MILWAUKEE POLICE DEPARTMENT

STANDARD OPERATING PROCEDURE

210 – COMMUNICABLE DISEASES

GENERAL ORDER: 2014-92 **ISSUED:** August 1, 2014	**EFFECTIVE:** August 1, 2014	**REVIEWED/APPROVED BY:** Captain Regina Howard **DATE:** July 16, 2014
ACTION: Amends General Order 2009-52 (December 22, 2009)		**WILEAG STANDARD(S): NONE**

210.00 POLICY

The Milwaukee Police Department recognizes the potential for communicable disease exposure of its members during the performance of their duties. It is the policy of the Milwaukee Police Department to minimize the risks of communicable disease exposure through adherence to the infection control and safety practices outlined in this SOP, employee training and established procedures for the documentation of exposures and the provision of appropriate post-exposure care.

210.05 DEFINITIONS

A. BLOOD

Human blood, human blood components and products made from human blood.

B. BLOODBORNE PATHOGENS

Pathogenic micro-organisms that are present in human blood and can infect and cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

C. COMMUNICABLE DISEASES

Infectious illnesses that are transmitted through direct or indirect (e.g., airborne) contact with an individual, infected body fluids or other contaminated item. The following are brief descriptions of commonly encountered communicable diseases.

1. HUMAN IMMUNODEFICIENCY VIRUS (HIV)

The Human Immunodeficiency Virus causes AIDS (Acquired Immune Deficiency Syndrome). HIV destroys the body's natural defenses against a wide range of illnesses and leads to death in most cases. A person infected with HIV may carry the virus for years before starting to look or feel sick. Even though that person may not appear to be sick, he or she is still infectious and can transmit the virus to others.

Only certain fluids (blood, semen, pre-seminal fluid, rectal fluids, vaginal fluids, and

breast milk) from an HIV-infected person can transmit HIV. These fluids must come in contact with a mucous membrane or breaks in the skin or be directly injected into the bloodstream (from a needle or syringe) for transmission to possibly occur. Mucous membranes can be found inside the rectum, the vagina, the opening of the penis, and the mouth. Less commonly, HIV may be spread by:

- Being stuck with an HIV-contaminated needle or other sharp object. This is a risk mainly for health care workers. The probability of becoming infected this way is very low.

- Being bitten by a person with HIV. Each of the very small number of documented cases has involved severe trauma with extensive tissue damage and the presence of blood. There is no risk of transmission if the skin is not broken.

- Contact between broken skin, wounds, or mucous membranes and HIV-infected blood or blood-contaminated body fluids. These reports have also been extremely rare.

- HIV cannot be spread through saliva, and there is no documented case of transmission from an HIV-infected person spitting on another person. There is no risk of transmission from scratching because there is no transfer of body fluids between people.

Currently there is no vaccine or cure for this disease. Anti-viral medication after an exposure can reduce the chance of being infected; a medical provider should be contacted to determine if medication is appropriate.

2. HEPATITIS A

Hepatitis A virus is excreted in feces. Fecal-oral spread, resulting from direct or indirect person-to-person contact, is the major mode by which hepatitis A is transmitted. Indirect fecal contamination of fingers, food or eating utensils due to poor sanitary practices may result in sufficient hepatitis A virus entering the body to cause infection. Symptoms of hepatitis A include nausea, vomiting, loss of appetite, fatigue, muscle and joint aches, darkening of the urine and jaundice. Injection of immune globulin may be effective in preventing the disease. Immunization prior to exposure is the most effective way to protect you from hepatitis A infection.

3. HEPATITIS B

Hepatitis B virus (HBV) is spread through contact with infective blood or other body fluids, usually via sexual contact or contaminated needles. Many people infected with the HBV never feel sick, while others get jaundice (yellow eyes and skin), feel very tired, lose their appetites and have other severe health problems. These symptoms can last as long as six months. HBV infection leads to death in about one percent of the cases. While most infected people recover completely, up to 10% carry the virus

for a long time without having any symptoms. These carriers are infectious and can spread HBV to others. Carriers are at risk for developing serious liver diseases such as cirrhosis and liver cancer.

The HBV virus can survive outside the body for seven days or longer. The various studies indicate that the chance of infection after being stuck with an infected needle ranges from 6 – 30%.

