

Memorandum



DATE: October 24, 2014

TO: Honorable Members of the Public Safety Committee: Sheffie Kadane (Chair), Adam Medrano (Vice Chair), Dwaine Caraway, Jennifer S. Gates, Sandy Greyson, Scott Griggs

SUBJECT: **Communicable Diseases General Orders 438.00**

On Monday, October 27, 2014, you will be briefed on the Communicable Diseases General Orders 438.00. The briefing materials are attached for your review.



Eric D. Campbell
Assistant City Manager

Attachment

cc: Honorable Mayor and Members of the City Council
A.C. Gonzalez, City Manager
Warren M.S. Ernst, City Attorney
Craig D. Kinton, City Auditor
Rosa A. Rios, City Secretary
Daniel F. Solis, Administrative Judge
Ryan S. Evans, First Assistant City Manager

Jill A. Jordan, P.E., Assistant City Manager
Mark McDaniel, Assistant City Manager
Joey Zapata, Assistant City Manager
Jeanne Chipperfield, Chief Financial Officer
Sana Syed, Public Information Officer
Elsa Cantu, Assistant to the City Manager – Mayor & Council



Communicable Diseases

General Orders 438.00

Public Safety Committee

October 27, 2014



www.dallaspolice.net

David O. Brown
Chief Of Police

Communicable Disease: Definition & Purpose

Communicable Disease: Any disease transmitted by either direct or indirect contact

Purpose: To establish Departmental guidelines regarding the reporting of exposure to certain communicable diseases

- To prevent, to the extent possible, the contamination of any communicable diseases to ALL of our employees

Bloodborne Pathogens

The Department has a Bloodborne Pathogens Exposure Control Plan as required by the Texas Health and Safety Code – Chapter 81.034

The plan is in place to establish the following:

- minimize exposure
- insure immediate medical treatment
- a post exposure evaluation
- follow up evaluation

Blood Exposures

- Can occur where another person's blood is somehow introduced into another, such as:
 - A human bite which breaks the skin
 - Puncture wounds with a bloody object
 - Blood splashes to the eyes, nose, or mouth (bloodborne pathogens are not carried in saliva)
 - Blood splashed into an open wound

Bloodborne Pathogens

- HIV
- HEPATITIS B, C & D
- SYPHILIS – normally sexually transmitted, but can be transmitted by blood exposures.

Other Communicable Diseases

- Other communicable diseases are spread through bodily fluids such as saliva which is commonly projected by cough or sneeze
- Examples:
 - Tuberculosis
 - Measles
 - Pertussis
 - Meningococcal infections
 - Rubella
 - Diphtheria
 - Viral hemorrhagic fever

Precautionary Measures to Minimize the Exposure

- Wear disposable surgical gloves
- Wash hands with warm water and soap
- Use antiseptic wipes- follow with washing hands
- Bandage open wounds or cuts to avoid any direct contact
- Conduct searches of persons & vehicles cautiously

Protective Equipment

- The Department provides protective equipment for officers, such as:
 - CPR resuscitation masks
 - Medical masks
 - Hand sanitizer
 - Latex gloves
 - Limited amount of protective suits

If Exposure Occurs

1. Immediately report the incident to a supervisor
2. Post Exposure Evaluation at Baylor Hospital
3. Follow up Evaluations

If Exposure Occurs

- A follow up examination will be offered to the employee for medical evaluation, testing, and treatment
- Testing must be done no later than 10 days after the exposure
- Employees & supervisors may also contact Communications Division to have the On-Call Medical Officer notified to provide guidance and direction

Questions?



Dallas Police Department General Order

438.00 Communicable Diseases

DAVID O. BROWN
CHIEF OF POLICE

Revised 10/28/11

438.00 COMMUNICABLE DISEASES

A communicable disease is any disease transmitted by either direct or indirect contact. The purpose of this order is to establish Departmental guidelines regarding the reporting of exposure to certain communicable diseases. Exposure to common diseases, such as colds and flu, are not covered by the scope of this policy.

438.01 Bloodborne Pathogens Exposure Control Plan

Exposure to a Bloodborne Pathogen is the greatest communicable disease health risk officers face. The purpose of this order is to implement the Bloodborne Pathogens Exposure Control Plan required in Chapter 81.304 of the Health and Safety Code. The plan establishes Departmental guidelines to minimize exposure, and insure immediate medical treatment, a post exposure evaluation, and follow up is provided to employees who experience a blood exposure.

