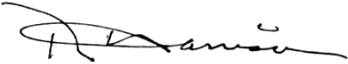


TEXARKANA POLICE DEPARTMENT

GENERAL ORDERS MANUAL

SUBJECT	Response to Infectious and Communicable Diseases		
NUMBER	1102.26	EFFECTIVE DATE	March 18, 2011
Scheduled Review Date	March 15, 2022	ISSUE DATE	March 18, 2011
Date Reviewed	May 26, 2020	REVISION DATE	
APPROVED BY		(Reserved for Expansion)	

I. Purpose and Scope

- A. The law enforcement profession is becoming increasingly dangerous, and the safe performance of daily operations is consistently threatened by life-endangering communicable diseases such as the Human Immunodeficiency Virus (HIV)—which is the causative agent of the Acquired Immunodeficiency Syndrome (AIDS), Hepatitis A, B and C as well as Tuberculosis. The purpose of this policy is to establish guidelines and requirements for the investigation of incidents that involve individuals who are suspected of having infectious or communicable diseases as well as provide employees of the Agency with information and up-to-date safety information necessary to minimize their risk of potential exposures to these types of diseases.

II. Policy

- A. It shall be the policy of the Texarkana Police Department to establish and manage a defined series of guidelines that serve to protect the members of the Department from the risks associated with the exposure to infectious and communicable diseases. This policy shall establish the following procedures:
1. Establish safety procedures that reduce the risk of officers of the Department from contracting an infectious or communicable disease during the performance of his/her duties;
 2. Establish procedures in response to an employee's exposure to an infectious or communicable disease; and
 3. Establish guidelines that address the legal rights of victims of infectious or communicable diseases that directly affect issues of discrimination and confidentiality.
- B. It shall be the policy of the Texarkana Police Department to ensure every person—regardless of his/her state of health—receive equal police protection and emergency services. All members of the Department shall recognize and adhere to the guidelines and requirements set forth within this policy.

III. Definitions

- A. **Biohazard**—A material of biological composition, especially if infective in nature, that constitutes a threat to a human or his/her environment.

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- B. **Blood**—Human blood includes the blood itself as well as all human blood products or the components of human blood.
- C. **Body Fluids**—Liquid secretions including but not limited to blood, semen, vaginal or other secretions that contain fluids such as saliva, vomit, urine or fecal matter. No distinction shall be made between the different body fluids, as all body fluids will collectively be treated as though they have the potential to transmit infectious or communicable diseases.
- D. **Bloodborne and Airborne Pathogens**—Micro-organisms which are present in blood, body fluids and in the air which can cause disease in humans. Although not inclusive, these diseases include Hepatitis, HIV/AIDS and Tuberculosis.
- E. **Infectious or Communicable Disease**—Illnesses which are infective in nature and transmitted through direct or indirect contact with an infected individual’s body fluids or contracted through micro-organisms that exist in infected air.
- F. **OSHA**—The federal Occupational Safety and Health Administration responsible for regulating workplace safety and establishing standards for infectious disease control within the workplace.

IV. Line of Duty Exposures to Infectious and Communicable Diseases

- A. Under OSHA guidelines, an exposure to an infectious disease is deemed to have occurred under the following circumstances:
 - 1. The employee’s eye, mouth or other mucous membrane comes into contact with either blood or body fluids;
 - 2. The employee has an area of non-intact skin where blood or other body fluid contact occurs;
 - 3. The employee is subjected to a needle stick, human bite or has cuts and abrasions where contact with blood or other body fluids occurs; and
 - 4. The employee has a prolonged exposure to the exhaled air of an individual with active Tuberculosis Disease (TB) or an individual believed to have active TB.
- B. Exposure Protocol
 - 1. Any officer who has been bitten by an individual or has physical contact with the body fluids of another person while performing his/her duties shall be considered to have been exposed to an infectious or communicable disease.
 - a. The Department’s physician will evaluate reports of an employee’s exposure to airborne pathogens on the merits of the particular incident.
 - 2. The officer’s immediate supervisor shall be contacted, and unless he/she is incapacitated, the officer who encountered the exposure shall complete all appropriate injury forms.
 - 3. Immediately after the exposure occurs, the officer shall seek medical attention through the appropriate health care facility for clinical and serological testing for evidence of infection.
 - a. The health care officials will evaluate the test results—along with the circumstances surrounding the incident that led to the exposure—and make a determination to the extent of the exposure to the infectious or communicable disease.