A vaccine consisting of a series of three injections is available which can virtually eliminate the risk of acquiring the hepatitis B infection.

4. HEPATITIS C

Hepatitis C virus (HCV) is spread primarily through contact with the blood of an infected person, often through contaminated needles. Sexual transmission can also occur, but not as easily as with hepatitis B. Symptoms of acute hepatitis C infection are similar to hepatitis B. Like hepatitis B, many people who are infected may not get ill. However, unlike hepatitis B, up to 85% of those infected may have prolonged chronic infection that puts them at risk for developing cirrhosis and liver cancer. Chronic carriers are also infectious and can spread hepatitis C to others who have contact with their blood or other body fluid.

5. MENINGITIS

Meningitis, an inflammation of the membranes that cover the brain and spinal cord, is a serious infection caused by a number of different bacteria, viruses or fungi. Meningitis can also be caused by other, non-infectious conditions. The disease is characterized by fever, intense headache, nausea or vomiting and a stiff neck. The neck stiffness may be so marked that the head becomes severely overextended. Not all cases, however, manifest these symptoms. Oftentimes, a person with meningitis may be irritable, delirious or may exhibit aggressive, manic behavior alternating with excessive drowsiness and sleepiness.

Bacterial meningitis is contagious. The bacteria are spread through the exchange of respiratory (saliva) and throat secretions (e.g., kissing, sharing drinks or cigarettes). Viral Meningitis or Enteroviruses, the most common cause of viral meningitis, is most often spread from person to person through fecal contamination (which can occur when changing a diaper or using the toilet and not properly washing hands afterwards), but enteroviruses can also be spread via eye, nose, and mouth secretions (such as saliva, nasal mucus, or sputum), or blister fluid.

6. TUBERCULOSIS

Tuberculosis (TB) produces a chronic infection in many people. Others carry the tubercle bacteria in their bodies for long periods of time and do not become sick or show any evidence of tuberculosis. At some time, however, these people may suffer a breakdown in their body’s resistance, allowing the bacteria to multiply aggressively

and invade the tissues, producing active disease. Recent studies have indicated that the incidence of TB is on the rise in the United States and that it is more prevalent among alcoholics, drug users, and jail/prison inmates than in the general population. Individuals born in other countries where TB infection rates are high may also be at higher risk for carrying the TB bacteria.

Evidence of pulmonary tuberculosis includes persistence of fever over many weeks, night sweats, loss of weight and cough, sometimes producing blood-streaked sputum. TB sufferers with active disease can cough up the tuberculosis organisms in their respiratory secretions, liberating contaminated airborne droplets into the environment where they can be inhaled by others. Anyone sharing poorly ventilated space with a coughing sufferer is at risk of contracting the disease. Individuals with asymptomatic (latent) TB infection or non-pulmonary active TB are not considered infectious under normal circumstances.

Diagnostic measures for tuberculosis include skin testing, blood test and chest x-rays. Tuberculosis was previously considered treatable with several drugs available that were effective in killing tubercle bacteria. Recently, strains of drug resistant TB have evolved which do not readily respond to treatment.

When in close contact with an individual that may be infected with tuberculosis, a N-95 respirator should be worn as a precautionary measure. An alternate protective measure would be to request the contagious individual to wear a mask.

7. MRSA (Methicillin-resistant *Staphylococcus aureus)*

MRSA is a type of staphylococcus or "staph" bacteria that is resistant to many antibiotics. Staph bacteria, like other kinds of bacteria, normally live on your skin and in your nose, usually without causing problems. MRSA is different from other types of staph because it does not respond well to many types of antibiotics that are normally used to kill bacteria. MRSA, like all staph bacteria, can be spread from one person to another through casual contact or through contaminated objects. It is commonly spread from the hands of someone who has MRSA. MRSA is usually not spread through the air like the common cold or flu virus, unless a person has MRSA pneumonia and is coughing. Even if exposed to MRSA, you may not become ill unless the bacteria can invade your body, usually through a cut, abrasion or, rarely, inhalation.

Washing exposed body parts with soap and water is sufficient to protect yourself if exposed to anyone with a MRSA skin infection. If exposed to someone with MRSA pneumonia, contact a medical professional. Wash objects that come into contact with an infected person’s skin with an appropriate cleaning agent.

