

ST. PETERSBURG POLICE DEPARTMENT

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December 2020 Immediately **V.5:22**

INSTRUCTIONAL ORDER

Distribution: All Employees

Subject: **INFECTIOUS DISEASES AND EXPOSURE CONTROL PLAN**

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Acquired Immune Deficiency Syndrome (AIDS)	HIV
Aerosolized Respiratory Virus	Human Immunodeficiency Virus (HIV)
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Accreditation Standards: CFA 29.01. 29.02

Cross Reference: G.O. II-23, Wellness Program
G.O. III-14, Property and Evidence
G.O. III-31, Catastrophic Health Event (Pandemic)
I.O. V.2:01, Handling and Packaging Controlled Substances
I.O. V.5:22, Infectious Diseases and Exposure Control Plan_Attachment A
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I.O. V.6:01, Injury Reporting_Workers Compensation
USB SOP IV-03, Police Vehicles
§§381.004, 384.24, and 796.08(5), Florida Statutes

Replaces: I.O. V.5:22, Infectious Diseases and Exposure Control Plan (December 7, 2020)

This Order consists of the following sections:

- I. Purpose
- II. Definitions
- III. Line of Duty Exposure
- IV. Transmission of Infectious Diseases
- V. Workplace Practices, Controls and Procedures
- VI. Supplies
- VII. Property Decontamination
- VIII. Contaminated Waste Disposal
- IX. Hepatitis B (HBV) Vaccinations
- X. Training and Information

I. PURPOSE

A. Police personnel should be aware of the possible implications when they contact persons who may be infected with a virus, to include but not limited to, Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), Hepatitis B (HBV) or Hepatitis C (HCV), Coronavirus (COVID-19), or who may be contagious with any other infectious disease. They should also take precautions to prevent the spread of infection and to maximize public and personal safety.

B. At Risk for Occupational Exposure

1. The following personnel have been identified as being at risk for occupational exposure to infectious diseases:
 - a. Civilian Investigators
 - b. Forensic Technicians
 - c. Legal Advisor/Assistant Legal Advisor
 - d. Latent Print Examiners
 - e. Police Maintenance personnel
 - f. Property and Evidence Unit personnel
 - g. Records Technicians
 - h. Police Training Specialists (Training Division)
 - i. Sworn personnel (all)
 - j. Victim Assistant Specialists

C. The Assistant Chief of each Bureau will provide the Police Training Specialist with the name of any employee who has been hired or transferred into an "at risk" position.

II. DEFINITIONS

A. Acquired Immune Deficiency Syndrome (AIDS) – A communicable disease that undermines the body's immune system, rendering the body susceptible to a wide range of opportunistic infections, malignancies and/or other diseases.

B. Aerosolized Respiratory Virus – Droplets generated from an infected person, spread when an infected person coughs or sneezes, or through droplets of saliva or discharge from the nose, and can cause infection in others. This includes Coronavirus (COVID-19).

C. Airborne Pathogens – Pathogenic microorganisms carried by, or through, the air and transmitted by respiration (exhaling/inhaling) of infectious droplets.

D. Bloodborne Pathogens – Pathogenic microorganisms carried by, or through, the blood and other body fluids, and transmitted by the exchange of infected blood or body fluids. This includes Hepatitis B (HBV), Hepatitis C (HCV), and Human Immunodeficiency Virus (HIV), the virus that causes AIDS.

E. Casual Contact – Any incidental contact with another person such as a handshake, brushing against another person, a tap on the arm or shoulder, etc. The contact does not involve a transfer of blood or body fluids, via broken skin, or the splashing of blood or body fluids into the eyes, nose or mouth.

F. Close Contact – Coming within six (6) feet or less for a cumulative period of fifteen (15) minutes or more.

G. Direct Contact/Exposure Incidents –

1. Handling of bloody or wet items, where the employee may have scratches, cuts or open skin in the area of contact.

2. Having contact with blood or body fluids from an infected subject on an area where there is an open sore or cut on the employee.

3. Performing mouth-to-mouth resuscitation (CPR).

4. Receiving a cut or puncture wound as a result of searching or arresting a person.

5. A person ejects saliva, blood or other body fluids into an employee's mouth, eyes or nose.

6. A needle stick.

7. Other exposures identified as high-risk by medical personnel.

H. Germicidal Cleaner – Products that kill microorganisms that are a cause of viral and bacterial infections amongst human beings. They are designed to exterminate bacteria and viruses that are harmful to human health

I. Immunity –

1. The human body provides natural resistance to, or protection against, infection by the physical barrier of intact skin; chemical barriers, such as stomach acid; and by body responses, such as coughing and fever. Immunity can also be acquired through vaccines or the body's natural production of antibodies in response to an invasion of a particular infectious agent.

