

EAST CAROLINA UNIVERSITY

INFECTION CONTROL POLICY

EAST CAROLINA UNIVERSITY POLICE DEPARTMENT

Date Originated: 5/18/05

Date Reviewed: 6/3/08

Date Approved: 5/18/05

Page 1 of 13

Approved by:

Medical Director

Project Director

Chairman, Infection Control Committee

Infection Control Nurse

**EAST CAROLINA UNIVERSITY POLICE DEPARTMENT
MANUAL OF GENERAL ORDERS**

General Order: 700-01

Effective: 5/18/05

Number of Pages: 11

PATROL OPERATIONS: Infection Control Policy

Accreditation Standards:

Rescinds: N/A

PURPOSE

The purpose of this policy is to provide East Carolina University police officers with guidelines for preventing the transmission of bloodborne pathogens such as HIV/AIDS virus, hepatitis B, and hepatitis C from contact with blood or other potentially infectious body fluid.

POLICY

It is the responsibility of the ECU Police Department to take all reasonable measures to allow its members to perform their duties in a safe and effective manner. The safe performance of daily operations is threatened by bloodborne pathogens that can be contracted through exposure to infected blood and body fluids. Therefore, it is the policy of this agency to continuously provide employees with information and education on prevention of these diseases, provide up-to-date safety equipment and procedures that will minimize their risks of exposure and to institute post-exposure reporting evaluation and treatment for all members exposed to these diseases.

DEFINITIONS

1. Body Fluids: Blood, semen, vaginal fluids and tissue fluids or other secretions that might contain blood or serum. (Fluids, such as saliva, vomit, urine, or feces rarely carry bloodborne pathogens unless blood tinged, but may carry other infectious organisms. Direct skin contact should be avoided.)
2. Exposure Control Plan: A written plan developed by East Carolina University and available to all employees that details the steps taken to eliminate or minimize exposure and evaluate the circumstances surrounding exposure incidents.
3. Personal Protective Equipment: Specialized clothing or equipment worn or used by members for protection against the hazards of infection. This does not include standard issue uniforms and work clothes without special protective qualities.
4. Standard Precautions: Procedures promulgated by the Occupational Safety and

Health Administration (OSHA) that emphasize precautions based on the assumption that all blood and body fluids are potentially infectious bloodborne pathogens.

PROCEDURES

1. General Disease Prevention Guidelines
 - A. This agency's Infection Control Policy in conjunction with the University's exposure control plan shall provide the overall strategy for limiting exposure to bloodborne pathogens and responding to potential exposure incidents. The University's plan is available for review by all members via the following web site or by contacting the ECU Department of Prospective Health: (744-2070.)

<http://www.ecu.edu/prospectivehealth/infectioncontrol/Policies/BBP%20Exposure%20Control%20plan%2004.pdf>
 - B. This agency subscribes to the principles and practices for prevention of bloodborn pathogen exposure as detailed in the "standard precautions" prescribed by the federal regulations of the Occupational Safety and Health Administration. Where otherwise not detailed in this policy or the University's Exposure Control Plan, officers shall be guided by these practices and procedures.
2. Workplace Controls and Personal Protective Equipment
 - A. In order to minimize potential exposure, officers should assume that all blood and body fluids are potentially infectious for bloodborne pathogens.
 - B. When appropriate protective equipment is available, no member shall refuse to arrest or otherwise physically handle any person who may be infected with a bloodborne pathogen.
 - C. Members shall use protective gear under all appropriate circumstances unless the member can demonstrate that in a specific instance, its use would have prevented the effective delivery of health care or public safety services or would have imposed an increased hazard to his safety or the safety of another co-worker.

All such instances shall be reported by the member and shall be investigated and appropriately documented to determine if changes could be instituted to prevent similar occurrences in the future.
 - D. Disposable gloves shall be worn when handling any person, clothing, or equipment contaminated with body fluids.