8. SALMONELLOSIS

Salmonellosis is an infection with bacteria called *Salmonella*. There are more than 2,000 types of salmonella bacteria. Symptoms of salmonella infection include

diarrhea, abdominal cramps and fever. Symptoms begin from 12 to 72 hours after consuming a contaminated food or beverage. The illness usually lasts 4 to 7 days, and most persons recover without antibiotic treatment. However, the diarrhea can be severe and the person may be ill enough to require hospitalization. You can contract salmonella infection by touching and subsequently ingesting anything contaminated with salmonella bacteria. For this reason, it is important to practice good hygiene and hand washing after touching anything that potentially could be infected with salmonella. Reservoirs include pet reptiles, dogs and cats, pigs and cattle, infected humans, contaminated water, raw dairy products and chicken eggs.

9. SHIGELLOSIS

Shigellosisis is an intestinal disease caused by a family of bacteria called shigella. The primary symptom of shigella infection is diarrhea, which often is bloody. Abdominal cramps and fever may also be present. Shigella can be acquired by consumption of the bacteria in contaminated food or by drinking or swimming in contaminated water. A person can also be infected by touching an object contaminated with shigella bacteria and subsequently eating or drinking without washing their hands. Hygiene and hand washing after touching anything potentially contaminated is the most effective preventative measure. If you are in good health, a mild case of shigellosis is likely to clear up on its own. Maintaining hydration by drinking plenty of water and eating is usually effective treatment for symptoms of shigella infection. Some infections may require treatment with antibiotics prescribed by a doctor.

10. PANDEMIC INFLUENZA

A pandemic influenza is a global disease outbreak. An influenza pandemic occurs when a new influenza A virus emerges for which there is little or no immunity in the human population, begins to cause serious illness and then spreads easily person-to-person worldwide. When a pandemic influenza virus emerges, its global spread is considered inevitable; however, its severity cannot be predicted (source Center for Disease Control).

D. CONTAMINATED

The presence or reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

E. DECONTAMINATION

The use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or the item is rendered safe for handling use or disposal.

F. EXPOSURE DETERMINATION

Reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties. Exposure determination is made regardless of the use of personal protective equipment. All Milwaukee Police Department members are considered at risk employees.

G. EXPOSURE INCIDENT

A specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that result from the performance of a member's duties.

H. GROSS CONTAMINATION

Occurs when an item is covered in blood or other potentially infectious materials.

I. IMMUNIZATION

The administration of biologic by which a person is rendered immune to certain diseases or conditions.

J. MUCOUS MEMBRANE

The moist layer of tissue that lines the mouth, eyes, nostrils, vagina, anus or urethra.

K. N95 RESPIRATOR

A N95 respirator is a respiratory protective device designed to achieve a very close facial fit and very efficient filtration of airborne particles. In addition to blocking splashes, sprays and large droplets, the respirator is also designed to prevent the wearer from breathing in very small particles that may be in the air. However, even a properly fitted N95 respirator does not completely eliminate the risk of illness or death. In order to use a N95 respirator, an OSHA Respirator Medical Evaluation Questionnaire must be completed and then reviewed and signed by a member's health care provider. This questionnaire should be retained by your healthcare provider in your medical records. In addition, a *Personal Protection Form – N95 Respirator* (form PP-95A-E) signed by your health care provider must be submitted to the Human Resources Division – Medical Section so that a fit test can be arranged. Members in need of an N95 for the purposes of their job assignment shall contact the Human Resources Division – Medical Section.

L. OTHER POTENTIALLY INFECTIOUS MATERIALS INCLUDE:

1. Human body fluids, including semen, vaginal secretions, cerebrospinal fluid, urine, feces, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid,

saliva, any body fluid that is visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead).

3. Cell, tissue or organ cultures, other culture mediums or solutions and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

M. PARENTERAL

The piercing of mucous membrane or the skin barrier through such events as needle sticks, human or animal bites, cuts, and abrasions.

N. PERSONAL PROTECTIVE EQUIPMENT

Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, or blouses) that are not intended to function as protection against a hazard are not considered to be personal protective equipment.

O. SPOT CONTAMINATION

Occurs when an item contains a few drops of blood or other potentially infectious material.

P. SOURCE INDIVIDUAL

Any individual, living or dead, whose blood or other potentially infectious materials may have been a source of occupational exposure to the employee.

