



# GENERAL ORDER

DURHAM POLICE DEPARTMENT  
DURHAM, NC

NUMBER:

4049 R-5

## COMMUNICABLE DISEASES & BLOODBORNE PATHOGENS

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### INTRODUCTION

The Durham Police Department will provide employees with safety procedures, protective equipment, and guidelines to minimize their occupational exposure and increase their understanding of the nature and potential risks of exposure to communicable diseases and bloodborne pathogens. Each employee is responsible for controlling their own exposure and preventing the spread of bloodborne pathogens. The Department's Exposure Control Plan will comply with all applicable federal, state, and local regulations, specifically OSHA Bloodborne Pathogens Standard [29 CFR 1910.1030](#), and City of Durham policies.

### DEFINITIONS

*Airborne Transmissible Disease (ATD):* A disease-producing microorganism or material that is contained in small particles or droplets that can be transmitted through the air. This includes viral infections like influenza, novel coronavirus, and tuberculosis.

*Bio-Hazardous Waste:* Any contaminated item that would release blood or other potentially infectious materials during handling. NOTE: Employees will take into custody blood or body fluid stained property only when needed for evidence.

*Bloodborne Pathogens (BBP):* A disease-producing microorganism or material that is contained in the blood or other body fluids contaminated with blood.

*Body Fluids:* Liquids including blood, semen, and vaginal or other secretions that might contain these fluids, such as saliva, vomit, urine, or feces.

*Body Substance Isolation (BSI):* An approach to infection control. According to the concept of universal precautions, all human blood and certain human bodily fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

*Communicable Disease:* An infectious disease that is capable of being passed to another person by contact with the infected individual or their body fluids.

*Contaminated:* Blood or other potentially infectious materials that are present or are reasonably anticipated as present on any item, surface, or equipment.

*Personal Protective Equipment (PPE):* Equipment worn to minimize exposure to hazards, including reducing the risk of transmission of communicable diseases.

*Potentially Infectious Materials:* Human body fluids such as blood, body secretions, tissue specimens, semen, vaginal secretions, cerebrospinal fluid, and any other body fluid visibly contaminated with blood.

*Significant Exposure:* When employees come into contact with blood or other potentially infectious body fluids through a needle stick, an open wound, non-intact skin, or mucus membranes during the performance of regular job duties. Direct contact with sputum, feces, nasal secretions, sweat, tears, urine, and vomit will not be considered a significant exposure unless these body fluids are contaminated with blood and come in contact with an employee's non-intact skin, open wounds, or mucous membranes.

## **EXPOSURE CONTROL PLAN PROGRAM ADMINISTRATION**

The City of Durham, Risk Management Division, works with the DPD to ensure an effective exposure control plan for DPD employees is in place. They also coordinate facility safety requirements to comply with all local, state, and federal guidelines. To effectively manage the Department's responsibilities for these matters, safety officers will be designated as follows:

Facility safety officer (FSO): a member of Planning and Facilities who coordinates environmental and occupational safety measures and mitigations for DPD facilities and equipment. This member also oversees the procurement and distribution of PPE to personnel. The FSO will be responsible for the following duties with respect to facility safety:

- Ensure infectious waste storage areas are marked with biohazard signs and maintained in accordance with all EPA and local regulations;
- Assist with the disposal of bio-hazardous waste in accordance with EPA and local regulations;
- Coordinate facility and equipment mitigation strategies to reduce transmission of communicable diseases, with guidance from local, state, and federal infectious disease experts.

Exposure safety officer (ESO): a Department member who is designated by the Chief of Police to administer the DPD exposure control plan. This member may be required to respond during non-work hours to assist with exposures. The ESO will be responsible for the following duties with respect to exposure management:

- Monitor the supply, repair, replacement, and safe disposal of PPE, to include keeping an adequate supply that meets departmental needs.
- Determine proper stock supply levels of PPE both for stations and for response vehicles.
- Ensure DPD employees receive the appropriate evaluation and information about bio-hazard exposures.
- Serve as a point of contact for DPD for receiving reports of possible exposure events from employees and medical personnel who have transported or been exposed to an individual with an airborne or other high-risk communicable disease.
- Provide support for members and supervisors dealing with a possible exposure incident. This support may include determining whether a possible exposure has occurred and assisting with obtaining medical evaluation and treatment.
- Liaison with Durham County Emergency Medical Services to coordinate contact with medical officials when necessary to obtain medical information, appointments, evaluations, or services in furthering exposure incidents.

