INFECTIOUS DISEASES

General Order Number: 11.1 **Effective Date: December 28, 2016**

POLICY:

Members of the Brookline Police Department frequently respond to calls for service that involve assisting, caring for and transportation of sick or injured persons. In addition, members of this Department frequently are asked to assist with sick and/or dangerous animals, both wild and domestic. The purpose of the policy is to minimize the risk of exposure to hazardous pathogens, and to protect the medical confidentiality and civil rights of Department members as well as the citizens we serve.

It shall be the policy of the Brookline Police Department to follow the regulations promulgated by the Commonwealth of Massachusetts, Department of Public Health (105 Commonwealth of Massachusetts Regulations 17l.000 and 172.000 et seq) and the Federally mandated Ryan White Act, to provide and promote a safe and healthy work environment for our employees.

These regulations were developed to protect pre-hospital care providers by providing them with certain information vital to their self-protection, without compromising the right to privacy of patients, and to provide procedures to protect, advise, and treat those officers exposed.

DEFINITIONS:

Care Provider shall mean any person including, without limitation, a police officer, who, while acting in his or her professional capacity, attends, assists, or transports a person to a health care facility.

Designated Infection Control Officer (DICO): For the purpose of receiving notifications and responses from health care facilities regarding exposures to infectious diseases dangerous to the public health, as defined in 105 CMR 172.001, reporting said exposures to first responders; and making requests on behalf of first responders, the Chief of Police shall appoint one police officer to act as a designated infection control officer. The designated infection control officer shall:

1. Ensure that all employees are informed of the requirements relating to the reporting of exposures to the infectious diseases as set forth in 105 CMR 172.001: Definitions - Infectious *Diseases Dangerous to the Public Health*.

2. Develop and coordinate procedures with the local hospitals, The Brookline Fire Department, and the ambulance service contracted by the town regarding infectious disease control.

3. Assist the Training Division with an on-going program of health maintenance, infection control training, station environment, personal protection equipment, scene operation, post-response, post-exposure, and compliance/quality monitoring and program evaluation.

4. Coordinate the distribution and completion of the Unprotected Exposure Trip Forms with officers and medical facilities. They shall also assure the confidentiality of those records and how they are maintained. They shall advise officers and/or refer officers to those who may provide answers to pertinent questions regarding possible exposures and risks.

5. Be a liaison with local healthcare facilities and their Infection Control Practitioners and Specialist teams. Through this liaison they shall develop training and garner new information.

Infectious Diseases Dangerous to Public Health for the purpose of this policy shall mean, but are not limited to the following:

1. AIRBORNE DISEASES:
- **A.** Infectious tuberculosis (Mycobacterium – pulmonary, laryngeal or others)
- **B.** Measles, Mumps, Rubella and Chickenpox

2. BLOODBORNE DISEASES:
- **A.** Hepatitis B
- **B.** Human immunodeficiency virus infection (including acquired immunodeficiency syndrome (AIDS)
- **C.** Hepatitis C

3. UNCOMMON OR RARE DISEASE:
- **A.** Diphtheria (Corynebacterium diphtheria)
- **B.** Meningococcal disease (Neisseria meningitides)
- **C.** Plague (Yersinia pestis)
- **D.** Hemorrhagic fevers (Lassa, Marburg, Ebola, Crimean-Congo, and other viruses yet to be identified)
- **E.** Rabies

Diagnosis for the purposes of this policy shall mean a determination by a physician that a person is currently suffering from an infectious disease dangerous to the public health and is capable of transmitting said infectious disease or demonstrates laboratory evidence of exposure to such a disease.

Health Care Facility shall mean any hospital, clinic or institution that lS licensed by the Department of Public Health under M.G.L. c. 111, § 51.

Other Potentially Infectious Materials (OPIM) OPIM include the following body substances: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, BROOKLINE POLICE MANUAL Page 2 of 10 INFECTIOUS DISEASES peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with

blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids. Potential exposure to human bites also constitutes an exposure.

Patient shall mean any individual attended to or assisted by a care provider who is transported to any health care facility.