- E. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of potentially infectious materials may be generated and mucous membrane (eye, nose, or mouth) contamination is anticipated.
 - F. Gowns, aprons, lab coats, clinic jackets, or other outer garments shall be worn as determined by the degree of exposure anticipated.
 - G. Plastic mouthpieces or other authorized barrier/resuscitation devices shall be used whenever an officer performs CPR or mouth-to-mouth resuscitation.
 - H. All sharp instruments such as knives, scalpels, and needles shall be handled with extraordinary care and should be considered contaminated items.
 - (1) Leather gloves or protective equivalent shall be worn when searching persons or places, or when working in environments, such as accident scenes, where sharp objects and body fluids may be encountered.
 - (2) Searches of automobiles or other places should be conducted using a flashlight, mirror, or other devices where appropriate. Subsequent to a cautious frisk of outer garments, suspects should be required to empty their pockets or purses and to remove all sharp objects from their person.
 - (3) Needles shall not be recapped, bent, broken, removed from a disposable syringe, or otherwise manipulated by hand.
 - (4) When being collected for evidence, disposal or transportation purposes needles shall be placed in departmentally provided, puncture-resistant, leakproof containers that are marked as biohazardous.
 - I. Officers shall not smoke, eat, drink, or apply makeup around body fluid spills.
 - J. Any evidence contaminated with body fluids shall be completely dried, double bagged, and marked to identify potential or known communicable disease contamination.
3. Custody and Transportation of Prisoners
- A. Officers shall not put their fingers in or near any person's mouth.

- B. Individuals with body fluids on their persons shall be transported in separate vehicles from other persons. The individual may be required to wear a suitable protective covering if he is emitting body fluids. Individuals who are bleeding shall be transported by EMS to the Pitt County Memorial Hospital unless exigent circumstances exist (in the opinion of the supervisor) necessitating immediate transport in a department vehicle.
 - C. Officers have an obligation to notify relevant support personnel during a transfer of custody when the suspect has body fluids present on his person, or has stated that he has a communicable disease.
 - D. Suspects taken into custody with body fluids on their persons shall be directly placed in a designated area for processing for the purpose of limiting contamination to police facilities and equipment.
 - E. Officers shall document on the appropriate arrest or incident form when a suspect taken into custody has body fluids on his person, or has stated that he has a communicable disease.
4. Housekeeping
- A. Supervisors and their employees are responsible for the maintenance of a clean and sanitary workplace and shall conduct periodic inspections to ensure that these conditions are maintained.
 - B. All supervisory personnel shall determine the appropriate means of cleaning and decontamination based on the location within the facility or work environment, the type of surface or equipment to be cleaned, the amount of hazardous material/fluid, the type of soil present, and the tasks and procedures to be performed in the area. The Operations Commander shall determine what areas of the department, if any, will be subject to regular cleaning and decontamination. Supervisors will contact the ECU Biological Safety Officer (work: 744-3437 or 744-2237, pager: 551-7492, home: 883-113, or via emergency callback list, when cleanup of large spill areas is more than can be handled with a spill kit. (see section 5, subsection B of this policy)
 - C. All equipment and work surfaces must be cleaned and disinfected with an EPA approved disinfectant after contact with blood and other potentially infectious materials as provided in this policy.
 - D. Any protective coverings used for covering surfaces or equipment in laboratory, evidence custody, or enforcement operations shall be removed or replaced as soon as possible following actual or possible

contamination.

- E. Broken and potentially contaminated glassware, needles or other sharp instruments shall not be retrieved by hand but by other mechanical means such as forceps or brush and dust pan, and shall not be stored in a manner that requires manual retrieval.
 - F. Officers shall remove clothing that has been contaminated with body fluids as soon as practical and with as little handling as possible. Any contaminated skin area shall be cleansed in the prescribed fashion.
 - G. Contaminated laundry and personal protective equipment shall be bagged or containerized at the location where it is used in departmentally approved leakproof containers but shall not be sorted, rinsed or cleaned at that location. Contaminated laundry, including uniforms, will be cleaned by contract linen services.
 - H. All employees who handle contaminated laundry will utilize personal protective equipment to prevent contact with blood or other potentially infectious materials.
 - I. Bins, pails, and similar receptacles used to hold actual or potentially contaminated items shall be labeled as biohazardous. These receptacles shall be decontaminated with an EPA-approved disinfectant as soon as feasible following contamination and then inspected and decontaminated on a regularly scheduled basis. Biohazardous storage containers shall not be placed in areas where food and drink are stored or consumed.
 - J. ECU Biological Safety shall be notified as needed to pickup receptacles and dispose of waste in the ECU Biomedical incinerator.
5. Disinfection
- A. Any unprotected skin surfaces that come into contact with body fluids shall be thoroughly washed as soon as possible with hot running water and soap for at least 15 seconds before rinsing and drying.
 - (1) Waterless hand cleaner or antiseptic towelettes may be used where soap and water are unavailable.
 - (2) Hands should be washed after removal of disposable gloves.
 - (3) All open cuts and abrasions shall be covered with waterproof bandages before reporting to duty.
 - (4) Exposure of mucous membranes (eye, nose, or mouth) will be flushed with water for 15 minutes as soon as feasible following the

exposure.

