable materials exposure testing and treatment will be paid by the Police Department.

**A. The Chief of Police will:** designate an infection control officer. See Appendix C for contact information.

**B. The Designated Infection Control Officer will:**

1. **Serve as the Department's Communicable Disease Control Coordinator** and coordinate the Department's infection control policies ensuring new or revised procedures are reviewed to determine whether they will result in occupational exposure.
2. Ensure all new and revised job classifications are reviewed to determine if tasks and procedures will result in occupational exposure;
3. Ensure that employees receive training upon initial assignment and retrained annually on communicable disease and the proper handling and disposal of biohazard materials;
4. Maintain communicable disease training records; and
5. Maintain employee medical records and Hepatitis B training and vaccinations.
6. Ensure that appropriate personal protective equipment is available.

7. Maintain liaison with the City Risk Manager on issues of infection control;
8. Maintain liaison with medical facilities providing post-exposure evaluation and follow-up; and
9. Maintain records on exposure incidents.
10. When contacted by an employee or supervisor determine whether an actual exposure to an employee has occurred.
11. Review and evaluate Communicable Disease Exposure Reports (ADP-467)
12. Ensure the confidentiality of all exposure reports and store them in a secured location.
13. Make appropriate notification to all police staff of scheduled leave or known absences with direction for contacting the back-up infection control officer should an exposure incident occur.

**C. The Sworn Police Recruiter will:**

1. Forward vaccination records of all newly hired sworn personnel to the Infection Control Officer.
2. Ensure all newly hired sworn personnel are offered Hepatitis B shot series *during APD local training.*

**D. The Civilian Recruiter will:** forward vaccination records of all newly hired at risk civilian personnel to the Infection Control Officer.

**E. The Division Chief of Fiscal Management will:** allocate and budget funds to cover all out of pocket expenses not covered by Worker's Compensation for testing and treatment of employees exposed to communicable materials.

**F. The Division Chief of Personnel and Training will:** manage the budget account as the account administrator for the out of pocket expense funds.

**G. Facilities & Security Management will:**

1. Ensure the Department work sites are maintained in a clean and sanitary condition; equipment and biohazard containers shall be available to employees.
2. Examine, maintain and replace engineering controls on a regular schedule to ensure their effectiveness; and
3. Properly dispose of biohazard waste.

**H. Supervisors will:**

1. Ensure that employees follow safety procedures and use appropriate personal protective equipment;
2. Ensure that appropriate personal protective equipment is readily available and maintained by their personnel;
3. Ensure that personal protective equipment and other protective items are available for use at all times in their units. (All items can be obtained from Property during regular hours.)
4. **Ensure the confidentiality of reports and activities related to employees within their span of control.**
5. Comply with post-exposure incident follow-up procedures; and
6. Ensure employees who have an exposure incident comply with follow-up procedures, and ensure confidential reporting of activities.

**I. All employees will:**

1. Diligently practice Standard Precaution and comply with all safety procedures;
2. Use appropriate personal protective equipment and properly dispose of them when contaminated;
3. Maintain all issued personal protective equipment so that it is complete, usable and readily accessible;
4. Comply with post-exposure incident procedures; and
5. Maintain the confidentiality of medical information regarding other employees or source individuals.

**10.05.03 EXPOSURE REPORTING PROCESS**

- A.** Immediately following any incident that may have exposed an employee to a communicable disease, the employee shall take the following steps:
1. Wash the exposed areas of the body thoroughly with soap and water. Where water is not available in the field, use the issued field wipes and sprays as an interim measure.
  2. Contact the Designated Infection Control Officer who will determine whether an actual exposure occurred. See Appendix C for contact information. If the event is not an exposure, the designated infection control officer will explain why it is not an exposure. If the employee disagrees, he or she may call 703-

365-8388 for a second opinion from an infection control consultant with the Infection Control/Emerging Concepts Company, or the on duty hospital emergency room doctor.