Transporting Care Provider shall mean the care provider (i.e., ambulance service) who transports the patient to a health care facility.

Trip Record means a report or other written record, such as a dispatch record, generated to document every response to an EMS call, including each time a police unit dispatched, whether or not a patient is encountered or ultimately transported by an ambulance service.

Universal Precautions: Regardless of the perceived or known health status of the person(s) employees are dealing with, universal precautions will be observed. All blood or OPIM will be considered potentially infectious and steps will be taken to avoid direct contact with blood or OPIM. Alternatively, body substance isolation may be used; this is when all body fluids or substances are considered to be potentially infectious regardless of whether there is visible blood mixed in or not. This may also be referred to as "standard precautions".

Unprotected exposure shall mean an exposure capable of transmitting a blood borne infectious disease dangerous to the public health as defined in 105 CMR 172.001 and is limited to the following:

1. Puncture wounds – including punctures resulting from:

- **A.** used needles
- **B.** glass and other sharp objects contaminated with blood or,
- **C.** human bites.

2. Blood to blood contact through open wounds, which includes: open cuts, sores, rashes, abrasions, or conditions that interrupt skin integrity.

3. Mucous membrane contact – including such contact as would occur with mouth-to-mouth resuscitation, being spit upon or eye splashing with infected fluids. Such fluids would include: blood, sputum, oral, and nasal secretions.

Unprotected Exposure Form shall mean a standardized form, developed and distributed by the Department of Public Health, which shall contain, but need to be limited to, the following:

1. Identifying information about the patient, including his/her name, address and incident location;

2. Identifying information about the ambulance service and first responder agencies (police, fire, etc) that responded to the call;

3. Identifying information about the police officer/care provider who may have sustained an unprotected exposure; and

4. Name of the designated infection control officer for the service completing the report.

PROCEDURES:

PREVENTION OF EXPOSURES:

Universal Precautions:

Regardless of the perceived or known health status of the person(s) employees are dealing with, universal precautions will be observed. All blood or OPIM will be considered potentially infectious and steps will be taken to avoid direct contact with blood or OPIM. Alternatively, body substance isolation may be used; this is when all body fluids or substances are considered to be potentially infectious regardless of whether there is visible blood mixed in or not. This may also be referred to as "standard precautions".

Engineering and Work Practice Controls

Engineering controls (controls that isolate or remove the hazard from the workplace) and work practice controls will be utilized to eliminate or minimize exposure to members of the department. Where occupational exposure remains after institution of these controls, personal protective equipment shall be used.

The following engineering controls will be utilized as appropriate:

1. Contaminated sharps (e.g., broken glassware or other sharp objects contaminated with blood) will not be picked up by hand. For example, a dustpan and broom will be used instead.

2. Sharps containers will be kept in first responder kits and in the booking room if there is the potential for dealing with needles and/or other sharps.

3. Disposable airway equipment or resuscitation bags and mechanical respiratory assist devices will be kept in first responder kits and in AED cabinets in the public safety building. For situations in which other equipment may not be readily available, officers should also carry a pocket mask with a one-way valve.

The following work practices will be followed:

1. Washing with soap and water immediately after skin contact with blood or OPIM or immediately after removal of gloves.

2. If soap and water are not immediately available, then waterless antiseptic hand cleanser will be used. Soap and running water will be used as soon as feasible.

3. Mucous membranes will be flushed with water immediately or as soon as possible after contact with blood or OPIM. Flushing facilities are located in the booking room.

4. No eating, drinking or smoking is allowed in areas where blood or OPIM could be present.

5. Gloves will be inspected for holes/tears when put on. They will be replaced if holes or tears are present.

6. Gloves will be replaced as soon as possible if they become ripped or soiled. Employees should wash their hands as soon as possible after removing gloves.

7. An extra set of gloves will be carried on individuals if they deem the need for this.

8. Any non-disposable equipment or surface that becomes contaminated with blood or OPIM shall be decontaminated with an approved disinfecting agent and air dried unless the employer determines that this is not feasible. (This includes seats on the vehicles, etc). If not feasible, the equipment must be labeled with a biohazard label that indicates where the contamination is prior to shipping or servicing.

