

Anchorage Police Department Regulations and Procedures Manual	Operational Procedures 3.10.055	
Policy and Procedure Title Injury and Exposure Procedures	Effective Date November 1, 2022	Page 1 of 9
Replaces Prior Policy: August 10, 2009	Approved by: Chief Michael Kerle	

This policy is the internal use only and does not enlarge an employee's civil liability in any way. The policy should not be construed as creating a higher duty of care, in an evidentiary sense, with respect to third party civil claims against employees. A violation of this policy, if proven, can only form the basis of a complaint by this department for non-judicial administrative action in accordance with the laws governing employee discipline.

3.10.055 Injury & Exposure Procedures

PURPOSE

To advise all personnel of the procedures for reporting employee involved accidents, injuries, and blood borne pathogen exposures.

POLICY

The policy of the Anchorage Police Department is to:

- Report and document all accidents, injuries, and exposures immediately;
- Provide assistance and follow-up for injured or exposed employees;
- Investigate and report the causes of accidents, injuries, and exposures;
- Reduce the frequency of accidents, injuries, and exposures;
- Maintain complete and accurate records of all employees' accidents, injuries, and exposures.

DEFINITIONS

Acquired Immune Deficiency Syndrome (AIDS) AIDS is a syndrome and is the result of untreated or advanced infection by the HIV. HIV is identified as Human Immunodeficiency Virus.

AIDS Related Complex (ARC) means a condition caused by the AIDS virus in which the patient tests positive for the AIDS infection but has less severe symptoms than classic AIDS. Symptoms include loss of appetite, weight loss, fever, night sweats, skin rashes, diarrhea, tiredness, lack of resistance to infection, and/or swollen lymph nodes.

Communicable disease means any infectious disease capable of being passed to another by contact with an infected individual or their body fluids.

Exposure incident means, as defined by OSHA, specifically direct contact with the eye, mouth, other mucous membrane, non-intact skin, or parenteral contact

(puncture of the skin) with blood or other potentially infectious materials, including through inhalation, during the performance of an employee's duties.

Hepatitis A, B, and C are diseases involving inflammation of the liver.

Human Immunodeficiency Virus (HIV-1) means the virus that causes Acquired Immune Deficiency Syndrome (AIDS).

Occupational hazardous materials exposure (on-the-job) means any contact via inhalation, ingestion, eye, skin, or other means with hazardous or toxic materials or chemicals (include those found at meth labs), aerosols, excessive smoke, or ionizing radiation, which occurs during or results from an employee's performance.

Occupational injury or illness (on-the-job) means any cut, abrasion, bruise, burn, physical pain, illness, impairment of the function of a bodily member, organ, or mental faculty; or any other harm to the body, no matter how temporary, which occurs during or results from the performance of an employee's duties.

Occupational infectious disease exposure (on-the-job) means is any specific contact with blood or other potentially infectious materials to the eye, mouth, other mucous membranes, non-intact skin, or parenteral penetration of mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions, which occurs during or results from an employee's performance.

Post Exposure Panel means the laboratory tests of blood specimens consisting of tests for HIV 4th Generation antigen/antibody, Hepatitis B Panel (includes Surface Antibody, Surface Antigen, Core Antibody), Hepatitis C Antibody, and Hepatic Function (Liver function) **Blood:** Human blood components and products made from human blood.

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) and Human Immunodeficiency Virus HIV).

Contaminated: The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry: Laundry that has been soiled with blood or other potentially infectious materials.

PROCEDURE

I. NOTIFICATION AND RESPONSE - General

A. All Employee Involved Accidents, Occupational Injuries and Blood borne Exposure Incidents shall be immediately reported to a supervisor.