Q. UNIVERSAL PRECAUTIONS

An approach to infection control. According to the concept of universal precautions, all human blood and certain body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne diseases. Where the differentiation of types of body fluids is difficult or impossible, all body fluids are to be considered potentially infectious.

210.10 RIGHTS OF VICTIMS OF COMMUNICABLE DISEASES

Victims of communicable diseases have the legal right to the same level of service and enforcement as any other individual. All department members shall treat persons who have contracted a communicable disease fairly, courteously and with dignity. All department members shall provide services to individuals infected, or suspected of being infected, with a communicable disease at a standard that is equal to that provided to other individuals with like service needs. Department members shall not by their action or inaction discriminate against any individual infected with a communicable disease.

A. Where appropriate protective equipment is available, no member shall refuse to

interview, assist, arrest or otherwise physically handle any person who may have a communicable disease. Should a member encounter a circumstance where appropriate equipment is not available, the member shall immediately contact his/her supervisor and request assistance. Any member who refuses to take proper action in regard to a victim of a communicable disease, when appropriate protective equipment is available, may be subject to disciplinary action, and/or civil liability and/or criminal prosecution.

B. Victims of a communicable disease and their families have a right to conduct their lives without fear of discrimination. Department members shall not make public, directly or indirectly, the identity of a victim or suspected victim of a communicable disease. Any departmental reports that contain confidential medical information relative to an individual's communicable disease status shall have "contains confidential information" written across the top margin of the first page of the report. Information about an individual's status relative to communicable disease should be entered into a report only if there is a legitimate need to include such information. Supervisors, when reviewing reports, shall ensure that the above statement is on all reports requiring that statement, and that there are no unnecessary references to communicable disease status. Any department member who disseminates confidential information in regard to a victim or suspected victim of a communicable disease may be subject to disciplinary action and/or civil liability and/or criminal prosecution.

C. Any department member who releases any information to the media or the public shall make certain that confidential medical information is not divulged.

D. Department records released under the "open records law" will be reviewed by department personnel and all confidential medical information shall be deleted.

E. Questions concerning the release of confidential medical information not covered in this SOP shall be directed to Opens Records and subsequently referred to the city attorney's office.

F. Department members who test positive for a communicable disease may continue to work as long as they maintain acceptable performance and do not pose a safety and/or health threat to themselves, the public or other department members. The department shall make all decisions concerning the member's work status based upon the needs of the member and the medical opinions and advice of health care professionals knowledgeable in the area of communicable diseases.

210.15 PRECAUTIONARY WORK PRACTICES

Proper work practices include:

A. Any unprotected skin surfaces that come into contact with blood or other potentially infectious material shall be thoroughly washed (showering if necessary) as soon as practicable with hot running water and soap before rinsing and drying.

1. A germicidal waterless wash or equivalent may be used where soap and water are not readily available. Washing with soap and hot running water should then be performed as soon as feasible.

2. Even if disposable gloves are worn, hands should be washed after removal of the gloves if contact with blood or other potentially infectious materials has occurred.

B. Open wounds and abrasions of all department members and prisoners shall be bandaged or effectively covered. When dressing any open wound, disposable gloves shall be worn. Contact with wounds should be avoided as much as possible.

C. Mucous membrane surfaces such as the eye or mouth should be thoroughly flushed with tap water immediately, or as soon as feasible, after an exposure has taken place.

D. Members shall not put their fingers in the mouth of any conscious person. Members using protective gloves may insert their finger into the mouth of an unconscious person in an attempt to clear a blocked airway if they can see a foreign body that can be easily removed. This action shall be performed in accordance with prescribed foreign body airway obstruction procedures.

E. All sharp instruments such as knives, scalpels and needles shall be considered contaminated and handled with extreme care. Needles shall not be recapped, bent, broken, removed from a disposable syringe or otherwise manipulated. Needles or similar sharp edged instrument shall be placed in a puncture-resistant, non-porous container when being collected for evidence or disposal purposes. The container shall be marked appropriately to show contents and labeled with the appropriate biohazard sign. All locations where the searching and processing of prisoners is performed shall be equipped with a sharps disposal container.

F. Members shall not smoke, eat, drink, handle contact lenses or apply makeup in any contaminated area or when wearing protective gloves.

G. The department reserves the right to refuse to allow a member with an infection (e.g., pink eye, rash), or open wound, or serious cough or illness to report for duty until medically cleared.