3. If there was an actual exposure, follow the instruction of the Designated Infection Control Officer for medical evaluation and follow up.
  - a. Document an actual exposure incident by completing a Communicable Disease Exposure Report (APD-467), Employee's First Report of Accident and Employee Statement-Job Related Injury/Illness. For the purpose of confidentiality, do not include references to communicable disease exposures in Offense/Incident Reports (APD-7). Document all medical evaluation visits on a Medical Evaluation Report (APD-468), returning the completed form to the Infection Control Officer through the employee's supervisor.
- B.** Supervisors learning of an exposure likelihood, and/or possibility that an exposure has occurred, will respond to the scene and ensure the following steps are taken:
  1. Verify the Designated Infection Control Officer has been notified,
  2. Confer with the Designated Infection Control Officer,
  3. Clean up the employee and any affected environmental surfaces and areas.
  4. Identify the source individual.
  5. Ensure that the source of the exposure has been taken to Alexandria hospital for testing for Hepatitis B, Hepatitis C, and HIV viruses. According to Virginia Code 32.1-45.1, the source is deemed to have consented to testing for infection with Human Immunodeficiency virus or Hepatitis B or C viruses, and to the release of such test results to the law-enforcement officer who was exposed. The source will be tested for HIV (SUDS rapid test – 30 minutes), and Hepatitis B and C. If the source refuses the tests, the Supervisor on the scene will obtain a court order pursuant to Virginia Code 32.1-45.1 to obtain a search warrant necessary to obtain blood sample(s) from the source to be tested for Hepatitis B, Hepatitis C, and HIV viruses.
  6. Ensure that the source has been transported to the hospital emergency room.
  7. **Ensure the strictest confidentiality of the exposure**
    - **No reference to the exposure will be made in any incident report**
    - **Names of individual(s) involved will not be divulged**
    - **No form of verbal or written reference to the exposure is to be made, except as authorized by this directive**
- C.** Prior to the end of the shift or within 24 hours, the Designated Infection Control Officer will facilitate a FAX copy of the exposure report form to the doctor's office and have the exposed employee call for an appointment. The office will be expecting the call.

- D. The risk for contracting these blood borne pathogens is low, and the employee will receive appropriate medical follow-up handled in a confidential manner.

#### **10.5.04 ENGINEERING CONTROLS**

##### **A. Packaging/Storing**

1. Immediately, or as soon as possible after collection or processing, employees will place blood, body fluids, other potentially communicable materials and contaminated items in an appropriate container for storage, further handling/processing, transport and/or shipping.
2. Any item capable of puncturing the primary container must be placed in a secondary container that is puncture resistant. If the employee does not have one available, he or she shall contact their supervisor for assistance.
3. Contaminated needles or other contaminated sharp objects (e.g., knives, broken glass) will be placed in a sharps container or other appropriate container that is puncture resistant and leak-proof on the sides and bottom. If the employee does not have one available, he or she shall contact their supervisor for assistance.
4. Blood, body fluids, other potentially infectious materials and contaminated items will be packaged so as to prevent leakage during storage, transport or shipping. If the employee does not have one available, he or she shall contact their supervisor for assistance.
5. If contamination of the primary container occurs, employees will place it within a second container that prevents leakage.
6. Employees placing contaminated items in the drying room will affix a biohazard label.
7. Clothing or other items dampened by body fluids will not be sealed in an airtight container, unless they are ready for disposal.

##### **B. Labeling**

1. Immediately or as soon as possible after collection, processing or packaging, employees will apply a readily observable biohazard label to all containers of blood, body fluids, other potentially infectious material and contaminated items.
2. The Property Section Supervisor will place readily observable biohazard labels on all refrigerators, cabinets or other areas where blood, body fluids, other potentially communicable materials or contaminated items are placed.

3. In cases where equipment becomes contaminated, and then cannot be decontaminated, employees will properly package and attach a readily observable biohazard label prior to shipping or servicing. The employee responsible for the equipment will ensure that all other employees, repair persons or others expected to handle the equipment are advised in writing (and orally, if appropriate) of the contamination.

#### 10.5.05 WORK PRACTICE CONTROLS

##### A. Work Procedures/Precautions

1. Employees will at all times practice Standard Precaution, treating all blood, body fluids, other potentially infectious materials and contaminated items as if they are infected.
2. All procedures involving blood or other potentially infectious materials will be performed in such a manner as to minimize splashing, spraying, spattering and generation of droplets of these substances.
3. Searches should be conducted with caution to avoid accidental needle pricks or cuts by sharp objects. For prisoner searches, make a careful visual check of areas to be searched, especially pockets, cuffs and collars and ask if there is anything sharp in their pockets. Where vision is obstructed, probe areas to be searched with *the* end of *a blunt* object, when possible.
4. Keep open cuts or sores bandaged while on duty.

##### B. Hand washing

1. Employees will wash their hands with soap and water immediately or as soon as feasible after:
  - a. Contact with blood, body fluids or other potentially infectious material. (Employees will also wash other skin or flush mucous membranes with water following contact of these areas.); and
  - b. Removal of gloves or other personal protective equipment.
2. In the absence of hand washing facilities, employees will use field hand washing cleaners or wipes, following which they will wash with soap and water as soon as feasible.