B. If reported via radio or phone to the dispatch center, Dispatch shall immediately notify the:

1. On-duty Patrol Shift Commander and Patrol Supervisor.

2. The employee's immediate unit supervisor, or commander, when assigned to a division or unit other than Patrol.

II. OCCUPATIONAL EXPOSURE, INJURY OR ILLNESS REPORTING

A. Employees:

1. Employees shall immediately notify their supervisor, by the quickest means available, that they, or a co-worker, have been in an accident, exposed, injured, become sick or ill, as a direct result of performing their assigned duties.
2. Any employee who is injured in the course of their duties is entitled to receive worker's compensation benefits pursuant to State and Municipal laws, regulations and procedures.
3. If an occupational exposure, injury or illness results in loss of work time the employee shall be evaluated by a physician within 24 hours or prior to the next scheduled shift start time and provide a Return to Work Notice prior to resuming assigned duties.
4. All employees are responsible to properly report to their supervisor any contamination of facilities, vehicles, or equipment and to take all reasonable steps necessary to minimize the hazard to themselves and others.

B. Supervisors:

1. An on-duty Patrol Supervisor shall respond immediately to a report of an employee involved Accident, Occupational Injury or Exposure Incident and:
 - a). Interview the employee to determine how the exposure / injury occurred.
 - b). Determine the nature (bloodborne, airborne, communicable, hazardous material, etc.).
 - c). Initiate and submit all required documentation and forms defined in this policy.
 - d). Ensure the employee receives appropriate medical treatment and/or counseling by medical personnel if exposed to blood borne pathogen as soon as practical.
2. The responding supervisor/commander shall be responsible for completion of the required employer documentation (see below section "III" for appropriate forms), except that a supervisor from another Division or Unit may conduct a non-traffic related investigation when involving an assigned subordinate employee.

III. DOCUMENTS AND FORMS

A. Accident and Occupational Injury or Exposure: The following documentation shall be completed for all accident and occupational injury and exposure related incidents before the end of the shift:

1. Municipality of Anchorage - Supervisor's Report of Accident
2. Municipality of Anchorage - Automobile / Equipment Accident Report
3. Workers Compensation - Report of Occupational Injury or Illness
4. Anchorage Police Department - Exposure Incident Report

B. The supervisor will be responsible for forwarding the original reports to the Division Commander immediately upon completion. After reviewing the incident, the division commander or their designee will forward the reports and documentation of any accident, occupational injury and blood borne exposure to the Department Personnel Section and to the Municipal Risk Manager. Injury and exposure reports shall be forwarded within 24 hours of the incident.

IV. POST EXPOSURE PROCEDURE

A. Whenever it can be determined that a police employee was exposed, or potentially exposed, to a chemical, hazardous material, airborne agent or toxin, percutaneous (needlestick), bloodborne pathogen, or other agent, the following shall apply:

1. The employee shall immediately:
 - a). Notify their supervisor;
 - b). Seek or be provided immediate medical attention;
 - c). Arrange collection of a base line biological specimen of their blood;
 - d). Obtain counseling regarding risk factors and treatment options from a physician as soon as practical.

Starting prophylactic treatment of HIV is more effective closer to the time of exposure, so it's imperative the officer receives counseling and treatment as soon as possible.

2. The supervisor shall immediately:
 - a). review the circumstances of the exposure incident to determine:
 - i. If the exposure was through percutaneous (needle stick), mucous membrane, airborne, inhalation, non intact skin or other.
 - ii. If the employee was assaulted, if probable cause exist to apply for a search warrant to seize the medical records, biological specimens of blood and urine.
 - iii. If the employee was not assaulted, seek consensual collection of medical records and biological specimens of blood.

- iv. If no consent is given, the supervisor should coordinate with medics and hospital personnel to obtain information under the Ryan White Act.
- v. Notify Risk Management about the incident within 24 hours either by email or phone call.
- vi. Advise employee to submit receipts for any damaged personal items to supervisor who will forward them to Risk Management for restitution purposes.

V. POST EXPOSURE SEARCH WARRANTS FOR CRIMINAL ACTS

A. Application for a search warrant for biological specimens from a potential disease carrier can be difficult to obtain due to the federal right to privacy act which provides protection of a person's medical history and records. However, the Ryan White Act does allow some access to such records without patient permission for pre-hospital personnel.

