

	<p style="text-align: center;">BRIDGEPORT POLICE DEPARTMENT</p> <p style="text-align: center;">POLICY AND PROCEDURE GENERAL ORDER</p>	<p style="text-align: center;">Distribution</p> <p style="text-align: center;">ALL PERSONNEL</p>	<p style="text-align: center;">General Order Number</p> <p style="text-align: center;">8.11</p>
		<p style="text-align: center;">Original Issue Date</p> <p style="text-align: center;">2/18/20</p>	<p style="text-align: center;">Reissue/Effective Date</p> <p style="text-align: center;">3/22/20</p>
<p>Order Title: BLOOD BORNE/AIR BORNE PATHOGENS, HEPATITIS B, VACCINATION. TB TESTING</p>		<p>Accreditation Standard: POSTC: 1.5.12, 1.5.13</p>	<p style="text-align: center;">Section</p> <p style="text-align: center;">8</p>
		<p>Section Title PERSONNEL</p>	
<p>Rescinds: 2.7.10</p>		<p>Armando J. Perez, Chief of Police</p>	

This General Order is for departmental use only and does not apply in any criminal or civil proceeding. This General Order should not be construed as creation of a higher legal standard of safety or care in an evidentiary sense with respect to third party claims. Violations of this General Order will only form the basis for departmental administrative sanctions. Violations of law will form the basis for civil and criminal sanctions in a recognized judicial setting

I. PURPOSE

The purpose of this General Order is to provide guidelines and procedures for Bridgeport Police Department employees where exposure to communicable diseases may occur in the course of their duties.

II. POLICY

The Bridgeport Police Department recognizes that communicable disease exposure is an occupational health hazard and the possibility of exposure occurs during the normal course of duties of a police officer. It is the policy of this Department to provide all employees with all reasonably available protection from occupationally acquired communicable diseases and comply with applicable Federal and State Regulations on this subject.

Employees of the Bridgeport Department shall not discriminate against any individual known or suspected of being infected with AIDS and any other disease, such as tuberculosis and hepatitis. Such individuals shall be provided with the same compassion and consideration as afforded to any other person. Information or records concerning the medical status of these individuals shall be considered confidential in accordance with the Health Information Portability and Accountability Act of 1996 (“HIPAA”) and shall not be released over the radio, or in any reports to the public or the press.

III. DEFINITIONS

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) and Human Immunodeficiency Virus (HIV), which are spread through contact with infected blood or blood products.

Air Borne Pathogens: An infection contracted by inhalation of microorganisms contained in air or water particles (droplet nuclei). These pathogens include, but are not limited to, Tuberculosis (TB), meningitis, influenza, measles, etc.

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

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

Contaminated Sharps: Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

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 infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Occupational Exposure: Reasonably anticipated skin, eye, mucus membrane, or parenteral (piercing wound) contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Personal Protective Equipment: Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes i.e. gloves.

Tuberculosis (TB): An infectious disease, primarily affecting the lungs, which is contracted after inhaling suspended bacteria in the air while in close proximity to a person who has active or infectious tuberculosis, or rarely, after handling clothing or other things directly associated with such a person.

Universal Precautions: An approach to infection control, which include protective measures designed to prevent workers from coming into direct contact with germs carried by patients. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infections for HIV, HBV, and other Blood Borne pathogens.

IV. PROCEDURE

A. Training

1. It shall be the duty of the Department's Training Officers to ensure that an accessible copy of the following is maintained in the Shift Commander's Office for review by employees of this Department:

- a. OSHA Regulation, 29 CFR Part 1910.1030, "Occupational Exposure to Blood Borne Pathogens"; and
 - b. OSHA Regulation, 29 CFR Part 1904.11a "Recording Criteria for Work Related Tuberculosis Cases."
2. Training during recertification will be provided for each employee at risk, describing:
 - a. Blood Borne and Air Borne Pathogens,
 - b. Their modes of transmission, and
 - c. Precautions to reduce risk of exposure.
 3. A copy of this policy will be supplied to all employees of this Department.
 4. Through this policy, employees of the department shall be made aware of:
 - a. Precautions to be taken to minimize the risk to the exposure to Blood Borne and other Air Borne Pathogens, such as TB
 - b. Equipment made available to minimize the risks of exposure
 - c. Proper use of all designated equipment
 - d. Methods of having contaminated laundry and equipment cleaned