##### C. Decontamination

1. Employees will decontaminate contaminated equipment, work and other surfaces (e.g., countertops, door handles, steering wheel) with appropriate disinfectant after contact with blood or other potentially infectious materials. The decontamination should take place immediately after completion of work procedures, or as soon as feasible when surfaces are contaminated; or after any spill of blood or other potentially communicable materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

2. Surfaces and equipment will be disinfected by wiping with Department-provided disinfectant. Employees will use utility gloves and disposable towels.
3. Employees will remove and replace protective coverings on equipment and work surfaces as soon as feasible when they become contaminated or at the end of the work shift if they may become contaminated during the shift.
4. Employees will remove contaminated clothing immediately or as soon as feasible.
5. **Uniforms/Work Clothing**
  - a. If, in spite of or in the absence of personal protective equipment, uniforms or other work clothing becomes contaminated, employees will remove them and, if necessary to complete the work shift, request replacement from Property.
  - b. Employees can decontaminate small areas of clothing by washing (hot water, detergent and a small amount of bleach) or by professional dry cleaning (point out the contaminated area to the dry cleaner).
  - c. When significant contamination renders clothing unsuitable for further use, employees will (with the approval of a supervisor) dispose of the items in accordance with this directive. Requests for replacement uniforms or reimbursement for personal clothing should be made in accordance with Police Directive 6.3, UNIFORMS, APPEARANCE AND CARE OF EQUIPMENT.

#### **D. Prohibitions**

Employees are **PROHIBITED** from:

1. Recapping, removing needles from syringes, shearing, bending or breaking contaminated needles or other contaminated sharp objects;
2. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses in work areas where there is a reasonable likelihood of exposure to contaminated material or surfaces.
3. Placing food or drink in refrigerators, freezers, shelves, cabinets or on countertops or work surfaces where blood or other potentially infectious materials are present;
4. Picking up by hand, broken glassware that may be contaminated;
5. Leaving contaminated personal protective equipment in the field, cruisers or work areas;



6. Wearing personal protective equipment for **routine** handling of prisoners, suspects or victims: and
7. Disposing of non-biohazard trash in the containers marked and intended for biohazard material only.

#### 10.5.06 PERSONAL PROTECTIVE EQUIPMENT

##### A. Use

1. Employees should use appropriate personal protective equipment for all tasks in which exposure to blood, body fluids, other potentially communicable materials or contaminated items may be reasonably anticipated.
2. Employees will use personal protective equipment when available so as to prevent blood or other potentially infectious material from passing through or reaching the employee's work clothes, street clothes, undergarments, skin, eyes, mouth or other mucous membranes.
3. Employees will reasonably anticipate the need to use personal protective equipment based on the nature of the task or incident and be prepared to put on equipment when available at the scene.
4. Employees will report any failure of personal protective equipment to the Designated Infection Control Officer if they believe an exposure may have resulted.

##### B. Exemption

1. When available, employees will use appropriate personal protective equipment except when, in the employee's professional judgment, in that specific instance, its use would prevent the delivery of public safety services or would pose an increased hazard to themselves or co-workers.
2. This exemption will be used only on a case-by-case basis in situations requiring an immediate, on-the-spot decision. The exemption is not to be applied to a particular work area or recurring task.
3. Employees must limit the time and extent to which personal protective equipment is not used by (1) continuing to take steps to reduce risk and (2) using full precautions as soon as a properly-protected co-worker is available to relieve the employee or the violent person has been subdued or--in the case of first aid or CPR--the criticality of the patient's condition has decreased.
4. The exemption may not be used because the person being dealt with is perceived to be low risk.

**C. Availability**

Personal protective equipment is available to employees as follows:

1. Sergeants and designated investigative staff are issued supplies of personal protective equipment (See Appendix B).
2. Various items of personal protective equipment are available in designated units and/or work areas (e.g., Property, **CSI**, Overnight Evidence). (See Appendix B.)

**D. Gloves**

1. Employees will wear gloves when it can be reasonably anticipated that they may have hand contact with blood, other potentially infectious materials, mucous membranes and non-intact skin, or when handling or touching contaminated items or surfaces.
2. Employees will choose the type of glove to wear (disposable or utility) based on the task to be performed.
  - a. **Disposable gloves** will be replaced as soon as practical if they are torn, punctured or if their ability to function as a barrier is compromised. Disposable gloves are to be disposed of immediately after use.
  - b. **Utility gloves** are appropriate when cleaning contaminated surfaces and whenever there is increased risk of tearing or puncture (e.g., searching places where vision is obstructed). Employees will decontaminate utility gloves for re-use by cleaning them with disinfectant before removing them. After removal, employees will examine utility gloves for cracks, peeling, tears or punctures that may compromise their ability to function as a barrier.

**E. Masks/Goggles** - Employees will wear eye/nose/mouth shields whenever it can be reasonably anticipated that eye/nose/mouth contamination may result from splashes, sprays, spatter or other droplets of blood or other potentially infectious materials or when there is reason to suspect that an individual may have an airborne transmissible disease. Eye/nose/mouth shields will be disposed of after use.

**F. Gowns/Protective Body Clothing** - Appropriate gowns, laboratory jackets and other protective body clothing will be worn in occupational exposure situations (e.g., crime scenes, accident scenes). Employees will choose the appropriate protective apparel based on the task and the degree of exposure anticipated.

**G. CPR Shields** - Employees will use CPR shields when administering mouth-to-mouth resuscitation. Shields are to be properly disposed of immediately after use.