9. Clothing (uniforms) contaminated with blood or OPIM shall be removed as soon as feasible and placed in a biohazard bag. A change of uniform should be kept at the station.

10. Contaminated items (other than sharps) should be placed in biohazard bags and disposed of by DICO.

11. Contaminated needles and other contaminated sharps will not be bent, recapped removed, sheared or purposely broken.

12. Contaminated sharps shall be placed 1ll the puncture resistant, leak proof, "sharps shuttles"

13. When searching for evidence and contents cannot be determined easily, the contents should be emptied by turning the container or bag upside down (rather than reaching inside the container). Officers should never reach into an area they cannot visualize. Booking officers may consider having prisoners empty their own pockets if appropriate.

Personal protective equipment

All personal protective equipment (PPE) will be provided to officers. PPE will be chosen based on the anticipated exposure to blood or OPIM. The PPE will be considered appropriate only if it does not permit blood or OPIM to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes for the duration of time that the PPE will be used.

The designated infectious control officer is responsible for seeing that the PPE is available in the Department. PPE consists of:

1. Gloves for exposure to blood and OPIM: available in different sizes and different materials (e.g., nitrile or vinyl) if individuals are sensitive to latex.

2. Surgical masks with face shields to protect the mucous membranes. Pocket-face masks for resuscitations.

3. Disposable, fluid resistant clothing (e.g., one-piece disposable coveralls; disposable sleeves; disposable gowns, disposable booties).

4. Contaminated PPE should be placed in biohazard bags and disposed of by the DICO.

5. Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields, are required to be worn whenever splashes of blood or OPIM can be reasonably anticipated. Examples of situations would include emergency childbirth, etc.

Disinfection

1. Decontamination of surfaces and equipment will be done as soon as possible after contact with blood or OPIM. Decontamination will be completed by utilizing a commercial disinfectant.

Note: A commercial disinfectant must be an EPA approved tuberculocial and should be used in accordance with the manufacturer's directions.

2. Police Cruisers requiring disinfection should be removed from service until deemed operational by the DICO.

Hepatitis B Vaccine

1. All employees who have been identified as having exposure to blood or OPIM will be offered the Hepatitis B vaccine. The Town of Brookline's Occupational Health case manager will coordinate the administration of the vaccines.

POST EXPOSURE PROCEDURES:

1. The Unprotected Exposure Form shall be submitted to and maintained by the health care facility to which the patient was transported. This form will be completed if/when departmental personnel assist in the direct handling of patients suspected of the particularized infectious diseases.

2. In those cases where a person is transported to the police station or elsewhere and officers subsequently discover that the individual has one of the aforementioned diseases, an Unprotected Exposure Form shall be completed by the transporting officers from the health care facility.

ROLE OF EXPOSED EMPLOYEE:

1. Employees who believe they have sustained an unprotected exposure to blood or OPIM, should **immediately** report to a healthcare facility for examination, evaluation and possible treatment of the exposure according to the following:

    1. Monday through Friday from 8:00 am to 4:00 pm:
    New England Baptist Hospital Occupation Medicine Center,
    6th Floor of the Converse Building, NEBH, 125 Parker Hill Ave, Boston

    2. All other times:
    Beth Israel Deaconess Medical Center Emergency Room

NOTE: **It is critical that certain types of treatment be initiated as soon as possible after the exposure.**

2. The Commanding Officer - Platoon on Duty will ensure that the department's designated infection control officer is notified for follow-up with both the employee and the source patient.

ROLE OF DESIGNATED INFECTION CONTROL OFFICER:

1. The designated infection control officer will conduct a follow-up of the exposure including:

A. Documenting the route of exposure and the circumstances related to the incident

B. If possible, the identification of the source individual will be obtained. If consent from the source individual is obtained, his/her blood may be tested for infectivity and results of any testing will be made available to the exposed employee.

C. Note: The employer does not obtain the source individual's blood test results. It is the employer's responsibility to ensure that steps are in place to try to obtain consent and to make arrangements for the blood results to be available to the exposed employee.