438.02 Blood Exposures

Exposures to bloodborne pathogens can occur in the following ways:

- A. A human bite where the skin is broken
- B. Puncture wounds with a bloody object
- C. Blood or certain body fluid splashes to the eyes, nose, and mouth (bloodborne pathogens are not carried in saliva)
- D. Blood splashed to an open wound or non-intact skin
- E. Needle sticks
- F. Mouth to mouth resuscitation where blood is present
- G. Exposure of intact skin to a large amount of blood or over a large area of the body for several minutes.

438.03 Bloodborne Pathogens

- A. **HIV**, Human Immunodeficiency virus, which develops into AIDS, Acquired Immune Deficiency Syndrome, an infectious, viral disease that weakens the body's immune system. It causes the person to be susceptible to a variety of opportunistic infections, certain rare forms of cancer and pneumonia, and other diseases. Because of the lack of a cure or vaccine, this disease represents a serious public health problem. It is preventable if certain precautions are taken. Most exposures do not result in infection.
- B. **HEPATITIS B** is caused by a virus, which attacks the liver. The liver is essential to metabolize fats, proteins, and medications. People who develop Hepatitis B are more likely to develop cirrhosis or cancer of the liver later in life, and may be the cause of 80% of liver cancer cases worldwide. **Hepatitis B is extremely contagious and can live in dried blood for as long as 7 days. Hepatitis B can be prevented by a Hepatitis B vaccine.**
- C. **HEPATITIS C** is currently considered to be the second highest health risk from bloodborne pathogens. There is no vaccine or preventative medicine for Hepatitis C. Currently the treatment for Hepatitis C is only 40% effective. A high percentage of infected individuals do not show symptoms of Hepatitis C, but become chronic (develop cirrhosis or cancer of the liver) years later. 85% of IV drug users become infected with Hepatitis C within 6 months.
- D. **HEPATITIS D** – a defective virus that causes infection only in the presence of Hepatitis B.
- E. **SYPHILIS** – normally sexually transmitted, but can be transmitted by blood exposures.

438.04 Other Communicable Diseases

Other communicable diseases include diphtheria, measles, pertussis, meningococcal infections, plague, rubella, TB, and viral hemorrhagic fever. Possible exposures to these diseases can occur through mouth to mouth resuscitation or from close contact (in the same room, enclosed area, or vehicle) with an infected person. The length of time necessary for an airborne exposure depends on the disease.

- A. Employees who suspect they have had a work exposure to one of these diseases will immediately report the incident to a supervisor for submission of the City of Dallas Supervisor's Injury Investigation Report in accordance with Section 207.00.
- B. It is not necessary to seek immediate medical attention unless notified by the Dallas County Health Department or another medical professional (usually an Emergency Room Physician.)
- C. A follow up examination will be offered to the employee for medical evaluation, testing, and treatment.
- D. Testing must be done no later than 10 days after the exposure, (per G.O. 438.08(D)).

438.05 Hepatitis B Vaccination

- A. To provide immunity to Hepatitis B infection, the Dallas Police Department will make the hepatitis B vaccination series available on a voluntary basis to all sworn and non-sworn employees, where the exposure to blood or other potentially infectious materials can be reasonably anticipated.
- B. The hepatitis B vaccination series will be made available to all recruits during their academy training. All other employees may request the vaccination series at any time and will be notified within ten days by the Safety Team when the series will be scheduled unless any of the following apply:
 1. The employee has previously received the complete hepatitis B vaccination series.
 2. Antibody testing reveals that the employee is immune.
 3. Medical reasons prevent the employee from being vaccinated.

Dallas Police Department General Order

438.00 Communicable Diseases

Revised 10/28/11

- C. Any prescreening for the hepatitis B virus to determine immunity, including all medical evaluations and procedures performed, will be at the employee's expense.
- D. Vaccinations will be provided even if the employee initially declines but later request treatment while covered by this standard. Employees who decline the hepatitis B vaccination series must sign a declination form. The signed forms will be forwarded to the Safety Team, Personnel and Development Division.
- E. Immunization Procedures
 - 1. Departmental personnel interested in participating in the Hepatitis B Immunization Program will contact the Safety Team to schedule their initial inoculation.
 - 2. The Academy Supervisor of the Curriculum Team will be notified by the Safety Team as to the date and time the vaccination series will be offered to the recruit classes.
 - 3. Departmental personnel participating in the hepatitis B vaccination series will receive the following document when reporting to the designated location:
 - a. Information Statement on Hepatitis B.
 - b. Acceptance Form.
 - c. Declination Form.
 - 4. After reading the information statement, employees will be required to sign an acceptance or declination form. All documents will be completed before the vaccine is administered.