**H. Other Protective Items** - The Department has available in the workplace the following items (see Appendix B):

- Hand washing wipes
- Disinfectant
- Paper towels
- Needle/sharps containers

- Infectious waste disposal bags
- Biohazard labels

**10.5.07 EXPOSURE INCIDENT FOLLOW-UP**

- A.** Where an exposure has occurred, the Supervisor responding to the scene of the exposure incident will:
1. Ensure that the employee is given information materials included in Appendix C and a Medical Evaluation Report (APD-468).
  2. Determine the infection status of the source individual, if known, by immediately contacting the source individual and requesting consent for testing and/or release of test results.
    - a. Once consent is obtained and documented on the Consent to Collect and Test Blood (APD-38) transport the source individual to the Emergency Room for testing. The test results should be forwarded to the Designated Infection Control Officer.
    - b. If the source individual refuses consent, the investigating Supervisor will petition the Magistrate for a search warrant or begin proceedings to obtain a court order pursuant to Virginia Code 32.1-45.2 to obtain blood sample(s) from the source to be tested for Hepatitis B, Hepatitis C, and HIV viruses.
  3. Ensure the following documents are complete as applicable:
    - Communicable Disease Exposure Report (APD-467)
    - Medical Evaluation Report (APD-468)
    - Copy of related Offense/Incident Report (APD-7)
  4. Treat all infection control documents as confidential.
- B.** The hospital will call the Designated Infection Control Officer with the results of the source's SUDS rapid test for HIV and/or Hepatitis test, and he or she will relay this information to the employee immediately. If the test is negative, nothing more needs to be done until the other test results come back the next day. If the test is positive, the Designated Infection Control Officer will contact the following doctor's office immediately to set up an appointment for the employee:
- [Dr. David Wheeler, Infectious Diseases Physicians, Inc., 3289 Woodburn Road, Suite 200, Annandale, VA 22003, office number 703-560-7900. Fax numbers 703-560-8408 and 703-876-9290.](#)
- C.** At the doctor's office, the employee will have baseline testing for the same diseases, and will receive counseling and follow-up instructions. The results of lab work are confidential and remain with the doctor's office.
- D.** If the employee has any questions, they may contact the doctor's office or the Designated Infection Control Officer.

- E. The employee is responsible to keep or cancel all scheduled medical appointments.
- F. In cases of occupational exposure to HIV, employees are encouraged to consent to collection of a blood sample for baseline testing. Employees may then, immediately or within 90 days, request medical staff to conduct the HIV baseline test. (Medical staff is required by Federal regulation to hold the sample for 90 days and test it as soon as possible after the employee consents/requests the test.)
- G. Fifteen (15) days after the exposure event, the employee should receive a letter from the doctor's office reviewing the events and treatment. All of this is confidential between the employee and the doctor.
- H. Employees scheduled to work at the time of infection control medical appointments will not be charged leave. Employees not scheduled to work at the time of infection control medical appointments will not be paid overtime.
- I. When possible exposure incidents occur, a Designated Infection Control Officer will:
  - 1. Discuss the details of the incident with the employee, make a determination as to whether or not there was an exposure and ensure appropriate follow up as needed.
  - 2. Review all documentation and determine if the employee's decision to invoke the exemption not to use of personal protective equipment was appropriate and was based on situations that could be corrected.
  - 3. Document by memorandum to the employee (copy to the employee's medical file) any instance in which the Designated Infection Control Officer determines that there was not an exposure. The memorandum should document the discussion with the employee, the determination and the reason for the determination.
- J. If an employee thinks he or she has contracted an illness as a result of an on-duty exposure incident, contact the Designated Infection Control Officer.
- K. **Information regarding the communicable disease status of any employee is confidential. Employees are prohibited from revealing the communicable disease status of a source individual, except to another public safety employee if there is potential risk of exposure to that employee.**

<b>10.5.08      REGULATED WASTE</b>
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- A. Employees will place any contaminated items to be disposed of in biohazard waste containers at Police facilities, Alexandria Hospital Emergency Room, Alexandria Detention Center booking room, any City Fire Station (9am – 9pm) or any other location having an appropriate, labeled biohazard waste container. Such items should be transported from the field in a biohazard bag.

- B.** Facilities Maintenance will dispose of contaminated sharps and regulated waste immediately, or as soon as feasible, in the following manner:
1. Contaminated sharps will be placed in a rigid plastic container, closed and clearly labeled as "biohazard/communicable waste." To the extent possible, sharps will remain as packaged for storage when they are placed in the disposal container.
  2. All other blood, body fluids, other potentially communicable materials and contaminated items will be packaged in two leak-proof red plastic bags (separately sealed) or one sealed leak-proof red plastic bag inside a double-walled corrugated fiberboard box. Liquid items will remain as packaged in leak-proof storage containers when they are placed in the disposal container.