- Maintain the confidentiality of all information acquired directly or incidentally in the course of fulfilling the responsibility for management.

The availability of personnel may require adjustments to the number of safety officers. At the discretion of the Chief of Police, one member may be required to serve as both safety officers. Safety officers will comply with all OSHA training requirements regarding their responsibilities.

## **PREVENTION GUIDELINES**

Basic prevention guidelines are intended to minimize the likelihood of exposure to communicable diseases, BBPs, ATDs, or other infectious materials. All procedures and handling potentially infectious materials will be performed in such a manner as to minimize splashing, spraying, spattering, or generation of droplets of these substances.

### **Hand washing is the most important infection control procedure.**

Employees will wash their hands and any other affected skin with soap and water, or flush mucous membranes with water, immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials, after cleaning/decontaminating equipment or after the removal of PPE. If hand-washing facilities are not available, then the member should use antiseptic towelettes or hand cleaner and clean paper towels. When antiseptic towelettes or hand cleaner is used, hands should still be washed with soap and water as soon as feasible.

Members should assume that all contacts with blood or contaminated materials could result in the transmission of a BBP or ATD. Universal precautions will be observed to prevent contact with blood or other potentially infectious materials. Distance from potentially infectious materials or persons who may have an ATD should be considered the best precaution for avoiding exposure. However, officers will not always be able to rely on distances to reduce risks, such as when providing first aid. Where occupational exposure is a risk, members will use PPE to minimize exposure. Standards for PPE will be developed by local, state, and federal infections disease experts. The Department provides PPE at no cost to its employees to reduce the risk of disease transmission. Members who have an open wound or break in their skin should cover it with an impenetrable bandage while they are on duty.

Plastic mouthpieces or other authorized barrier/resuscitation devices will be used whenever an employee performs CPR or mouth-to-mouth resuscitation.

All sharp instruments such as knives and needles shall be handled with extraordinary care and should be considered contaminated items. Needles shall not be recapped, bent, broken, removed from a disposable syringe, or otherwise manipulated by hand. Needles shall be placed in a departmentally provided sharps container when being collected for evidence, disposal, or transportation purposes.

Employees shall not smoke, eat, drink, apply cosmetics, or handle contact lenses in areas where potentially infectious materials are present. Food and drink will not be kept in refrigerators, freezers, shelves, cabinets, on countertops, or work surfaces where potentially infectious materials are present.

Facial protection will be used in any situation where splash contact with the face is possible. Facial protection may be afforded by using both a facemask and eye protection. When encountering a person with a suspected or known ATD, face masks will be used. The first choice is to mask the possibly contagious person. If this is not feasible, mask the Department member(s).

## **PANDEMIC RESPONSE**

During a pandemic, or even a more localized epidemic, the City of Durham may issue policies or procedures specific to the circumstances of the crisis. Any State or local emergency orders, or City policies or procedures that differ from those in this general order, will be valid until they are rescinded by the issuing body. The Chief of Police or their designee may temporarily modify the contents of this policy to better respond to the crisis.

## **INFECTION CONTROL PROTOCOLS**

### **Infection Control Training**

All members providing emergency services will be required to complete initial infection control training at the time of assignment to tasks where occupational exposure may occur. Refresher infection control training shall occur at least annually. Training will be in compliance with OSHA Regulation [29 CFR Part 1910.1030](#):

Written records of all training sessions will be maintained as part of the employee's permanent in-service training record.

### **Station Environment**

Infectious waste storage areas will be marked with bio-hazard signs and will be maintained in accordance with all local regulations. Currently, there are two disposal containers, one located at district one near property and evidence, and the other located at headquarters, near the supply room. Contaminated sharps will be stored in closed puncture-resistant containers (sharps boxes) with appropriate bio-hazard markings and color-coding. Other contaminated materials will be stored in leak-proof bags with appropriate markings and color-coding. If outside contamination of a disposal bag is a possibility, a second bag with identical markings will be placed over the first.