B. Health Maintenance:

1. All employees of the Bridgeport Police Department shall receive a pre-employment entrance physical performed by a physician designated by the City.
2. The purpose of this examination is to determine that a member is fit for duty and to test all Department employees for HBV.
3. Work restrictions for reasons of infection control may be initiated by the City of Bridgeport. After such a restriction has been made, a member must be cleared by a physician prior to returning to his/her previous work assignment.
4. Whenever a member of this Department has an open wound or cut, said cut shall be covered with a bandage or dressing to minimize the risks from exposure to Blood Borne Pathogens.
5. All employees of this Department shall be offered immunizations against the Hepatitis B Virus (HBV), at no cost to them.
 - a. Employees may refuse immunizations.

- b. When employees agree to refuse to receive immunization, they must sign a consent/refusal form indicating their choice.
 - c. Employees who initially refuse such immunizations may later receive them at no cost to them.
- 6. A member's health records will be maintained by the designee of the City of Bridgeport, and will be afforded the confidentiality afforded all medical records.
- 7. Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

C. Record Keeping:

- 1. BPD's Sick and Injured Office shall maintain an accurate record for each employee with occupational exposure that includes:
 - a. Information on vaccination status.
 - b. Results of all examinations.
 - c. Tests and follow-up procedures.
 - d. Written opinions of health care professionals.
 - e. Any other pertinent information provided by the health care professional.
- 2. These health care records shall be retained in a secured area with limited access for the duration of the member's employment plus thirty (30) years and may not be disclosed or reported without the express written consent of the member.

D. Exposure Determination:

- 1. The tasks of a police officer are often unpredictable. Officers should always be aware of potential exposures to Blood Borne and Air Borne Pathogens in the normal course of their duties.
- 2. The following police duties are nonexclusive illustrations of tasks that are reasonably anticipated to involve exposure to blood, body fluid or other potentially contaminated materials:
 - a. Provision of emergency medical care to injured or ill victims
 - b. Rescue of victims in hostile environments such as motor vehicle accidents
 - c. Handling of prisoners who have open wounds or contaminated clothing

- d. Collecting evidence and executing search and seizure warrants
3. The body fluids of all persons are to be considered potentially infectious. While complete control at an emergency scene is not always possible, the use of personal protective equipment, such as wearing gloves, will reduce the risk of exposure.
4. Unnecessary exposure should be avoided. When confronted with an exposure situation, the minimum number of officers required to safely complete the task in the exposure area should be used.
5. When in an area of potential contamination never:
 - a. Eat
 - b. Drink
 - c. Smoke
 - d. Handle contact lenses
 - e. Apply cosmetics
6. When conducting searches, or collecting evidence, gloves shall be worn, and care should be used not to place hands in areas that are not visible.
7. Always use Universal Precautions. Wash your hands frequently with soap and water after contact with blood or other potentially infectious materials, and always after removing protective clothing. A bleach/water solution or cleaning wipes will be kept in the booking area for use in cleaning surfaces after a reasonable risk of contamination has occurred.
8. If mucous membranes such as eyes are contaminated, flush with water immediately or as soon as feasible.
9. If feasible and appropriate, wash wounds with soap and water prior to dressing.
10. Masks, Eye Protection, and Face Shields - Masks in combination with eye protection devices, such as goggles or glass with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose or mouth contamination can be reasonably anticipated.
11. Gowns, Aprons, and Other Protective Body Clothing - Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

12. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

13. Warning labels shall be affixed to:

- a. Containers of regulated waste,
- b. Refrigerators and freezers containing blood or other potentially infectious material; and
- c. Other containers used to store, transport or ship blood or other potentially infectious materials.