2. The health of one's immune system can be compromised by the unsupervised use of anabolic steroids, excessive alcohol consumption, cigarette smoking, and certain types of prescription drugs (such as those commonly prescribed for arthritis and other inflammatory diseases), excessive stress, and inadequate sleep.

J. Infectious Agent – A microscopic organism, such as a virus or bacterium usually found in an infected person.

K. Pathogen – A disease carrying or infectious agent.

L. Physical Distancing (Social Distancing) – Measures taken, based on the Center for Disease Control (CDC) guidelines, to reduce contacts between individuals through spatial separation, in order to lower the chance of spreading the disease. For example, avoiding face-to-face meetings, use of staggered mealtimes and places, etc.

M. Quarantine – The mandatory or voluntary restriction of movement into or out of an area. Quarantine may apply to one person, a large group or a geographic area. It is designed to reduce the likelihood of transmission of contagious disease among persons in and to persons outside, the affected area.

N. Significant Exposure –

1. Exposure to blood or body fluids through needlestick, instruments, or sharps;

2. Exposure of mucous membranes to visible blood or body fluids to which universal precautions apply according to the National Centers for Disease Control and Prevention, including, without limitations, the following body fluids: blood, semen, vaginal secretions, cerebrospinal fluid (CSF), synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, or laboratory specimens that contain HIV (e.g., suspensions of concentrated virus), or;

3. Exposure of skin to visible blood or body fluids, especially when the exposed skin is chapped.

O. Source Contact Testing – Voluntary or legally mandated testing of the source of potentially infected blood or other body fluids to determine if the individual is infected with HIV, Hepatitis B or Hepatitis C, or another infectious disease. Personnel should be aware that source testing is of limited value and should be considered in conjunction with other medical considerations.

P. Transmission Intervention – Cough etiquette; hand hygiene; surface cleaning; etc.

Q. Universal Precautions – An approach to infection prevention and control on the premise that all human blood and body fluids should be treated as if known to be infectious for HIV, HBC, HBV, and/or other bloodborne pathogens.

R. Virus – Microscopic parasites, generally much smaller than bacteria. They lack the capacity to thrive and reproduce outside of a host body.

III. LINE OF DUTY EXPOSURE

A. A Supervisor will be notified, and a *Report of Injury to an Employee form* will be completed when an employee has reason to believe they have experienced an infectious disease exposure incident during line-of-duty activity. Casual contact with an infected person may not be an exposure incident.

B. Personnel experiencing a significant exposure to blood and body fluids will, as soon as possible, be sent to the closest emergency room for Post Exposure Prophylaxis (PEP) evaluation and treatment. The source patient or source patient's blood should also be taken to the closest emergency room for testing, when feasible.

C. If there is a question as to whether the exposure requires treatment, the employee should be sent to the closest emergency room for evaluation. Although St. Petersburg Fire Rescue can assist with Emergency Medical Services, St. Petersburg Fire Rescue cannot give an opinion on whether the exposure is significant.

D. Reporting and Evaluating Exposure

1. A copy of the *Report of Injury to an Employee form* and a copy of the *Incident Report* will be provided to the Senior Operations Analyst, Fiscal Services Division.

E. Department members will refer to I.O. V5-22 Infectious Diseases and Exposure Control Plan_Attachment A for additional exposure protocols.

IV. TRANSMISSION OF INFECTIOUS DISEASES

A. Transmission of infectious diseases requires the presence of five (5) factors:

1. An infectious agent – a microscopic organism, such as a virus or bacterium usually found in an infected person.

2. Exit of the infectious agent through the blood, or other body fluids, (bloodborne) or respiration (airborne) of the infected person.

3. Contact by the employee with contaminated blood, or other body fluids, or with airborne droplets of the infectious agent.

4. Entry into the employee's body through a needle stick; respiration; or contact with the employee's mouth, nose or eyes, through broken skin or by other means.

5. Susceptibility or the employee's lack of protection from potential infection.

B. Bloodborne pathogens can only be transmitted via an exchange of infected blood or body fluids via openings in the skin, through mucous membranes (eyes, nose, mouth), through sexual activity, or from an infected mother to her unborn child.

C. Personnel should consult with their private physicians regarding susceptibility if they are taking prescription medicines.

D. Personnel who are pregnant are advised to report, as soon as possible, to their physicians any direct contact with blood or other body fluids or with infected persons contacted in the line of duty.

V. WORKPLACE PRACTICES, CONTROLS AND PROCEDURES

A. The Department has established work practice controls and procedures for members to following addressing the following areas.

1. Work Practice Controls
2. Personal Contacts
3. Human Bites
4. Crime Scenes and Evidence
5. Vehicle Decontamination and Disinfection of Vehicle Sensitive Electronic Equipment

B. The work practices and control procedures are detailed in I.O. V5-22 Infectious Diseases and Exposure Control Plan_Attachment B.