B. Alaska Statute requires that Courts only issue Search Warrants to obtain evidence of a crime; therefore, Search Warrants cannot be obtained for the medical records of a suspect who has exposed an employee through an act which does not constitute a crime. Crimes like Assault, Reckless Endangerment, Disorderly Conduct, and Resisting should be considered when seeking a search warrant for biological specimens in an exposure incident. Risk factors of the suspect's lifestyle, as well as statements made by the suspect typically provide the link between the exposure incident and the crime which will show that the biological specimens and test results will be evidence of a crime.

1. Example A: Officer arrests suspect, while in contact the suspect spits in the officer's face and eyes. The suspect tells the officer "Welcome to the world of AIDS."
2. This suspect should be charged with the additional crime of Assault 2°; a search warrant should be obtained for Biological Specimens to be tested for Blood Born Pathogens.
3. Example B: During the Arrest of a suspect, who is bleeding, the suspect resists and as a result the officer is exposed to the suspect's blood. The suspect is a prostitute who is a known drug user. This suspect should be charged appropriately with resisting and Assault 4. The search warrant application should explain the suspect's high risk lifestyle and reckless behavior as well as the exposed officer's fear or injury from a communicable disease.

C. Application for a search warrant should contain, at a minimum, the following requested information:

1. Provide the probable cause for obtaining biological samples of blood and urine from a known, or suspected, communicable disease carrier.
2. Request for two (2) 10 ml biological specimens of blood, consisting of:

- a). One (1) control vial (available later for defendant or validation of tests) to be placed in Property and Evidence as evidence; and
 - b). One (1) test vial. Officers should check with the lab conducting the tests at the time of the draw to determine what type of blood draw is necessary.
3. Request one (1) 100 ml biological specimen of urine.
 4. Request laboratory testing of standard post panel medical tests
 5. Request a copy of all laboratory test results and interpretations.
 6. Request suspect's medical records.

VI. EXPOSURES THAT ARE NOT CRIMINAL ACTS:

A. Officers may find themselves potentially exposed to a communicable disease where it was not caused by a criminal act. These include percutaneous (needle stick), airborne exposure (responding to a call for service and learn after that occupant(s) had TB, Meningitis, etc.) and incidental 1st responder exposure (blood splatter at a vehicle crash). These types of exposures must be handled without a search warrant since the results of any medical tests would not constitute evidence of a crime.

1. Percutaneous (needle stick): A needle stick occurring during a pat down search may be a criminal act, specifically if the officer asked the person if they had anything dangerous, anything sharp or anything that may cut them. It is good officer safety to ask specifically about needles as well. If this occurred and the suspect denied any such items and as a result a percutaneous (needle stick) exposure occurs criminal charges should be filed and a search warrant should be obtained. Other percutaneous (needle stick) exposures would require a consent for Biological Specimens from the source if known but may result in only the exposed employee receiving medical treatment based on the exposure and risk factors.
2. Airborne exposures to disease are typically reported to the responders by the source or by medical personnel treating the source. In these cases, Officers should be evaluated for the level of exposure and treatment. On unknown HAZMAT type exposures, AFD should be consulted to determine the source and identity of the exposure.
3. Incidental 1st responder exposure is addressed by the Ryan White Act which allows hospitalss to share medical information to treat exposed 1st responders. For example, if a 1st responder is exposed while rendering aid at an 11-24, his care provider should be in contact with the injured subject's doctor to determine the risks and provide for the appropriate treatment.
4. For exposure to blood borne pathogens and potential communicable diseases where the suspect is willing to provide consent, request that the

hospital draw and test the blood and urine for all possible communicable diseases.

5. In all cases of suspected exposure, regardless if the suspect is charged (and a warrant is pursued) or whether or not the suspect is willing to provide consent, the employee should be provided the opportunity to respond to the hospital to complete the following:

- a). Treat the injury;
- b). Request a blood draw for baseline purposes and for all appropriate tests for communicable diseases;
- c). Request a copy of all laboratory test results be provided to the employee directly for evaluation and treatment as necessary. Some diseases require immediate treatment.