D. If consent is not obtained from the source of the exposure, the employer or the designated infection control officer shall document that consent cannot be obtained.

E. The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for.

2. TRAINING:

A. Training for all employees who are reasonably anticipated to have occupational exposure to blood and OPIM will be conducted prior to the initial assignment and annually.

ROLE OF HEALTHCARE FACILITY:

1. NOTICE TO *POLICE OFFICERS/CARE PROVIDERS WHO MAY* HAVE SUSTAINED AN UNPROTECTED EXPOSURE:

A. Any health care facility which diagnosis a patient as having a bloodborne infectious disease dangerous to the public health, as defined in 105 CMR 172.001, shall notify orally and in writing, the designated infection control officer for the police officer/care provider(s) submitting the Unprotected Exposure Form who has sustained an unprotected exposure which, in the opinion of the health care facility, is capable of transmitting such disease. Oral notification shall occur within forty-eight (48) hours

of diagnosis. Written notice of such exposure shall occur within seventy-two (72) hours of diagnosis. Upon notification, the designated infection control officer shall notify the exposed police officer/care provider.

B. Any health care facility which diagnoses a patient as having an airborne or uncommon or rare infectious disease dangerous to the public health, as defined in 105 CMR 172.001, shall notify the designated infection control officer for the police department as soon as practicable, but not later than 48 hours after diagnosis. Upon notification, the designated infection control officer shall notify the exposed police officer/care provider.

C. The notice shall include, but need not be limited to: the appropriate precautions and actions which should be taken by the care provider who has sustained the unprotected exposure, the identity of the disease to which the individual has been exposed, instructions to the care provider to contact his or her personal physician for medical follow-up, and information regarding immediate precautions necessary to prevent transmission of the disease to others. The notice shall clearly indicate that such unprotected exposure does not constitute a diagnosis of an infectious disease dangerous to the public health.

D. Notice to the officer(s) who has sustained an unprotected exposure shall be made in a manner so as to assure that such notice is conveyed only to the designated infection control officer for the individual(s). Delivery of the written notice by common carrier such as first class mail to the designated infection control officer shall satisfy these terms. Upon notification, the designated infection control officer shall notify the exposed care provider.

E. The identity of the patient diagnosed as having an infectious disease dangerous to the public health as defined in 105 CMR 172.001 shall not be released either orally or in writing by the health care facility to the designated infection control officer for the care provider or to the care provider who has sustained the unprotected exposure, and the patient's name shall be kept confidential in accordance with Mass. Gen. Law, Chap. 111, Sec. 70.

F. The health care facility shall notify only those designated infection control officers for the care provider(s) who has sustained an exposure to an infectious disease dangerous to the public health, which in the opinion of the facility, is capable of transmitting the disease.

2. **RECORD OF THE NOTICE:** The health care facility shall clearly document notice to the designated infection control officer for the care providers and patients as required by 105 CMR 172.000. The Designated Infection Control Officer shall maintain a copy of the Unprotected Exposure Form.

EXPOSURE TO ANIMALS:

1. **HUMAN CONTACT SITUATIONS INVOLVING SUSPECTED DISEASED ANIMALS:** (ALSO REFER TO BROOKLINE POLICE DEPARTMENT MANUAL "INJURED DOMESTIC ANIMALS/WILDLIFE")

   DEFINITION:

   HUMAN CONTACT SITUATIONS: Defined as bites, scratches, including blood or saliva on skin or mucous membranes, or if a pet is bitten by a wild animal, and a person has contact with open wound.

   A. CONTACT AREA: Contact area should be washed immediately with soap and water, and then flushed with clean water for several minutes. Apply disinfectant, if available, and seek medical attention in accordance with Brookline Police Department procedures.

   B. HUMAN CONTACT: All animal contact will require an injury report by the officer as well as his or her supervisor. The following information MUST be in the report:

      1. Names
      2. Addresses
      3. Telephone Numbers
      4. Location of contact with animal
      5. Types of animals involved, and
      6. Name of doctor caring for individual.

   Procedures for isolating suspected animal carriers are outlined in the Brookline Police Department Manual, "Injured Domestic Animals/Wildlife."