438.06 Precautionary Measures for Officers to Minimize Exposure to Bloodborne Pathogens

The following is a list of procedures to be followed in situations where there is a likely chance of a blood exposure.

- A. Wear disposable surgical gloves when there is contact or potential contact with blood or other body fluids, regardless of whether the fluids are wet or dry.
- B. Wash hands immediately and thoroughly with warm water and soap following contact with blood, other bodily fluids or any other possible source of infection. Hand washing is recommended even if gloves are worn. If handwashing facilities are not immediately accessible, use either an antiseptic cleanser in conjunction with a clean cloth/paper towels, antiseptic towelettes or waterless disinfectant. If these alternatives are used, then the hands are to be washed with soap and running water as soon as feasible.
- C. Bandage open wounds or cuts to avoid any direct contact with contaminated body fluids. Bandages should be sealed on all sides and changed when they become wet or soiled.
- D. When searching persons or vehicles, never blindly place hands in areas where there may be sharp objects that could puncture the skin. Use extreme care when handling needles and syringes.
- E. Use the Mouth-to-Mask Resuscitators when giving CPR.
- F. Exercise caution when investigating crime scenes contaminated with blood or body fluids (i.e., wear a surgical facemask, protective clothing, gloves).
- G. Minimize the chances of becoming infected with communicable diseases by careful observation and awareness of subjects being dealt with, adequate sleep and nutrition, and practicing good personal hygiene habits.

438.07 Procedures to be Taken if Possibly Exposed to Bloodborne Pathogens

Immediately following an exposure to blood:

- A. Wash the affected area with soap and water
- B. Flush exposed mucous membranes with water
- C. Eyes should be irrigated with water
- D. Immediately report the exposure to a supervisor for treatment and follow-up

438.08 Reporting Procedures for Possible Exposure to Communicable Diseases

- A. Employees who suspect they have been exposed to communicable diseases should immediately notify their supervisor for submission of the City of Dallas Supervisor's Injury Investigation Report in accordance with Section 207.00. (Exposure to colds and flu is not covered in the scope of this policy.)
 - 1. The Supervisor will obtain an Exposure Packet, which includes:
 - a. A Records Release Form
 - b. Affidavit form for source testing
 - c. A PEP Consent Form
 - d. A PEP Declination Form
 - e. General Information and Instructions
 - f. A copy of General Order 438.00
 - 2. Exposure Packet forms are on the shared "N" drive and will be available at the Baylor Emergency Room.
- B. In the case of a **blood** exposure, the supervisor will:
 - 1. Immediately accompany the employee to the Baylor Hospital Emergency Room for a Post Exposure Evaluation.
 - 2. Insure the sworn affidavit required for the testing of a blood exposure source (outlined in G.O. 438.09) is completed and signed by the officer and notarized. The original affidavit must be sent to the Safety Team and a copy either faxed or taken to the Dallas County Health Department.
 - 3. Insure all consent and/or waiver forms are properly completed and the original is sent to the Workers Compensation Team.
- C. Employees who incur an exposure incident will be offered a confidential medical evaluation and follow up as follows:
 - 1. Documentation of the route of exposure and the circumstances related to the incident.
 - 2. The employee will be advised of their risk of infection based on the type of exposure and will be offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.
 - 3. The employee will be offered the option of having his/her blood collected for testing of the employee's HIV/HBV serological status. Baylor Hospital will not test the employee for HIV, Hepatitis B or Hepatitis C. That testing