E. Availability and Use of Risk-Minimizing Equipment:

1. In-Station Environment: The following equipment will be maintained and used to minimize the risk from exposure to Blood Borne and Air Borne Pathogens while performing police tasks within the police station:

a. Disposable Gloves will be available to all employees of this Department. If there is a reasonable anticipation of contaminants on the gloves they should be disposed by:

- Placing them in a separate leak proof, plastic bag
- The bag shall be tied
- The tied bag shall be disposed of in the red container.
- Red refuse containers will represent contaminated waste.

b. Pocket Masks - A single-use Microshield device will be kept in Booking for use in C.P.R by employees certified in CPR. After use, they are to be disposed of in the red container.

c. Infectious Disease Exposure Control Kit - There will be a kit maintained in the Shift Commander's Office for use when there is a reasonable risk of contamination to personnel working inside the station.

1) The kits consist of single use protective clothing:

- Suit
- Facial mask
- Eye shield
- Booties
- Cap
- Gloves

2) The clothing shall be properly packaged and disposed of at one of the local hospitals.

- 3) If there is a reasonable anticipation of contaminants on the clothing, they should be sealed in a separate, leak proof, plastic bag prior to disposal.
 - 4) Use of this protective clothing is mandatory when a reasonable risk of contamination exists.
- d. Sharps Containers - There will be a container kept in the Booking report writing room that is specifically designed for the disposal of sharps.
- 1) All sharps should be disposed of in this container.
 - 2) It will be marked "Sharps disposal".
 - 3) Never cap, recap, bend or remove a needle from a hypodermic.
2. Field Environment: The following equipment shall be maintained in patrol vehicles for use in minimizing exposure to Blood Borne and Air Borne Pathogens. Officers should ensure that the equipment is present when conducting routine vehicle inspections:
- a. Infections Disease Exposure Control Kit will be kept in the trunk of every patrol vehicle, and Detectives' vehicles.
 - 1) The kits consist of single use protective clothing:
 - Suit
 - Facial mask
 - Cap
 - Booties
 - Eye shield
 - Gloves
 - 2) Always wash hands after removing protective clothing.
 - 3) If suit has been contaminated, seal in leakproof plastic bag before disposal at the Bridgeport Hospital Emergency Room.
 - b. Pocket Mask - A single-use pocket mask shall be kept in duty police vehicles for use during C.P.R. Another will be maintained on Police Boats at such times as they are operated. After use, the masks are to be disposed of at a local hospital.
 - c. Sharps Containers – When collecting and packaging sharps, Department employees shall use a cylindrical, plastic sharp container.

- 1) Adequate supplies of these containers are to be kept in the trunk of each police vehicle.
 - 2) Prior to storing a sharp container the top must be sealed all the way around.
 - 3) Disposable Gloves - It will be the responsibility of each individual officer to ensure that disposable gloves, made available by the Department, are kept where the officer can access them in the field. Use of gloves is mandatory when they will protect an officer from a reasonable risk of contamination.
- e. Disinfectant Cleaner - A disinfectant cleaner suitable for field use should be kept in cruisers, for cleaning of equipment when water is not available.
- f. An appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels should be used when hand washing is not feasible

F. Transporting an Arrested Person with Active Tuberculosis:

1. Since tuberculosis is spread by inhaling bacteria suspended in the air, some preventive measures can be taken whenever a person transported or confronted is subsequently found or suspected to have active tuberculosis:
 - a. If the person is not in a police vehicle do not place him in it, if at all possible.
 - b. If a prisoner must be transported in a police vehicle to a correctional facility, court, or lock-up:
 - 1) Open both front windows and lower the rear windows approximately an inch or two to promote ventilation,
 - 2) Turn on the police vehicle ventilation system in a non-circulating setting, and
 - 3) The officer shall use a N95 particulate mask.
 - c. If the prisoner is coughing, spitting, or is uncooperative or combative, after restraining him use personal protective equipment (mask, gloves, etc.) while in the prisoner's presence.
 - d. If custody is absolutely necessary (FTA, felony assault, etc.), arrange for the prisoner to be transported directly to a medical facility for

evaluation, but **do not bring the person to Booking unless absolutely necessary.**