Under no circumstances will any kitchen facility be used for the purpose of cleaning, sterilizing, disinfecting, storing, or disposal of any infectious material or waste.

Disposal of bio-hazardous waste will be in accordance with EPA and local regulations and will be performed by an approved licensed contractor designated by the Department.

During an outbreak, pandemic, or other widespread presence of a known communicable disease that can survive on solid surfaces and be transmitted through contact with those surfaces, the Department will request more stringent cleaning of common touch surfaces per recommendations from local, state, and federal infectious disease experts.

### **Personal Protective Equipment**

New officers are issued PPE with their uniforms and equipment by supply. The initial distribution of PPE is contained in a first-aid kit and a bodily fluid cleanup kit. Once issued, officers are responsible for replacing used items as soon as reasonably possible. At a minimum, the kits will contain:

- A pair of disposable gloves.
- A pair of shoe coverings
- A pair of protective eyewear
- A disposable, fluid-resistant apron/gown
- A face shield (covering eyes, nose, and mouth)
- Antimicrobial hand wipes

- Germicidal cleaning spray and paper towels
- Two red biohazard bags with ties to keep them closed
- A CPR mask/barrier.

In addition to the above, uniformed officers should carry a minimum of two pairs of disposable nitrile gloves on their person. Officers are permitted to wear a leather glove case on their belt. To reduce disruptions in resupply, district commanders and patrol supervisors will ensure that each district sub-station has an adequate supply of gloves to meet officers' supply needs.

N-95 masks will be issued in accordance with G.O. [4080 Respiratory Protection Policy](#).

Members with allergies or sensitivities to any DPD issued PPE must notify the FSO so reasonable accommodations can be made.

Sharps containers will be closable, puncture-resistant, and leak-proof on sides and bottom. Sharps containers will be color-coded, labeled as a biohazard, and immediately accessible in patrol vehicles.

### **Selection and Use of Personal Protective Equipment**

The emergency response is often unpredictable and uncontrollable. In general, members should observe BSI practices and select PPE appropriate to the potential for spill, splash, or exposure to BBPs or ATDs. No standard operating procedure or PPE ensemble can cover all situations, and emergency circumstances may delay the officer's ability to don PPE. When in doubt, select maximal rather than minimal PPE and don it as soon as practically possible. To assist officers in selecting the appropriate level of PPE, the following guidelines should be used:

#### **Level I Precautions**

Level I precautions are used when a situation presents the officer with a possible risk of exposure to potentially infectious circumstances. Possible risks include limited exposure to potentially infectious circumstances that can be controlled or mitigated through BSI and distancing practices. Examples include:

- Presence of potentially infectious materials on surfaces or people
- Persons with controlled bleeding
- During a pandemic involving an ATD, contact with persons that occur within the recommended social distance.

Level I PPE requirements for contacts with people include:

- Disposable gloves
- N-95 masks (for ATD risks)

#### **Level II Precautions**

Level II precautions are used when a situation presents the officer with a likely risk of exposure to potentially infectious circumstances. Likely risks include exposure to potentially infectious circumstances that cannot be controlled or mitigated through BSI and distancing practices. Examples include:

- Persons with uncontrolled bleeding
- Circumstances where potentially infectious materials can be splashed or sprayed

- During a pandemic involving an ATD, contact with a person who reports or complains of symptoms consistent with the ATD.

Level II PPE requirements for contacts with people include:

- Disposable gloves (officers should consider using double gloves)
- Protective eyewear
- N-95 mask (for ATD risks)
- Face shield and disposable, fluid-resistant apron/gown (for potentially infectious materials)

## **Scene Operations**

While complete control of the emergency scene is not possible, scene operations as much as possible will attempt to maintain BSI precautions, limit splashing, spraying, or aerosolization of body fluids. During a pandemic, social distancing recommendations will be maintained, when circumstances allow.

The minimum number of members required to complete the task safely will be used for all on-scene operations. Members not immediately needed on the scene will remain a safe distance from operations where communicable disease exposure is possible or anticipated.

After use, all PPE will be placed in leak-proof, color-coded bio-hazard bags and transported to Property & Evidence for proper disposal.