Dallas Police Department General Order

438.00 Communicable Diseases

Revised 10/28/11

- will be done the following business day during a follow up visit to a recommended physician specializing in communicable diseases. If the employee wishes, he/she may use another physician of his/her own choosing.
4. The follow-up will include the results of the testing of the source individual being made available to the exposed employee with the employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual. The employee will also be given appropriate counseling concerning infection status, results and interpretations of tests, and precautions to take during the period after the exposure incident. The employee will be informed about what potential illnesses can develop and to seek early medical evaluation and subsequent treatment.
 - D. According to Texas Workers' Compensation Commission Rule 110.106, in order to qualify for Workers' Compensation Benefits, employees claiming a possible work-related exposure to a reportable disease, including HIV, must be tested for the disease not later than 10 days after exposure. Employees must provide documentation of the testing to the Department.
 - E. The Workers Compensation Team will keep a log of all reported sharps injuries (needle sticks) and complete the required Sharps Reporting Form and forward it to the Dallas County Department of Health.
 - F. Officers who believe a suspect has exposed them to any communicable disease will follow the procedures outlined in 438.09 B for reporting the incident to the Dallas County Health Department and to request testing of the suspect.

438.09 Procedure for Testing Suspects for Communicable Diseases

- A. Subjects may be requested to take a blood test when they may have exposed a law enforcement officer, fire fighter, emergency medical service employee or paramedical, or a correctional officer to a reportable disease, including HIV infection. Officers may request testing for exposure to reportable diseases experienced in the course of their employment. Officers must believe the exposure places them at risk for a reportable disease and must present the required affidavit to the appropriate health authority.
- B. Officers having good reason to believe they have been exposed to a communicable disease during the course of employment will call the Dallas County Health Department at (214) 819-2004 to request testing of the suspect. This number will be answered Monday through Friday, between the hours of 8:00 a.m. - 5:00 p.m. The after hours number is (214) 819-2009. The after hours phone number is a voice mail recording. The after hours notification will include the employee's name, badge number, a work phone contact number, the name and date of birth of the exposure source, and the present location of the source (Example: Parkland, Sterrett, or Detox) or their home address. The officer must submit a sworn affidavit, either in person or postmarked, within 72 hours of the occurrence.
 1. The sworn, written affidavit must contain the following information:
 - a. The requester's name, home address, work telephone number, home telephone number, and an emergency telephone number.
 - b. The name and address of the emergency agency, (Dallas Police Department, 1400 S. Lamar St., Dallas, Texas 75201).
 - c. The date and time of exposure.
 - d. The circumstances of the exposure.
 - e. The suspect symptoms, if known (e.g. rash, fever, chills, jaundice, productive cough, diarrhea, nausea/vomiting, neuralgic signs, coryza, hemorrhage, other).
 - f. Transport designation of the suspect.
 - g. The suspect's name, and if known, the suspect's address, preliminary diagnosis, and probable present location.
 2. After completion the affidavit must be notarized by a departmental notary. Mailed affidavits must be postmarked within 72 hours and addressed to:
Communicable Disease
Dallas County Department of Health and Human Services
2377 Stemmons Freeway, Suite 500-LB 12
Dallas, Texas 75207-2710
 3. If the suspect refuses the Health Department's request, that agency will confer with the exposed employee and then decide whether to ask the District Attorney to file a petition in District Court requesting court-ordered testing.
- C. According to the Code of Criminal Procedure, suspects indicted for or who waive indictment for charges of Sexual Assault, Aggravated Sexual Assault, or Indecency With a Child may be directed by the courts (either by its own motion or at the request of the victim of the alleged offense) to submit to testing to show whether the subject has a sexually transmitted disease, AIDS, or HIV.
- D. A court order for a blood sample may be obtained from a Municipal Judge of the City of Dallas or a County or District Judge of Dallas County. Should any questions arise related to obtaining such a court order, officers will contact an attorney from the Criminal Law & Police Unit at (214) 670-5471.
- E. Suspects consenting to testing or compelled by court order to submit to testing and presently housed at the Lew Sterrett Criminal Justice Center will be tested at that facility as soon as the Dallas County Health Department can send a qualified tester.

438.10 Evidence Handling

- A. Wear disposable surgical gloves when handling property or evidence contaminated with blood or other bodily fluids.
- B. Procedures for Handling
 1. Place all syringes in puncture-resistant plastic tubes prior to submission as property or evidence.
 2. Double bag clothing and similar items in a paper sack.