2. Prevention and clean up procedures:
 - a. Vehicle clean-up requires ventilation and interior wash-down, using a bleach solution (1:10) or disinfectant, as the Air Borne bacteria can survive for up to 4 hours.
 - b. Tuberculosis is not easily caught by a healthy individual and many people have tuberculosis because they are in poor general health with impaired or compromised immune systems (the prisoner may be HIV positive; if so be alert to blood or body fluid exposures).
 - c. Change from and dry clean outerwear as soon as possible.
 - d. Complete a Supervisor's Injury Report Form for a possible TB exposure
 - e. Arrange for a TB skin test and other appropriate medical follow-up.

G. Housekeeping

1. Maintaining our facility and equipment in a clean and sanitary condition is an important part of this program.
2. To accomplish this, the Bridgeport Police Department shall ensure that proper equipment is available to facilitate cleaning.
3. Officers and Supervisors shall ensure that possible contamination is cleaned and sanitized as soon as reasonably possible after contamination.
 - a. The following are non-inclusive examples of facility or equipment contamination's that need to be cleaned/decontaminated as soon as possible:
 - 1) Blood on cell area, bars or bench;
 - 2) Blood on Police vehicle;
 - 3) Broken glassware with potential contamination from body fluids;
 - 4) Waste receptacles that have been used to dispose of contaminated waste.
4. Department maintenance staff on a regular basis will clean areas that have a regular risk of contamination. These areas will be cleaned and decontaminated with cleaning agents purchased for that purpose.

- a. Maintenance shall maintain written schedule for cleaning and method of decontamination based upon the:
 - 1) Location within the facility,
 - 2) Type of surface to be cleaned,
 - 3) Type of soil present, and
 - 4) Tasks or procedures being performed in the area.
- b. The cell area will be cleaned and decontaminated by the maintenance staff as a part of their daily maintenance schedule, or more frequent if there has been a reasonable risk of contamination.
- c. All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.
- d. Waste containers that are used to hold contaminated waste will be cleaned and decontaminated by the maintenance staff after each emptying of that container.
- e. The remainder of the police facility will be inspected routinely to determine if areas need decontamination and cleaning. Maintenance staff will pay particular attention to lavatories, locker rooms and waste containers.
5. In the course of police duties, an employee may discover a work surface that has had a reasonable risk of contamination. For example: A Police Vehicle may be at risk for a spot contamination. The employee shall ensure that the infected area is cleaned and decontaminated as soon as feasible.

H. Packaging of Evidence

1. The packaging of potentially contaminated evidence can create special problems. Officers are to adhere to the rules of evidence while observing these precautions:
 - a. Blood Soaked Clothing:
 - 1) Always use protective gloves when handling clothing contaminated with bodily fluids. Wash hands after removing the gloves.
 - 2) Because of evidentiary concerns blood soaked clothing cannot be packaged in leak proof plastic bags.

- Contaminated clothing is to be transported to the police station in paper evidence bags.
 - The paper bags are to be disposed of after use in the red contaminated refuse container.
- 3) Clothing that is wet with human body fluids shall be placed in a plastic bag and disposed of at a local hospital.
- Officer securing evidence that is soaked with bodily fluids should call a supervisor to ensure the evidence is secured in the caged area in the police garage. When this occurs, the officer shall make proper entries and complete proper evidence documentation.
 - When handling contaminated evidence always wear disposable gloves and wash hands thoroughly afterwards.

b. Contaminated Sharps as Evidence:

- 1) When an officer is confronted with having to preserve sharps as evidence the sharp shall be packaged in the translucent cylindrical plastic containers that are kept in Booking, and in patrol vehicles.
- These containers are to have the tops taped all the way around after the sharp has been put inside.
 - The container will be marked with a red hazard decal if there is a reasonable anticipation of contamination.

c. Blood or Rape Kit Evidence:

- 1) If an officer collects body fluid evidence that needs to be refrigerated:
- Never place this evidence in the same refrigerator as food or drink.
 - A refrigerator in the front desk or evidence room will be used for evidence that needs to be refrigerated.