No medical information about any person with whom a Department member has contact will be released on the scene. Media queries will be referred to the Public Affairs Unit.

At the conclusion of on-scene operations, all potentially contaminated prisoner property or PPE will be removed for appropriate disposal or decontamination and reuse.

## **Cleanup Protocols**

Upon completing a call where any PPE is used, contaminated equipment will be removed and replaced with clean equipment. Supplies of PPE on response vehicles will be replenished by the member assigned/inspecting or using the vehicle.

Contaminated ventilation masks that are unable to be cleaned and reused in accordance with manufacturer specifications should be placed in the bio-hazard disposal box (near the supply room or at property and evidence). The member disposing of the mask is responsible for having the mask replaced from supply immediately as well as any other equipment used from the bio-hazard kit.

Contaminated equipment will be placed in the bio-hazard disposal box (near the supply room or at property and evidence).

Cleaning and decontamination will be performed as soon as practical.

Disposable equipment and other biohazard waste generated during on-scene operations will be stored in the bio-hazard bag. They will be placed in the bio-hazard box at police headquarters.

Gloves will be worn for all contact with contaminated equipment or materials. Other PPE will be used depending on splash or spill potential. Heavy-duty utility gloves may be used for cleaning, disinfection, or decontamination of equipment.

Disinfection will be performed with a department approved disinfectant or with a 1:10 solution of bleach in water. All disinfectants will be tuberculocidal and EPA approved and registered.

Any damaged equipment will be cleaned and disinfected before being sent out for repair.

The manufacturer's guidelines will be used for the cleaning and decontamination of all equipment. Unless otherwise specified:

- Durable equipment (car seats, interiors) will be washed with hot soapy water, rinsed with clean water, and disinfected with an approved disinfectant or 1:10 bleach solution. Equipment will be allowed to air dry.
- Delicate equipment (radios, portable breath testers, etc.) will be wiped clean of any debris using hot soapy water, wiped with clean water, then wiped with disinfectant or 1:10 bleach solution. Equipment will be allowed to air dry.
- Work surfaces will be decontaminated with an appropriate disinfectant after completion of procedures, and after spillage or contamination with blood or potentially infectious materials. Contaminated boots and shoes will be brush-scrubbed with a hot solution of soapy water, rinsed with clean water, and allowed to air dry.

### **Contaminated Uniform Cleaning Procedure**

Members will wash potentially contaminated clothes separately to prevent cross contamination. Contaminated work clothes will be removed and exchanged for clean clothes. The member will shower if body fluids were in contact with the skin under work clothes. If uniforms become contaminated, the supervisor will allow officers time to change their uniforms. For potential BBP contaminated uniforms, place the soiled uniform in a red bio-hazard bag, and transport the bag to the approved laundry service for cleaning at City's expense. The bill for such cleaning should be sent to the DPD Fiscal Services Division.

For potential ATD contaminated uniforms, place the uniform in a plastic bag to prevent cross contamination. Officers may launder the uniform at home.

Infectious wastes generated during cleaning and decontamination operations will be properly bagged and placed in the bio-hazard box at police headquarters.

Any member exposed to potentially infectious material will immediately wash the exposed area with soap and water or saline eyewash if the eyes are involved.

All members should maintain extra clean work uniforms in their vehicle, station, or office so that potentially contaminated uniforms can be changed without requiring the member to go home.

### **Post-Exposure Protocols**

If a member believes they have encountered an exposure, the member will contact their supervisor immediately. If it is determined an exposure has occurred, the member and their supervisor will complete an injury report/claim in accordance with G.O. [2015 On the Job Injuries & Transitional Duty](#), and an [Exposure Incident Report](#) (during a pandemic, a [separate form](#) may be utilized) before completion of shift for any of the following exposures:

- Needlestick injury;
- A break in the skin caused by a potentially contaminated object;
- Splash of blood or other potentially infectious material into eyes, mucous membranes, or non-intact skin;

- Mouth-to-mouth resuscitation without pocket mask/one-way valve;
- Exposures that meet specific City, DPD, Health Department or Centers for Disease Control criteria as part of an organized communicable disease outbreak or pandemic, as outlined in event specific memos and directives; or
- Any other exposure that has been verified by medical personnel.