Dallas Police Department General Order

438.00 Communicable Diseases

Revised 10/28/11

3. Place sharp instruments such as knives, straightedge razors, and box cutters that have been contaminated with blood or other bodily fluids in puncture-resistant plastic cylinders, which are available in HIV kits or at the Property Section.
 4. Unload firearms and place in a sealed plastic bag, double-bagged paper sack, or wrap in brown paper, depending on the size.
 5. Double bag all PES/lab evidence in paper sacks prior to submission to either SWIFS or the Property Room.
- C. Warning Labels
1. Tag all items of PES/lab evidence considered a biohazard with a biohazard warning label prior to submission.
 2. Tag any property/evidence contaminated with blood or bodily fluids with the appropriate warning label. The warning labels will be available at all deposit sites and in the HIV kits.
 3. Apply a warning label to large, bulky contaminated items such as doors, large pieces of wood, automobile parts, etc. Apply the warning label to an area that will not contaminate any physical evidence.
 4. In the *Additional Description* field of the property tag indicate any items that have been contaminated with blood or other body fluid.
 5. Note on the wrecker driver's receipt, prior to impoundment, if an impounded vehicle constitutes a biohazard due to contamination with blood or other bodily fluids on its interior. An example of *Biohazard* is: *Blood on front driver's seat*.
- D. Disposal Procedures
1. Use an approved biohazard disposal container when disposing of any protective equipment or other related equipment used in the handling, processing, or storage of biohazard property or evidence.
 2. Disposal of biohazard property/evidence will be done in accordance with procedures outlined in the Property Section Standard Operating Procedures.

438.11 Procedures for Cleaning Contaminated Equipment, Uniforms, and Vehicles

- A. Wear disposable surgical gloves when handling or cleaning any equipment or vehicle soiled with bodily fluids.
- B. Change any uniform that is soiled with blood or other bodily fluids as soon as possible. Handle the contaminated uniform as little as possible and with a minimum of agitation. Place the uniform in a biohazard bag, seal the bag, and notify the immediate supervisor that the uniform has been contaminated.
- C. The immediate supervisor will write a memorandum to the Quartermaster Unit explaining why the uniform was discarded and that a replacement uniform should be issued. The soiled uniform will be handled and processed as disposable equipment per Section 438.10.
- D. Vehicles and other equipment soiled by blood or other bodily fluids will be promptly and thoroughly cleaned with an approved germicidal detergent.

438.12 Procedures for Discarding of Personal Protective Equipment/Uniforms

- A. Anytime disposable equipment or supplies are utilized, the presence of communicable disease will be presumed. Do not indiscriminately discard such supplies or equipment at the scene or dispose of them in a way that may cause casual contact by another person.
- B. After using personal protective equipment (HIV kits), place all contaminated items in the provided biohazard bag, seal, and secure for transport to an approved disposal site. This procedure also applies to all uniforms that are to be discarded as a result of contamination.
- C. Approved sites for the disposal of contaminated material/uniforms will be located at each Patrol Operations Division, the Crime Scene Response Section, and the Property Section.
- D. It will be the responsibility of the employee utilizing the equipment to ensure that it is disposed of properly. Without exception, disposal of the contaminated material/uniform must be completed before the end of the employee's tour of duty.
- E. The Commander at each designated disposal site is responsible for ensuring the site is properly maintained and that a sufficient supply of replacement personal protective equipment (HIV kits) is available.
- F. The Commander or a representative will contact the City Contractor when a disposal site is full. The City Contractor will remove the contaminated material and replace the biohazard bag or container.

438.13 Annual Training

- A. Training will be conducted for all recruits during their Academy Training. All employees will also receive annual refresher training within one year of the employee's previous training.
- B. The training will include an explanation of the following:
 1. OSHA Bloodborne Pathogen Final Rule
 2. Epidemiology and symptomatology of bloodborne diseases.
 3. Modes of transmission of bloodborne pathogens.
 4. The Department's Exposure Control Plan
 5. An explanation of incidents which might cause exposure to blood or other potentially infectious materials.
 6. Procedures to be observed to control exposure to blood or other potentially infectious materials.
 7. Personal protective equipment available. (gloves, mouth to mouth resuscitators)
 8. Hepatitis B vaccine program
 9. Procedures to follow in an emergency involving blood or other potentially infectious materials.
 10. Procedures to follow if an exposure incident occurs, to include U.S. Public Health Service Post Exposure Prophylaxis Guidelines
 11. Post Exposure evaluation and follow up.