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- b. All employees who have undergone an exposure shall be responsible to ensure they submit to follow-up clinical visits and/or testing.
 - 4. Any person responsible for potentially exposing a law enforcement officer to an infectious or communicable disease shall be required to undergo testing to determine whether the person has an infectious or communicable disease.
 - 5. Employees of the Texarkana Police Department who test positive for an infectious or communicable disease may continue working with the Department as long as they maintain an acceptable performance level and pose no safety and/or health threats to the employee, the Department or the public.
 - a. The Department's decisions concerning the employee's work status shall be made solely on the opinions and advice from the Department's physician as well as state and local health authorities.
 - b. The Department may require an examination by a Department physician or another appropriate health care provider to determine if the employee is able to perform his/her duties without creating a hazard to themselves or others.
 - 6. All Department personnel shall treat other employees who have contracted an infectious or communicable disease in a fair, courteous and dignified manner.
- C. Designated Contact Officer
- 1. The Federal Ryan White Comprehensive AIDS Resources Emergency Act contains provisions requiring an emergency response organization to appoint a designated officer responsible for managing information surrounding exposures to an infectious or communicable disease.
 - 2. The Services Division Commander or his/her designee shall be the point of contact by those employees who believe they may have been exposed to an infectious disease by a victim of an emergency who was transported to a medical facility as a result of an emergency.

V. Prevention of Infectious or Communicable Diseases

- A. In order to minimize potential exposure to a communicable disease, all officers must assume that all persons are potential carriers of an infectious or communicable disease.
- B. Officers must cover all open cuts and abrasions with bandages prior to reporting for duty. Disposable double latex gloves shall be worn when handling any person, clothing or equipment contaminated with body fluids. Officers shall wear disposable latex gloves during those incidents when the officer anticipates becoming involved in assaultive behavior which could place the officer in a position to potentially become exposed to blood or body fluids containing blood.
 - 1. Gloves should not be reused, and a new pair should be put on before handling a different person or touching uncontaminated items.
 - 2. When leather or cotton gloves are worn for crime scene work, latex gloves can be worn underneath for added protection.
 - 3. When working at a crime scene, a pair of latex gloves must be worn to protect against any exposure.
- C. A mask, protective eye goggles and protective latex gloves shall be worn where body fluids may be splashed on the officer or whenever airborne contamination of a communicable disease is anticipated.

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1. To date, there have been no documented cases of airborne transmission or contamination of the Hepatitis B virus (HBV) or the HIV virus.
- D. Plastic mouthpieces or other authorized barrier/resuscitation devices must be used whenever an officer performs CPR or mouth-to-mouth resuscitation.
- E. All sharp instruments such as knives, scalpels and needles shall be handled with extraordinary care and should be considered to be contaminated items. For more information regarding the collection and storage methods for these or similar devices, refer to [General Order 1102.02--Property and Evidence Control](#).
1. Gloves shall be worn when searching for or handling sharp instruments. Officers should be careful when they place their hands in areas where sharp instruments might be hidden.
 2. When searching a suspect's pockets, officers should exercise careful hand movements pulling pockets inside out from the top edge of the pocket instead of inserting a hand into the pocket. When circumstances allow, the suspect should empty his or her own pockets by pulling the pocket inside out. A search of a purse can be accomplished by carefully dumping the contents onto a flat surface.
 3. Needles shall not be recapped, bent, broken, removed or otherwise manipulated from a disposable syringe. Needles or similar sharp edged instruments shall be placed in a puncture-resistant, nonporous container when being collected for evidence or disposal purposes. The container shall be marked accordingly to show its contents.
- F. Officers shall not smoke, eat, drink or apply makeup around body fluid spills or when wearing protective gloves.
- G. Any evidence contaminated with body fluids shall first be air-dried then placed within a double bagged enclosure and marked to identify suspected evidence known communicable disease contamination. Department issued prongs shall be utilized to assist in gathering contaminated evidence, and when packaging appropriate evidence, Department issued sealable evidence bags should be utilized. For more information regarding the collection and storage methods utilized for evidence, refer to [General Order 1102.02--Property and Evidence Control](#).
- H. Transport and Custody Protocol**
1. Where appropriate protective equipment is available, no officer shall refuse to interview, assist, arrest or otherwise physically handle any person who may have a communicable disease. Should an officer encounter circumstances where appropriate equipment is not available, the officer shall immediately contact his or her supervisor and request assistance.
 2. Officers shall not put their fingers in or near the mouth of any conscious person. Officers utilizing protective gloves can, if the circumstances dictate, insert their finger into the mouth of an unconscious person in an attempt to clear a blocked airway. This action should be performed in accordance with prescribed foreign body airway obstruction procedures.
 3. Individuals with body fluids on their persons shall be transported in separate vehicles from other individuals when appropriate.
 4. During a transfer of custody, officers have an obligation to notify the relevant support personnel the suspect/victim has body fluids present on his/her person or has stated that he/she has an infectious or communicable disease. During any such release, the information shall be communicated in a discrete manner to ensure the information is not transmitted to the general public or to those who do not possess a need for that information.

