



POLICY TITLE:	<i>Contagious Exposure and Infection Control</i>	STANDARD/REF #:	
APPROVED BY:	<i>David Dostal, Chief</i>	REVIEWED DATE:	12/3/2021
REQUIRED REVIEWERS:	<i>Department Medical Lead</i>	REVISED DATE:	3/14/2024

POLICY/PURPOSE:

The purpose of this policy is to establish procedures and guidelines for the implementation of a departmental Infection Control Plan, and the proper utilization of the Contagious Exposure Report. This is established in accordance with the City of Cedar Rapids Bloodborne Pathogen Exposure Control Plan and is consistent with the OSHA Bloodborne Pathogen Standard 1910.1030.

DEFINITIONS:

Infectious Diseases

For the purpose of this policy, the diseases listed below are considered infectious and upon known or suspected exposure will require completion of the Contagious Exposure Report.

- Hepatitis B (HBV)
- Hepatitis C (HCV)
- HIV Virus (Human Immunodeficiency Virus)
- Neisseria Meningitis (bacterial Meningitis)
- Tuberculosis
- A disease that has been ruled by the Centers for Disease Control or a government public health agency as a pandemic

Significant Exposure

A significant exposure is defined as an exposure of blood to blood, or blood to mucous membrane. An employee receiving a significant exposure shall scrub with soap and water or flush the mucous membrane of the eye, nose or mouth with water immediately or as soon as possible after the exposure for 15 minutes.

Universal Precautions

Universal precautions refer to treating all human blood and certain body fluids as potentially infected with bloodborne pathogens regardless of the perceived status of the source individual. Universal precautions will be observed by all employees to prevent contact with blood or other potentially infectious materials.

PROCEDURE:

Exposure and Initiation of report by employee:

- [Guidelines for Exposures](#) can be found at CR@Work.
- An employee receiving a significant exposure shall:
 - Scrub with soap and water or flush the mucous membrane of the eye, nose or mouth with water immediately or as soon as possible after the exposure for 15 minutes.
 - Immediately notify the desk commander
 - Complete the [Contagious Exposure Report](#) located at CR@Work.



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- Occupational Health Coordinator (OHC) through the chain of command
 - Retained by the employee for personal records
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- The desk commander will call the Safety and Wellness Office between the hours of 0730 to 1630 at (319) 286-5034, Monday through Friday, to advise Risk Services of a possible exposure.
 - After work hours, and on weekends, Risk Services can be contacted by calling (319) 521-5652.
 - Risk Services staff will advise if the officer(s) involved needs to go to the hospital or Work Well for examination.
 - The possible disease involved along with the exposure type and level will be the main determining factors.
 - In the case of a significant exposure, Risk Services staff will direct the officer to go to the same hospital as the suspect.
 - At the hospital, it will be determined if there indeed was a significant exposure. If so, an attempt will be made to determine if the other person(s) involved was a high-risk group member and if further medical treatment is necessary. This information will be treated with confidentiality for the protection of all individuals involved as well as their significant others.
 - Employees involved in an exposure will adhere to city policy, specifically sections [7.01](#) and [7.03](#).
 - By law, no specific test may be administered without the expressed consent of the affected individual, to determine the presence of a particular contagious or infectious disease within that individual (House File 655, July 1, 1991).
 - One exception to this rule, as covered by Iowa Code Section 356.48, states that "...a person confined to a jail, who bites another person, who causes an exchange of bodily fluids with another person, or who causes any bodily secretion to be cast upon another person, shall submit to the withdrawal of a bodily specimen for testing to determine if the person is infected with a contagious or infectious disease."
 - **NOTE:** This does not cover all in-custody situations – only those that are already in jail. If the person refuses testing, a court order for blood can be required similar to the OWI Vampire Act. This procedure would be handled by Risk Services, the jail staff, and the Linn County Risk Manager after receipt of notification of a possible exposure.
 - If a member of the Cedar Rapids Police Department is exposed while at the Linn County Correctional Facility, they will follow regular procedures for completing the Contagious Exposure Report. The desk commander will ensure a copy of the report is taken to the Jail Supervisor as soon as reasonably possible to initiate the process.



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Notification of Employee of Significant Exposure

- After receiving notification of a possible significant exposure, Work Well will correspond with hospital spokesperson to verify the affected individual’s high-risk status if they are still at the hospital. When the individual voluntarily discloses known information and/or consents to testing that confirms the presence of an infectious or contagious disease, the officer(s) who had a possible exposure with the individual will be notified and given recommendations for appropriate medical treatment. If the suspect is in custody at the Linn County Jail, the jail nurse will make contact with the suspect. If the individual is not in custody, an attempt will be made by the Occupational Health Coordinator (OHC) to contact them at their residence, in accordance with the Safety and Wellness Office guidelines.
- If in the course of admission, cure, or treatment of an individual, the hospital detects an infectious or contagious disease within that individual, the hospital will contact Work Well. Work Well then will notify the OHC who will notify the employees who had contact with the individual and if it is determined a significant exposure may have occurred, the Contagious Exposure Report will be implemented. The appropriate follow-up procedures will be specified by Work Well at the time of the learned exposure.