#### **10.5.09 PREVENTION AND TESTING**

Employees who are at risk for exposure to communicable disease are offered the opportunity to be vaccinated against Hepatitis B as follows:

- A.** Hepatitis B vaccination (a series of three inoculations) is offered to new employees within ten working days of initial assignment and to employees who have previously declined the vaccination then later consent to receive it.
- B.** Hepatitis B vaccination is offered only after a required training session generally conducted during the pre-employment medical screening; and
- C.** Employees will sign consent/refusal forms after Hepatitis B training and before receiving the vaccination.
- D.** Regardless of whether an employee elects to receive the Hepatitis B vaccination within ten working days of initial assignment or later, the cost associated with the vaccination is always paid by the City of Alexandria.

#### **10.5.10 EMPLOYEE RECORDS**

**A. The Designated Infection Control Officer will:**

1. Maintain confidential employee medical records (separate from personnel folders). When the employee separates from the Department, the file will be transferred to Risk Management. This file will include:
  - Employee name and social security number;
  - Hepatitis B vaccination status, dates of vaccination and any medical records relative to the employee's ability to receive vaccination;

- Historical records of any exposure incidents, including Offense/Incident Report (APD-7), Communicable Disease Exposure Report (APD-467) and Medical Evaluation Report (APD-468).
2. Maintain summary information on Hepatitis B training and vaccinations completed and confidential employee files on all current exposure incidents. Whenever an exposure incident results in the filing of a Workers' Compensation claim, the file will be transferred to Risk Management.

### C. Training

1. **The Training Supervisor** will maintain infection control training records for at least three years, including:
  - Lesson plans;
  - Name and qualifications of instructors;
  - Training session dates; and
  - Name/job title of persons trained;

**By Authority of:**

**Earl L. Cook  
Chief of Police**

# Appendix A

## DEFINITIONS

**AIDS** - Acquired Immune Deficiency Syndrome; see HIV.

**At Risk Employee** - any employee (sworn or civilian) that deals directly with the public.

**Blood-borne Pathogens** - Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B virus (HBV), Hepatitis C virus (HCV), Syphilis and Human Immunodeficiency Virus (HIV).

**Contaminated** - The presence, or the reasonably anticipated presence, of blood or other potentially communicable materials on an item or surface.

**Contaminated Waste** - Blood, body fluids, other potentially infectious materials and contaminated items that are no longer needed and may be disposed of in accordance with biohazard waste guidelines (see 10.5.08).

**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 communicable particles and the surface or item is rendered safe for handling, return to use or disposal.

**Designated Infection Control Officer** - The Department's primary resource person on infection control; responsible for review, evaluation and follow-up on exposure incidents.

***Ebola** – Previously known as Ebola hemorrhagic fever, is a rare and deadly disease caused by infection with one of the Ebola virus strains. Ebola can cause disease in humans and nonhuman primates (monkeys, gorillas, and chimpanzees). Ebola virus is transmitted through direct contact with contaminated blood or bodily fluids from an infected person or through direct exposure to contaminated objects.*

**Engineering Controls** - Controls that isolate or remove the blood-borne pathogens hazard from the workplace (e.g., sharps containers, leak-proof packaging).

**Exposure Incident (blood-borne pathogens)** - A specific eye, mouth, mucous membrane, non-intact skin or parenteral (piercing mucous membranes or skin) contact with blood or other potentially communicable materials that results from the performance of an employee's duties.

**Exposure Incident (other)** - Exposure to tuberculosis or other communicable diseases that results from the performance of an employee's duties.

**Hepatitis** - Inflammation of the liver. The greatest risks to public safety workers are Hepatitis B and Hepatitis C, both of which can result in eventual death. Both are caused by blood-borne viruses. Hepatitis B can be prevented by vaccine.

**HIV** - Human Immunodeficiency Virus; adversely affects the immune system, rendering the infected individual vulnerable to a wide range of disorders. These disorders can be aggressive, rapidly progressive, difficult to treat, and less responsive to traditional modes of treatment. HIV may lead to development of AIDS and death. There is no vaccine to prevent HIV infection. The HIV virus is extremely fragile outside of a host body and is easily destroyed by the use of heat, soap and water, or disinfectant.

**Occupational Exposure** - Reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially communicable materials that may result from the performance of an employee's duties. Federal regulation requires the listing of all job classifications in which some or all employees may have occupational exposure (See City Infection Control Plan).

**Other Potentially Communicable Materials** - Body fluids; any tissue or organ (other than intact skin) from a human (living or dead); experimental cultures containing HBV or HIV; blood, organs or other tissues from experimental animals infected with HIV or HBV.

**Parenteral** - Piercing mucous membranes or skin via needle sticks, human bites, cuts and abrasions.

**Personal Protective Equipment** - Specialized clothing or equipment worn by an employee for protection against blood-borne contamination; does not include general work clothes that are not intended as protection against a blood-borne pathogens hazard. (See Appendix B for list of items that are either issued or available in various work areas.)