VI. SUPPLIES (See I.O. V5-22 Infectious Diseases and Exposure Control Plan_Attachment C)

A. The Major, Special/Disaster Operations:

1. Will ensure that adequate supplies for infectious disease control are available for distribution, as needed, by the respective Bureaus.

2. Is responsible for inventory maintenance and distribution of supplies for infectious disease control. They will initiate proper reordering/purchase procedures before supplies are depleted.

B. Employees are responsible for replacing personal protective equipment or disinfection supplies that they have been issued, or those items identified as standard equipment per USB SOP IV-03, Police Vehicles.

VII. PROPERTY DECONTAMINATION

A. When Department-issued or personal property is contaminated by blood or other body fluids in the line of duty, the property will be sealed in a red disposable biohazard bag and a Supervisor will be notified. The Supervisor will determine if the property can be practically and effectively decontaminated by the employee, or if it must be replaced.

B. A memorandum requesting authorization to replace the contaminated property will be completed by the individual responsible for the property and sent to the appropriate Assistant Chief. The memorandum will include:

1. The circumstances by which the property became contaminated and the related report number, and
2. Whether any person was charged with destruction of public or private property due to the circumstances by which it became contaminated.

C. At-risk employees should maintain clothes at the Department to be available if a uniform or other clothing becomes contaminated.

1. Contaminated clothing should be washed and dried separately from other items in the Department's washer and dryer.
2. Disposable coveralls are available from the Equipment Room for emergencies.

VIII. CONTAMINATED WASTE DISPOSAL

A. The Maintenance Unit is responsible for taking all contaminated waste, including sharps, to the Fire Department for disposal.

IX. HEPATITIS B (HBV) VACCINATION PROGRAM

A. Hepatitis B Vaccinations

1. The Department has a Hepatitis B Vaccination program which is voluntary for all members who have occupational exposure.

1. The program provides that:
 - a. Vaccinations are made available after receipt of infectious diseases training and within ten (10) working days of initial assignment, or subsequent assignment to a position with occupational exposure.
 - b. All members who decline to participate are required to sign an acknowledgment of declination;
 - c. Members who initially decline the Hepatitis B vaccination are provided the vaccination if the decision is made to accept;
 - d. The vaccination is available at no cost and at a reasonable time and place to employees who are at risk for occupational exposure to infectious diseases; and
 - e. Vaccinations are provided by, or under the supervision of, a Licensed Physician or Licensed Healthcare Professional under contract with the City.
 - f. The vaccination regimen includes three (3) inoculations: one (1) given immediately and, subsequently, at one (1)-and six (6)-month intervals. Six (6) months after receiving the third vaccination, the employee must be scheduled for a post-vaccination blood test to determine if the vaccination process was successful.
 - g. Coordination of the HBV vaccination program and scheduling the vaccinations and post-vaccination blood test for employees is the responsibility of the Police Training Specialists.

X. TRAINING AND INFORMATION

A. The Police Training Specialists have the following responsibilities related to infectious diseases and exposures:

1. Disseminate updated exposure control information and provide recommendations for revisions of this Order
2. Be available to answer any questions regarding the Exposure Control Plan.

B. Training

1. The Police Training Specialists ensure that:
 - a. Training about infectious diseases, the Exposure Control Plan, and the (OSHA) Bloodborne Pathogens Standard is available to all Police Department personnel.
 - b. At-risk Job Classifications
 - 1) All personnel, assigned to at-risk job classifications, must receive and complete training, prior to assignment where risk of occupational exposure may occur, and have done so prior to receiving their HBV vaccinations.
 - 2) Vaccinations are made available:
 - a) After receipt of infectious diseases, Exposure Control Plan, and the (OSHA) Bloodborne Pathogens Standard training, and
 - b) Within ten (10) working days of initial assignment, or
 - c) Subsequent assignment to a position within the identified at-risk job classifications.

C. Required Training

1. Initial Training
 - a. Training on the Infectious Diseases and Exposure Control Plan, and the (OSHA) Bloodborne Pathogens Standard is provided to all Police Department personnel.
 - b. Is mandatory for all personnel assigned to at-risk job classifications, within ten (10) days of initial assignment where risk of occupational exposure may occur and have done so prior to receiving their HBV vaccinations.
2. Annual Training
 - a. Training for all Department personnel about infectious diseases, the Exposure Control Plan, and the (OSHA) Bloodborne Pathogens Standard is provided annually and will include revised information and procedures.

D. The Senior Operations Analyst, Fiscal Services Division has the following responsibilities related to infectious diseases and exposures:

1. Conduct an annual review of the Exposure Control Plan;
2. Facilitate follow ups to the infectious disease exposures;
3. Maintain all pertinent employee records and other documentation related to exposure incidents.

Anthony Holloway
Chief of Police