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5. Suspects taken into custody with body fluids on their persons and not in need of medical attention shall be directly placed in the designated holding area for processing. Jail personnel will be responsible for following their protocol when handling such persons.
 - a. Notwithstanding the customary narrative associated with an arrest, the arresting officers shall document in the narrative portion of the arrest report the suspect taken into custody has body fluids on his or her person, and as the circumstances dictate, the suspect has indicated he/she has an infectious or communicable disease. The arresting officer shall also notify his/her shift supervisor of the suspect's status.

I. Disinfection and Decontamination Protocol

1. Any unprotected skin surfaces that came into contact with body fluids shall be immediately and thoroughly washed with hot running water and soap for 20 seconds before rinsing and drying.
 - a. Alcohol or antiseptic towelettes may be used where soap and water are not available. Disposable gloves should be removed inside out with the contaminated side not exposed. The hands and forearms should then be washed. Hand lotion should be applied after disinfection to prevent chapping and to seal cracks and cuts on the skin.
2. Officers should remove clothing that has been contaminated with body fluids as soon as practical. Officers should cleanse any contact skin area in the prescribed fashion—to include showering if it is necessary—prior to putting on clean clothing. Contaminated clothing should be handled carefully and machine laundered with detergent and hot water in the normal fashion.
3. Disinfection procedures for police units should be handled carefully when a unit is contaminated with body fluids. The shift supervisor will be responsible to ensure the following procedures are instituted whenever a police unit is contaminated:
 - a. The supervisor shall be notified and the patrol vehicle shall be taken out of service;
 - b. A “Do Not Use – Possible Communicable Disease Contamination” sign shall be posted on the steering wheel of the vehicle; and
 - c. The affected vehicle shall remain out of service until the contaminated areas are washed with a commercial disinfectant furnished by the Department.
4. Non-disposable items such as handcuffs or other police equipment should be disinfected with a bleach solution consisting of 1 part bleach to 9 parts water, rubbing alcohol and/or a commercial disinfectant. Contaminated shoes and boots, including their soles, should also be disinfected with an approved disinfectant.
5. All disposable contaminated materials shall be placed in approved biohazard disposal bags and disposed of in accordance with current state law.

J. Infectious Disease Control Supplies

1. Division commanders are responsible for assigning someone to maintain and store in a convenient location an adequate amount of communicable disease control supplies for their Division.
2. All police department vehicles shall be stocked with the following communicable disease control supplies.
 - a. Disposable latex gloves;

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- b. Puncture-resistant containers and sealable plastic bags;
 - c. Barrier resuscitation equipment, protective eye goggles and surgical facemasks;
 - d. Disposable towelettes containing 70% isopropyl alcohol;
 - e. “Do Not Use – Possible Communicable Disease Contamination” 8 ½” x 11” signs;
 - f. Biohazard disposal bags;
 - g. All supervisor units will contain disposable shoe coverings, aprons, and coveralls.
3. Officers using supplies stored in police cars are responsible for their immediate replacement. Officers are required to keep the above listed supplies in their vehicle at all times.

VI. Legal Rights of Victims of Infectious or Communicable Diseases

- A. Victims of communicable diseases have the legal right to expect and municipal employees—including law enforcement personnel—have the duty to provide the same level of service and enforcement as any other individual would receive.
- B. Officers assume a certain degree of risk within the law enforcement career field and shall accept those risks with their individual appointments. This degree of risk includes the potential risks of contracting an infectious or communicable disease much the same as any other risk factor associated with the career field.
- C. Whenever an officer mentions in a report a belief that an individual has or may have a communicable disease he/she shall write “*contains medical information*” across the top line of the narrative portion of their report. The officer’s supervisor shall ensure this statement is on all reports requiring the statement at the time the report is reviewed and initialed by the shift supervisor.
- D. The Public Information Officer issuing news releases shall make certain the medical information is not given to the news media concerning contamination cases. Under the Arkansas Freedom of Information Act (FOIA), medical records are exempt from disclosure. For more information regarding media releases and FOI requests, refer to [General Orders 1102.15---Public Information and Media Relations](#) as well as [1102.16---Freedom of Information Requests](#).
- E. All requests—including subpoenas—for copies of reports marked “*contains medical information*” shall be referred to the Miller County Prosecuting Attorney’s Office when the incident involves an indictable offense or those offenses involving juveniles. All requests for similarly marked reports involving lesser adult offenses, as well as incident reports not affiliated with any criminal offense, shall be referred to the City Attorney.
- F. Prior approval shall be obtained from the Miller County Prosecuting Attorney’s Office before advising a victim of a sexual assault that the suspect has, or is suspected of having, an infectious or communicable disease.
- G. Any employee who disseminates confidential medical information originating from any report, investigative file, personnel file or any other media format in regard to a victim—or a suspected victim—of an infectious or communicable disease shall be subject to serious disciplinary action.

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