**Regulated Waste** - (1) liquid or semi-liquid blood or other potentially communicable materials, (2) contaminated items that would release blood or other potentially communicable materials in a liquid or semi-liquid state if compressed, (3) items that are caked with dried blood or other potentially communicable materials and are capable of releasing these materials during handling, (4) contaminated sharps, (5) medical wastes containing blood or other potentially communicable materials. Regulated waste includes contaminated gloves and other personal protective equipment.

**Sharps** - Needles and other sharp objects.

**Source Individual** - Any individual, living or dead, whose blood or other potentially communicable materials may be a source of occupational exposure to an employee.

**Standard Precaution** - The practice of treating all blood, body fluids and other potentially communicable materials as if they were infected.

**Tuberculosis (TB)** - An infection that primarily affects the lungs; transmitted by airborne droplet nuclei from the respiratory tract of an infected person. TB is treatable. (Some treatment-resistant strains have caused death.)

**Work Practice Controls** - Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., Body Substance Isolation, handling of needles, hand washing).



## Appendix B

### Personal Protective Equipment and Related Items

(Re-stock from unit commander's supply or Property.)

#### A. Work Area Items:

##### *Crime Scene*

***Investigation Section:*** Gloves, Disinfectant, Gowns/Protective Body Clothing

**Property and Evidence:** Gloves, sharps containers, hand washing wipes, disinfectant paper towels, biohazard labels

**Overnight Evidence:** Gloves, sharps containers, paper towels, biohazard labels

**Vehicle Bay:** Disinfectant, paper towels

#### B. Personal Infection Control supplies Issued to Supervisors to make available to officers:

Alcohol based hand cleaner, spray or foam

Alcohol based disposable hand wipes / Sani Wipes brand gloves

## Appendix C

### RESOURCES

The Alexandria Police Department has one primary Designated Infection Control Officer:

**Division Chief Shawn Lasher**

   
**Work:**  **703-746-6667**

**All three contact numbers for the primary Designated Infection Control Officer should be attempted prior to contacting the back-up Designated Infection Control Officer:**

**Back-up Designated Infection Control Officer:**

**Lieutenant Chris Ware**

   
**Work:**  **703-746-6219**

**Risk Management**

Isiah Speller or  
Cassandra Menefee  
703-746-4549

**Virginia Department of Health**

**AIDS Hotline**  
1-800-533-4148  
(M-F, 0800-1900)

**National AIDS Hotline\* (and referral  
service for other health/disease topics)**

Center for Disease Control (CDC).

English (24 hours): 1-800-CDC (232)-INFO (4636)

Spanish (0800-0200): 1-800-CDC (232)-INFO (4636)

TTY (M-F, 1000-2200): 1-800-232-6348

**CDC AIDS Clearinghouse**

1-800-458-5231

**National Sexually Transmitted Disease Hotline**

1-800-227-8922

**CDC Immunization Hotline (M-F, 0800-2300)**

English: 1-800-232-4636

Spanish: 1-800-232-4636

## **Appendix D**

### **FOLLOW-UP PROCEDURES**

Following exposure to blood-borne or airborne pathogens, medical evaluation and follow-up includes:

- A. Documentation of the route and circumstances of exposure.
- B. Identification and documentation of the source individual to the extent permitted by law.
- C. Baseline testing.
- D. Post-exposure treatment as recommended by the U.S. Public Health Service.
- E. Counseling.
- F. Evaluation of reported illness.
- G. A healthcare professional's written opinion that addresses:
  - 1. Need for HBV vaccination; and
  - 2. Statement that the employee has been informed of the results of the evaluation, including any resulting medical conditions, which require further evaluation or treatment. (All other medical evaluation findings/diagnoses are confidential and are not included in this report.)

## **Appendix E**

### **HANDLING PERSONS WITH FLU-LIKE SYMPTOMS**

#### **Guidance for when you handle an arrestee with flu-like symptoms:**

The following is meant as general guidance when dealing with someone who appears to have flu-like symptoms while in your custody. If the arrestee is sneezing and/or coughing to the extent that it concerns the custodial officer, the following precautions should be followed. It is understood that in field conditions officers will not always be able to comply with these guidelines immediately, however, it is necessary that each officer understands that it is in his or her interest to comply with this guidance as soon as practical.

The Center for Disease Control stresses that your first line of defense against the spread of most communicable illness is to wash your hands frequently with soap and water or use an alcohol-based cleaner. Hand hygiene is one of the most significant interventions that all persons can take to decrease the risk for transmission of disease. When soap and water are not available, alcohol-based disposable hand wipes or gel sanitizers may be used. The proper wearing of protective gloves will aid in the reduction of the spread of these illnesses.