B. Cleaning Spills of Blood and Other Potentially Infectious Material

Always use protective gloves and other personal protective equipment (PPE) as appropriate for the task.

- (1) To clean a very small spill or splatter (<5ml or about a teaspoon)
 - a. Don gloves
 - b. Wipe clean with disinfectant (Dispatch)
 - c. May be disposed in regular trash

- (2) To clean larger spills that can still be absorbed by paper towels
 - a. Don gloves
 - b. Carefully remove visible blood with paper towels or some other absorbent paper and dispose in biohazard waste container.
 - c. Do not use your hands to pick up any contaminated sharps or broken glass
 - d. Spray the area with disinfectant and allow to sit for 10 minutes.
 - e. Wipe with a clean paper towel or allow to air dry
 - f. Dispose of gloves and all other contaminated items in biohazard bag.

- (3) To clean large amounts of blood (more than can be absorbed by paper towels)
 - a. Secure the area to prevent other exposures.
 - b. Report spill to supervisor. Call house keeping if mops and buckets are required.
 - c. Utilize Biohazard spill kit.
 - d. Don PPE (gloves, gown, mask and eye protection).
 - e. Sprinkle absorbent powder on the spill.
 - f. Remove solidified material using brush and dustpan, and place in biohazard bag.
 - g. Apply disinfectant to the spill area, keeping the area wet for 10 minutes.
 - h. Wipe clean or air dry.
 - i. Discard all cleaning equipment and PPE in biohazard waste bag.
 - j. Wash hands using soap and water

- (4) If spill is more than can be handled with a spill kit or more than

mops and buckets will be required to clean up, call the ECU
Biological Safety Officer.
Work: 744-3437
Pager: 551-7492

C. Department Vehicles

Disinfection procedures shall be initiated whenever body fluids are spilled in a departmental vehicle or an individual with body fluids on his person is transported in a departmental vehicle.

- (1) A supervisor shall be notified and the vehicle taken to the designated service center as soon as possible.
- (2) Affected vehicles shall be immediately designated with the posting of an "Infectious Disease Contamination" sign upon arrival at the service center and while awaiting disinfection.
- (3) Service personnel shall remove any excess body fluids from the vehicle with an absorbent cloth, paying special attention to any cracks, crevices, or seams that may be holding fluids.
- (4) The affected areas should be thoroughly cleaned with hot water and detergent and disinfected with an EPA-approved disinfectant.

6. Supplies

A. Supervisors are responsible for continuously maintaining an adequate supply of disease control supplies in a convenient location for all affected personnel in their unit. This includes, but is not limited to, ensuring that

- (1) Personal protective equipment in appropriate sizes, quantities, and locations are available,
- (2) Hypoallergenic gloves and other materials are available for those who are allergic to materials normally provided, and cleaning, laundering and disposal, as well as repair or replacement of these and other items is provided; and
- (3) First aid supplies and disinfecting materials are readily available at all times.

B. The following infection control supplies shall be available to all sworn personnel at designated location(s) within the Department. In addition, all departmental vehicles should be continuously stocked with the same supplies:

- (1) An EPA-approved disinfectant such as Dispatch.
- (2) Spill kits which include the following:
 - a. gloves
 - b. gowns
 - c. mask with face shield
 - d. shoe covers
 - e. absorbent powder
 - f. brush and dustpan
 - g. Biohazard trash bag
- (3) “Do Not Enter” signs, tape, or other instruments used to label area or vehicle as a biohazard.

- C. Officers using supplies stored in their vehicles are responsible for ensuring that the supplies are replaced as soon as possible via submission of an *Expenditure Approval Form* which will be reviewed and signed by the supervisor.
- D. Officers are required to keep disposable gloves in their possession while on either mobile or foot patrol.