VII. RESPONSIBILITY FOR ACCIDENTS, INJURIES, EXPOSURES

A. Accidents, injuries or exposures resulting from insubordination, blatant or willful disregard of safe work prevention measures, all Municipal rules, regulations or department policy, procedures and instructions are culpable and subject to progressive discipline relative to the circumstances and severity of the incident, as may be determination by the Chief of Police.

B. Supervisors are responsible for ensuring their subordinates are knowledgeable of and compliant with all Municipal and Department rules, regulations and procedures, and impress upon them that accidents resulting from negligence are unacceptable.

VIII. CONTAMINATION OF VEHICLES

A. If a vehicle is slightly contaminated (small amounts of infectious materials present), it shall be the employee's responsibility to clean and decontaminate the vehicle using decontamination supplies available through the APD supply section. Employees shall wear the appropriate protective clothing (gloves, mask, eye protection) when cleaning the contaminated vehicle.

B. If the vehicle is significantly contaminated the employee shall:

1. Take the vehicle out-of-service;
2. Lock all doors;
3. Place a bio-hazard warning label on the vehicle so it is clearly visible from the outside to others;
4. Notify a supervisor to have the vehicle detailed by Service Master.

IX. CONTAMINATION OF EQUIPMENT

A. Equipment that is slightly contaminated (small amounts of infectious materials present) shall be cleaned and decontaminated by the employee using decontamination supplies available from the APD Supply section. Employees will wear the appropriate protective clothing (gloves, mask, eye protection) when cleaning the contaminated equipment.

B. Equipment shall be cleaned as soon as practical after the contamination is discovered. If a piece of equipment is too contaminated or unable to be cleaned by the employee, a supervisor shall be notified, and the equipment removed from service.

X. CONTAMINATION OF POLICE K9s

A. In the event of a police K9 bite, the handler will immediately clean the dog's muzzle of any blood or body fluid to preclude the possibility of accidental transmission via dog bite.

B. As soon as practical, the handler will clean any other blood or body fluid from the dog's body as per unit procedures.

XI. CONTAMINATION OF UNIFORM / CLOTHING

A. Employees shall remove contaminated uniforms and clothing as soon as practical.

B. Any skin that contacted the contaminated clothing shall be cleaned and decontaminated as well using commercial decontaminants.

C. Contaminated clothing shall be placed in a bag/box and clearly marked with an orange bio-hazard sticker (found at the property table) and disposed of in an approved bio-hazard waste receptacle located in the evidence packaging area.

D. Employees needing to have uniforms replaced due to contamination shall submit a request through the APD Supply section.

E. Employees who replace contaminated personal equipment should submit the receipts to their supervisor for forwarding to Risk Management for restitution purposes.

XII. PERSONAL PROTECTIVE EQUIPMENT (PPE)

A. PPE is issued as needed by supply.

B. Employees shall use PPE anytime there is a potential for exposure to blood. The exception shall be when, under rare and extraordinary circumstances, the employee determines that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker.

XIII. HEPATITIS "B" VACCINATION

A. The hepatitis "B" vaccination will be provided to all sworn employees of the Anchorage Police Department:

B. The hepatitis "B" vaccine will be administered to each employee by the MOA's Department of Health and Human Services General Clinic.

C. The vaccination is not mandatory, but encouraged unless:

1. Documentation exists that the employee has previously received the series from another employee.
 2. Medical evaluation shows the vaccination is contraindicated.
- D. If an employee chooses to decline vaccination, the employee must sign a declination statement indicating they do not wish the vaccine. Employees who decline may request and obtain the vaccination at a later date at no cost.
- E. If any employee has a high-risk known exposure to Hepatitis B, and has not been vaccinated, it is highly recommended that the employee receives the Hepatitis B vaccine series immediately.

END OF DOCUMENT