Transmission from the ill person to you will most likely be from your repeated breathing of their aerosolized mucus droplets (cough or sneeze), or from your touching of their body or clothing thus transferring the illness to your hands and then using your contaminated hands to touch your face (eyes, nose, mouth). By human nature, we are constantly touching our face for a multitude of reasons. If you have gloved hands and you contaminate the gloves and then touch your face, you have the same net effect.

#### **Suggested Steps:**

Perform whatever tasks you must until you have control of the person.

Afterwards, take special care not touch your face.

Then wash your hands.

Assess whether it is practical to put a surgical mask on the arrestee.

If it is, don gloves and place a mask on the arrestee's face covering his face and mouth.

After masking them, remove gloves and wash your hands again.

Be sure masking doesn't impede the arrestee's ability to breath and observe them closely.

In the cruiser, close the partition.

Lower the rear windows (weather permitting) a few inches for rearward airflow.

Turn your heat or A/C blowers on (weather appropriate) to keep airflow rearward.

After the transport, wipe down the cruiser contact points with appropriate cleaner.

High traffic contamination areas are (steering wheel, shift & turn signal handles, police radio switches and microphone, door handles, mirror and power window buttons). Remember anything you or the arrestee touches inside the vehicle should be wiped down, especially after a prisoner transport.

In an interview, or other close quarters interaction with someone exhibiting flu like symptoms the same minimal contact and hand washing protocols as stated above apply. The arrestee should be masked and the officer should spend the minimum amount of time in close quarters with the arrestee. It is advisable that everyone in the room be wearing surgical masks. Once the interview is over, the common points of contact in the room are to be cleaned with an appropriate cleaner. The used surgical masks and cleaning materials should be placed in a biohazard bag and disposed of in a biohazard receptacle.

## **Appendix F**

### **EBOLA (EBOLA VIRUS DISEASE)**

#### **What is Ebola or Ebola virus disease?**

*Ebola is a severe, often deadly disease that affects humans and some animals (like monkeys, gorillas, and chimpanzees). It is also referred to as Ebola virus disease.*

*Ebola is spread from person to person through direct contact (through broken skin or mucous membranes) with blood or body fluids (like urine, feces, saliva, vomit, sweat, breast milk, or semen) of a person who is sick with Ebola or has died from Ebola.*

*Ebola may also be spread through indirect contact with surfaces or objects (like needles) that have been contaminated with the blood or body fluids of a person sick with Ebola or has died from Ebola. However, the risk getting Ebola from surfaces/objects is low and can be reduced even more by cleaning and disinfection.*

*Ebola is not spread through the air, water, or food. However, in Africa, Ebola may be spread as a result of handling bushmeat (wild animals hunted for food) and contact with infected bats. Ebola cannot be spread through casual contact in public places with people who do not appear to be sick. A person with Ebola cannot spread the disease until symptoms appear. Ebola is not communicable until someone begins exhibiting signs and symptoms of the illness, i.e., fever, severe headache, muscle pain, weakness, diarrhea, vomiting, abdominal pain, and/or unexplained hemorrhaging/bruising.*

#### **How can Law Enforcement employees protect themselves from Ebola?**

*The use of standard, or universal precautions, is sufficient for most situations when dealing with a person suspected of having the Ebola virus. This means Alexandria Police Department personnel should wear the following PPE provided to each sworn employee:*

- *Gloves (disposable nitrile)*
- *Eye protection (safety glasses or face shield)*
- *Facemask*
- *Red Biohazard Bag (for disposal of used PPE)*

*Additional PPE might be required in certain situations (e.g. large amounts of blood and body fluids present in the environment), including but not limited to double gloving, disposable shoe covers, and fluid-resistant gowns. The Tyvek coverall does not provide a fluid barrier and should not be used as a PPE in these circumstances.*

*Avoid physical contact, if possible, with a person who is obviously ill with the symptoms of Ebola and has been in Guinea, Liberia or Sierra Leone or Mali in the past 21 days. Contact should also be avoided with a person who tells you that they have Ebola or that they have been in contact with someone with Ebola (regardless of symptoms).*

*If physical contact with anyone who is obviously ill (or who reports having Ebola or an Ebola contact) is unavoidable, employees shall utilize the issued Personal Protective Equipment (PPE) as recommended for any other Bloodborne Pathogen exposure.*

*When dealing with someone who is not obviously ill, learning and practicing good personal hygiene is extremely important to prevent all infections and the following practices are strongly encouraged:*

- 1. Wash hands frequently. Soap with running water is always best but hand sanitizers (such as Purell or Sani-Hands) works if soap and water is unavailable; this is especially important with any virus whether it is Ebola virus, the flu virus, or a common cold.*
- 2. Ebola virus, like many viruses, can live on hard surfaces for several hours. These surfaces should be cleaned with a 1:10 solution of bleach to water (1 cup bleach in 9 cups water) or a disinfectant labeled for use against viruses, such as norovirus, rotavirus, adenovirus, or influenza. Also, Lysol is a commercially available disinfectant suitable for this purpose.*