Infection Control

- Frequent hand washing will minimize the risk of transmission of any infectious disease and is the single most important means of preventing the spread of infection. If hand washing is not feasible, each car has a container of waterless hand cleaner. This container can be replaced by turning in the empty container to the desk commander who will then issue a new container from the equipment vault.
- Use of Protective Equipment
 - Each first aid kit is furnished with two pairs of protective gloves, two face shields, and a cardiopulmonary resuscitation (CPR) mask which are intended to prevent or minimize contact with communicable diseases. A red plastic bag marked "Biohazard" is also provided for the disposal of contaminated medical equipment.
 - Officers shall utilize the gloves and face shields whenever coming into contact with victims who are known or suspected of being infected with a communicable disease and who create a potential for significant exposure.
 - Officers shall utilize the gloves and face shields when a strong likelihood exists for direct contact with blood or body fluids that may contain blood.
 - Officers shall wear protective gloves and a face shield when a strong likelihood exists for contact with air-borne pathogens or for blood being splashed or splattered onto the officer.
 - Any gloves and face shields that come into contact with bloodborne or air-borne pathogens shall be considered as contaminated.



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- Used (CPR) pocket masks can be properly disposed of and replaced with new mask.
 - ❖ After using, contaminated equipment shall be placed in the disposable plastic baggy provided in each first aid kit (replacements can be located in the equipment vault). These can be turned over to Area Ambulance Service personnel at the scene or disposed in an appropriate biohazard waste container at either hospital.
 - ❖ If officers turn over a bag of contaminated equipment to Area Ambulance Service, they must ensure that it is marked "Biohazard" on the outside of the bag to alert personnel of special handling requirements.
 - ❖ If officers are disposing equipment at one of the hospitals, they need to ensure that the hospital waste container and/or its liner is marked for biohazard use before disposing the contaminated equipment.
 - ❖ If any doubt exists check with hospital personnel to ensure proper compliance.

Drug Paraphernalia

- Drug paraphernalia such as needles, syringes, and razor blades will be treated as if contaminated. These items and any other sharp instruments used as paraphernalia will be handled by the officer while wearing protective gloves. The item will then be put into a plastic biohazard isolation bottle.
- Officers will insure that the plastic biohazard isolation bottle is included in the vehicle inventory at the pre-shift equipment check.
- If an officer discovers a biohazard bottle missing or one is used during their shift, the officer will obtain a replacement from the equipment vault and place it in the police vehicle rear storage area/trunk.
- Used biohazard isolation bottles will be secured with the plastic cap and disposed of at one of the hospitals in a sharps container or into the sharps container in the Evidence Processing Room.

Listed below are some of the more common contagious diseases and their normal routes of transmission

DISEASE	ROUTE OF TRANSMISSION
HIV, HBV, HCV	Open wounds or mucosal linings in direct contact with blood, body fluids or sharp paraphernalia of another.
Tuberculosis	Airborne; inhaling bacteria spread by coughing or sputum of infected person.



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Bacterial Meningitis	Bacterial Meningitis can be spread or picked up through oral and/or (Neisseria) nasal secretions of infected person. Viral Meningitis is not Contagious through secretions.
Hepatitis A	Contaminated food or water
Diseases declared as Pandemics	Varies depending on disease – Follow national and/or local guidelines for proper precautions and decontamination

BIOHAZARD DECONTAMINATION PROCEDURES FOR CLOTHING, EQUIPMENT, AND POLICE VEHICLES:

If decontamination of clothing, equipment, or vehicles is required, follow guidelines located in the Cedar Rapids [BloodbornePathogen Exposure Policy](#) located at CR@Work.

- If biohazard decontamination is needed for a police vehicle, supplies including but not limited to disinfectant spray, biohazard bags, gloves, and towels are located in the garage for use.
- Granules or bio wick bags are available in the garage for something of liquid substance.
- To remove possible droplets or airborne infections in police vehicles, park the vehicle in a well-ventilated area in the sun and open all windows for 15 to 20 minutes. When possible, the vehicle should be ventilated prior to further operation.
- Attempt to minimize cleaning by keeping equipment that is not needed covered and put away.

Scene Contamination

- The Cedar Rapids Fire Department will be called for incidents involving human body fluid contaminating the out-of-doors and the public environment.
- Cleaning of in-door incidents involving human body fluid contaminants is the responsibility of the building owner or management. The owner or management should address securing the affected site from public access until the biohazard has been decontaminated.
 - All City of Cedar Rapids building maintenance workers have been trained in identification and personal protection necessary to guard against exposure in city facilities.
 - Decontamination of biohazards in privately owned buildings should be addressed by private building maintenance personnel or by private contractor or owner.
 - If the management of a private property is not responding with the proper decontamination procedure, the Linn County Health Department should be notified immediately. The Health Department can close a building deemed a hazard to the public.



CEDAR RAPIDS POLICE DEPARTMENT

Cedar Rapids, Iowa

APPLIES TO:

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- If shift commanders have questions as to which procedure is correct in reference to decontamination procedures, on public or private property, they may refer to the Safety and Wellness Office during normal work hours or the Cedar Rapids Fire Department after the city offices have closed.

Patient Confidentiality

Strict patient confidentiality is of the utmost importance and will be maintained by all involved. This is to help insure the dignity, privacy and cooperation of all parties involved, including their significant others. No officer, or any other employee of the Cedar Rapids Police Department, will mention the name(s), in person, over the radio or in writing, of any person(s) involved in a contagious exposure incident except for that information specifically requested on the Contagious Exposure Report.