7. Vaccination, Exposure, Evaluation, and Treatment

- A. All members of this agency who have been determined to be at risk for occupational exposure to the hepatitis B virus shall be provided with the opportunity to take the HBV vaccination series at no cost within 10 working days of assignment to an occupationally exposed duty. The vaccination shall be provided in conjunction with required departmental training, unless previously vaccinated or immune or contraindicated for medical reasons. Those who decline to receive the vaccine will complete a written OSHA declination form, (located on Prospective Health website) and a copy will be forwarded to Prospective Health. Any employee who initially declines to take the vaccine may later choose to be immunized.
- B. Any person who has unprotected physical contact with blood or other body fluids of another person while in the line of duty shall be considered to have been potentially exposed to bloodborne pathogens.
- C. In case of exposure, a supervisor shall be contacted who shall complete appropriate duty injury and medical forms and shall take appropriate steps to document the means and circumstances under which the exposure occurred.

- D. Immediately after exposure, the officer shall proceed to the designated health care facility for tests of evidence of infection and treatment of any injuries. Officers shall report to the Office of Prospective Health during regular business hours. If exposure to HIV infection occurs after regular business hours, the officer shall report to the Pitt County Memorial Hospital Emergency Department for initial evaluation, with follow-up at the Office of Prospective Health. *NOTE; Exposure to known HIV is the only exposure which is an emergency as medication should start within 24-48 hours.*
- (1) This department shall ensure continued testing of the member for evidence of infection for up to 6 months and provide psychological counseling as determined necessary by the Office of Prospective Health.
 - (2) The members shall receive a copy of the health care provider's written opinion within 15 days of the evaluation and information on any conditions resulting from the exposure that require further evaluation or treatment.
 - (3) Unless disclosure to an appropriate departmental official is authorized by the officer or by state law, the officer's medical evaluation, test results and any follow-up procedures shall remain confidential.
- E. Testing of Source of Exposure
- (1) OSHA Standard states that the source of exposure will be identified and reported to the employer; however, the employer can request that the source be tested for bloodborn infection, but the source must consent to be tested. Any person responsible for potentially exposing a member of this agency to a communicable disease shall be encouraged to undergo testing to determine if the person has a communicable disease.
 - (2) In practice, ECU students can go to Student Health Service for testing. Student Health will inform Prospective Health of the results for use in follow-up of the officer. ECU faculty or staff members will be tested at ECU Prospective Health or the PCMH Emergency Department. Non-students and non ECU employee sources should be taken to the PCMH Emergency Department for testing (if they consent) and the PCMH visit and lab charges will be charged to ECU Prospective Health.
 - (3) The results of source testing will be provided to the Office of Prospective Health. If exposure to an HIV positive or high risk

person (drug addict or prostitute) occurs on a weekend or holiday results will be provided to the PCMH ED physician. The member shall be informed of applicable state and/or university laws and regulations concerning the disclosure of the identity and infectious status of the source individual.

(4) Criminal charges may be sought against any person who intentionally exposes a member of this agency to a communicable disease.

F. Officers who test positive for HIV, HBV, or HCV may continue working as long as they maintain acceptable performance and do not pose a safety and health threat to themselves, the public or other members of this department.

(1) The department shall make all decisions concerning the employee's work status solely on the medical opinions and advice of the agency's health care officials.

(2) The agency may require an employee to be examined by the department health care officials to determine if he is able to perform his duties without hazard to himself or others.

G. All members of this agency shall treat employees who have contracted a communicable disease fairly, courteously, and with dignity.

8. Record Keeping

A. All ECU Employee Health records are maintained by the Office of Prospective Health for the duration of the member's employment plus 30 years and may not be disclosed or reported without the express written consent of the member. There shall be no protected health information provided to the department.

B. The Administrative Assistant to the Chief of Police shall maintain an accurate record for each employee's compliance with departmental infection control policy. There will be no protected health information provided to the department.

C. These personnel records shall be retained in a secured area with limited access.

9. Training

A. The department training coordinator shall ensure that all members of this agency with occupational exposure to blood or other potentially infectious materials are provided with a complete course of instruction on prevention

of bloodborne diseases within 10 days of their initial assignment as per University policy.

- B. All affected employees shall receive annual refresher training and additional training whenever job tasks or procedures are modified in a manner that may alter their risk of exposure.
- C. All trainees shall have access to applicable federal and state regulations pertaining to the regulation of bloodborne pathogens which are posted on the Prospective Health website.
- D. The training coordinator shall ensure that complete records are maintained on member training to include information on the dates and content of training sessions, names, and qualifications of persons conducting the training and the names and job titles of all persons attending the training sessions. These records shall be maintained for a period of three years from the date of training.

Approved: DRAFT

Robert Stroud
Chief of Police

Index As: Communicable Diseases
Infection Control