*| Source: <http://www.vdh.virginia.gov/epidemiology/ebola/>*



## Alexandria Police Department

### Consent To Collect and Test Blood



At the request of \_\_\_\_\_  
(Supervisor)

I, \_\_\_\_\_,  
(Print Name)

authorize a licensed health care provider(s) to draw a blood sample and perform all necessary medical tests on that sample to determine the presence of:

- **HIV (Human Immunodeficiency Virus), the virus that causes AIDS (Acquired Immunodeficiency Syndrome).**

I understand that the blood tests for the HIV virus are not 100% accurate, and that these blood tests sometimes produce false positive or false negative test results. I have been informed that a positive test will need further testing to confirm the results.

I further understand that the presence of antibodies means that a person probably has been exposed to and infected with the AIDS virus, but does not necessarily mean that a person will develop AIDS.

- **HBV (Hepatitis B Virus), Hepatitis C and other bloodborne infections.**

I understand that the results of any testing will be made available to the Designated Infection Control Officer of the Alexandria Police Department, exposed employee(s) and their treating physician.

I fully understand the information that has been provided. I further understand that the cost of testing is the responsibility of the City of Alexandria.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)  
(Parent or guardian for minor child or incapacitated adult)





CONFIDENTIAL: Transmit via envelope

INSTRUCTIONS:

Employee (or Supervisor): (1) Complete for all incidents of specific eye, mouth, mucous membrane, non-intact skin, or parenteral\* contact with blood, body fluids or unfixed human tissues/organs (other than intact skin) or exposure to airborne transmissible diseases. (2) Attach any completed accident/injury forms to the white copy and distribute all three copies by the end of the shift.

Infection Control Officer: Complete Part II after review of incident. Retain white copy until follow-up is complete. Then forward to Personnel and Training.

\*Parenteral means piercing mucous membranes or skin through needle sticks, human bites, cuts and abrasions.

1. INCIDENT INFORMATION

Table with 2 columns and 3 rows: Name, Date/Time of Exposure, Supervisor's Signature; Serial Number, Signature, Case #

A. Narrative: Describe the circumstances of the exposure and any request to have the source individual tested.

B. Did you use personal protective equipment?

- YES/NO checkboxes, YES sub-items: Disposable Gloves, Utility Gloves, Splash Gown, Shoe Covers, Eye/Nose/Mouth Mask, Coveralls, Sharps Tube, Other

# I. INCIDENT INFORMATION (cont'd.)

C. Source Individual Name \_\_\_\_\_

Address \_\_\_\_\_

D. Source Individual's confirmed communicable disease status (confidential):

	Positive	Negative	Unknown
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_  
\_\_\_\_\_

# II. INFECTION CONTROL OFFICER REVIEW/COMMENTS

A. Comments (Include: 1. appropriateness of any decision to invoke the personal protective equipment exemption (10.5.08.13);  
2. any need for procedural changes or training).

B. Exposure Summary

1. Pathogen(s) to which employee was exposed.  
\_\_\_\_\_

2. Type of incident

- Resistance to arrest
- Administering first aid (not CPR)
- Administering CPR
- Breaking up a fight
- Searching suspect/arrested person
- Small/closed area with poor air circulation
- Other \_\_\_\_\_

3. Number of other employees exposed in this incident. \_\_\_\_\_

- None

Signature

Date



# MEDICAL EVALUATION REPORT

**CONFIDENTIAL: Transmit via envelope.**

**EMPLOYEE:** Following exposure to a communicable disease, present this report to the evaluating physician. Return the completed report to the Police Infection Control Officer. Use this report for every medical evaluation. For medical treatment visits, use the Physical Capabilities Statement (C-2).

Employee Name	Serial #	Case No.
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I have been fully Informed of the medical evaluation results. [ ] YES [ ] NO

Employee Signature	Date
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**PHYSICIAN:** Please complete this report and return It to the employee. It Is Intended to comply with the OSHA Bloodborne Pathogens Regulation (29 CFR 1910.1030). Thank you for your cooperation.

**1. Hepatitis B Vaccinations Is**

( ) not Indicated ( ) Indicated and ( ) has been administered.

**2. ( ) Further evaluation and/or treatment Is Indicated.**

**3. The employee:**

- ( ) May return to work Immediately without restriction.
- ( ) May return to work without restriction on \_\_\_\_\_
- ( ) Will be unable to return to work for \_\_\_\_\_ day(s).
- ( ) May return to work on \_\_\_\_\_ with the following restrictions for \_\_\_\_\_ days.

**Restrictions:**

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**4. Physician's Statement:**

- ( ) I have evaluated this employee following an exposure Incident.
- ( ) I have Informed the employee of the results of the evaluation Including any medical conditions resulting from the exposure which will require further evaluation or treatment.

Physician's Name (Please Print)	Physician's Signature	Date
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