I. Post-Exposure Procedures

1. When a member of this Department has a risk exposure to Blood Borne or Air Borne Pathogens, he shall report the exposure immediately to his or her Shift Commander (for patrol officer) or supervisor.
2. The supervisor will then complete an injury report and forward it the Sick and Injured Office with any medical treatment reports.
3. The following are nonexclusive illustrations of the types of exposures that need to be reported:
 - a. Injury by contaminated sharp
 - b. Any needle prick
 - c. Body fluid to skin contact
 - d. Body fluid to mucus membrane contact
 - e. Body fluid to a person with active TB
4. An officer who has had a reportable exposure to a Blood Borne Pathogen may request examination by a designated health care facility for advice and any necessary treatment.
 - a. An exposed employee must bring a copy of O.S.H.A. Rule 29 CPR 1910.1030 to the hospital for the attending physician.
 - b. The physician must also have a written report of how the exposure occurred. This is most easily accomplished by providing him or her with a copy of the exposure supplemental injury report.
5. Voluntary source person testing shall be conducted if consent is obtained. No person can be tested without fulfilling the informed consent requirements set forth in Connecticut General Statute § 19a-582.
6. Testing of non-consenting source persons:
 - a. Institutionalized source persons: Whenever a source person is under the care or custody of a health facility, correctional facility or other institution, testing of that person's blood may be ordered pursuant C.G.S. § 19a-582(e), if an employee in the performance of their occupational duties, has had a significant exposure and the criteria in subsections (a) – (f) of Section 4.13.2.e (1) are met;
 - b. Non-institutionalized source persons: When a source person is not under such institutional care, and the criteria specified under subsections (a) – (f) of Section 4.13.2.e (1) are met and a physician who is not directly involved in the exposure certifies the existence of the criteria and that significant exposure has occurred, the exposed

person may seek a court order for testing of the source person, pursuant to C.G.S. §19a-582(e).

7. A designated health care provider may test employees who have reported exposure. Test results will be treated as confidential medical records.
8. An employee's report of an exposure, as well as test results, will be considered confidential medical records.
9. An exposed member shall be provided with a copy of C.G.S. § 19a-582, which sets forth procedures for line of duty exposures.
10. Officers shall take their contaminated uniforms to the Bridgeport Hospital to be disposed of properly.

J. Infection Control Officer:

1. The OIC of Sick and Inured shall be designated as the Infection Control Officer for the Department.
2. The duties of the Infection Control Officer are:
 - a. To ensure that personnel working at the Bridgeport Police Department receive training, during recertification, in transmission of, and prevention of infection by Blood Borne and Air Borne pathogens.
 - b. To insure that proper prevention/cleaning supplies are maintained in adequate numbers, in locations where they may be needed. These supplies include, but are not limited to:
 - 1) Pocket Masks,
 - 2) Gloves,
 - 3) Infection Control Kits,
 - 4) Bleach/Water Solution,
 - 5) Waterless Hand Cleaner,
 - 6) Packaging Materials,
 - 7) Biohazard Decals,
 - 8) Waste Receptacles.
3. To review and maintain all reports of occupational exposure to Blood Borne and Air Borne pathogens reported by employees.
4. To train maintenance personnel in the proper methods of cleaning and decontamination. The Infection Control Officer will also review the maintenance schedule to see that frequency of cleaning is adequate.

5. To ensure proper disposal of any contaminated waste that has been collected.
6. Facilitate with a contractor the cleaning of any laundry that was contaminated in the course of the duties of employees.