The report will include details of the task being performed, the means of transmission, the portal of entry, and the type of PPE in use at the time.

An employee who believes they have been exposed to a communicable disease shall thoroughly wash the area with an appropriate cleaning agent if personal contact was made. Gather information about the person involved, including name, date of birth, any medical information legally available, the person's current location, and what has led the employee to believe the person has an infectious disease. During a pandemic, more specific information such as recent travel and ATD diagnoses may need to be obtained and will be specified via memo.

For potential BBP exposures:

- Due to the possible need for drug treatment that may help prevent an HIV infection, proceed directly to the Durham Regional Emergency Department (unless referred elsewhere by the 24-hour Employee Injury Call Center or the ESO), informing the medical staff of all facts about the exposure and follow medical directives. Note that some treatment options to deal with any exposure are not effective unless the treatments are given **within two (2) hours of the potential exposure**.
- In the event that the employee cannot access Durham Regional Hospital, either the ESO or the injury reporting call center should be contacted immediately for further instructions.
- The medical evaluation will determine the need for laboratory testing, drug treatment, counseling, and follow-up.

Members who have a potential exposure and are subsequently involved in an investigation shall be released to receive a medical evaluation during the two (2) hour time limit. After the medical evaluation and subsequent treatment, if medically indicated, they may be released to return to the investigation.

For potential ATD exposures:

- Officers should immediately notify their supervisor and the watch commander and maintain a physical distance from others. Depending on the potential ATD and guidelines established by local, state, and federal infections disease expert organizations, the watch commander may send the officer home. During a pandemic, the local health department may need to be notified.
- If a health department or medical staff determines that, as a result of the exposure, an officer needs to quarantine or self-isolate, the officer will comply with the requirement. They will notify their chain of command, the ESO, and Employee Services as soon as practically possible.
- If an employee is off duty performing a law enforcement function and believes that he or she has been exposed to an infectious or communicable disease, they shall so notify the watch commander. After doing so, the employee shall follow the procedures outlined above. If the officer is notified of exposure and did not generate the notification process themselves, they are required to follow the above exposure procedures.



## **Supervisory Responsibilities**

If no problems are encountered regarding treatment for the exposed employee or testing of the source individual, the ESO can be notified of the incident via the Exposure Form. If an exposed employee encounters a problem at the emergency room regarding treatment and/or testing, or there is an issue with testing the source individual, the supervisor should immediately contact the ESO. The ESO will either provide further instruction to the supervisor or directly contact the medical staff to try to resolve the problem. If the ESO is unable to resolve the issue, County EMS Services will be advised of the situation, and they, in turn, will help facilitate the medical care and/or testing for the affected employee. County EMS Services may also assist with facilitating the source individual's testing when at a hospital or the county jail.

## **Testing Procedures**

The purpose of testing is to identify employees who have been exposed to an infectious or communicable disease. In the event an employee sustains an exposure, a scientific test of the suspected carrier's blood should be requested by the affected employee or an appropriate supervisor.

If the suspected source individual agrees to a blood test, a hospital consent form must be signed, which authorizes the member's physician to receive the results of the test.


If the suspected source individual refuses a blood test, the employee shall request a blood test for themselves, and the ESO will be notified immediately. The ESO shall be authorized to receive the results of this blood test. If the source person is hospitalized, then the watch commander or their designee will trace the source person to the receiving medical facility. They will notify the ESO, who will then contact the receiving facility that a communicable disease exposure took place and request an infectious disease determination. Requests for consent to test the source person for HIV and HBV will be made.

The City's OEM provider will provide appropriate diagnostic workup and treatment of members with communicable disease exposures. Services will include long-term follow-up and member or spousal counseling.

## **Compliance and Quality Monitoring Program**

City of Durham Risk Management and the safety officers will review PPE inventories, compliance, and quality monitoring data, including inspections of station facilities, training activities, and analysis of reported exposures to communicable diseases.

This policy will be reviewed and reevaluated, at a minimum, triennially. The review is meant to ensure that any significant changes in assigned tasks or procedures in medical knowledge related to infection control or regulatory changes are adequately addressed.

  
Cerelyn J. Davis  
Chief of Police