H. Members shall summon medical attention for any person(s) necessitating medical attention in accordance with department standard operating procedures. Members of the department are authorized to provide care within the scope of training as a first responder.

210.20 PROTECTIVE EQUIPMENT

A. Department members performing job tasks wherein they could reasonably anticipate exposure to blood or other potentially infectious materials shall keep disposable gloves in their possession or have them readily available at all times. Disposable gloves shall be worn when handling any person, clothing or equipment contaminated with blood or

other potentially infectious material, or when the member anticipates becoming involved in any activity during which the member may potentially become exposed to blood or other potentially infectious materials.

1. Disposable gloves should be inspected for holes or breaks prior to use.

2. Eyes, mouth, nose or broken skin should not be touched with contaminated gloves.

3. Disposable gloves should not be reused. If practicable, a new pair should be put on before handling a different person or touching contaminated items. Disposable gloves should be removed inside out, with the contaminated side not exposed.

4. If circumstances warrant the wearing of other than disposable gloves (e.g., leather or cotton gloves), disposable gloves can be worn underneath for added protection.

5. Where a single pair of gloves may be damaged and unable to provide adequate protection, more than one pair of gloves shall be worn to protect against exposure.

B. Face masks, protective eyewear, disposable coveralls and head cover shall be worn when blood or body fluids may be splashed/splattered.

C. Protective shoe covers shall be worn in those circumstances where necessary to avoid contamination of shoes.

D. An authorized barrier/resuscitation device with an isolation valve should be used whenever a member performs CPR or mouth-to-mouth resuscitation. The device is intended for one-time use and shall be properly disposed of after use.

E. N95 respirator masks shall only be worn on duty when in accordance with section 210.05(K).

F. Biohazard Protection Kits

1. All vehicles assigned to patrol, investigative personnel and field supervisors shall be equipped with "biohazard protection kits." Prior to commencing their tour of duty, members shall check their patrol vehicle to ensure that it is equipped with a biohazard protection kit. If the kit is missing or incomplete, a supervisor shall be notified and the vehicle removed from service until it has been equipped with a serviceable kit. Members using items from biohazard protection kits are responsible for their replacement as soon as practicable. District and division commanders shall maintain a complete inventory of the items needed to restock the biohazard protection kits. Each kit shall contain:

   a. disposable gloves;
   b. "Isolyser" liquid treatment system;
   c. surgical face masks with protective eye shields;
   d. germicidal waterless wash;
   e. impermeable coveralls;

f. protective head and foot covers;
g. approved biohazard disposal bags;
h. disposable germicidal wipes;
i. bandages, gauze, and medical tape.

2. All department work locations where occupational exposure to blood or body fluids can be reasonably anticipated shall have the biohazard protection kit readily available for use. District and division commanders shall ensure that a complete inventory of these supplies is maintained.

210.25 SEARCHES

A. Needle sticks represent one of the most common exposure incidents for law enforcement personnel. Extra caution should be used when searching prisoners and/or property. Always assume that persons to be searched have hypodermic needles, razor blades or similar sharp objects in their possession.

B. Personnel should conduct a light pat search of areas where needles or sharp items may be located before employing an intrusive search of the area.

C. Purses, bags or other containers should be emptied and the contents visually inspected before the property is handled.

D. Personnel should not reach between or under vehicle seats or into any other area prior to visually examining the area.

210.30 TRANSPORT AND CUSTODY

A. Individuals with blood or body fluids on their person shall be transported separate from other individuals.

B. During a transfer of custody, members shall notify relevant support personnel in a discreet manner that the suspect/victim has body fluids on their person or has stated that he or she has a communicable disease. Reasonable care should be taken that the information is not transmitted to the general public or to those who have no need for that information.

C. If a prisoner reveals that he/she may be potentially infectious, that information shall be entered on any prisoner intake screening report. The processing member shall keep this information strictly confidential with the exception of notifying the supervisor in charge. Prisoner intake screening reports containing this confidential information shall be kept in a secure file in the supervisor's office and access to this file shall be restricted.

D. Prisoners known to have or claiming to have a communicable disease which poses an exposure risk to fellow inmates shall be housed individually and not placed in any communal detention area.

E. Department members assigned as bookers or while assigned to the Central Booking Section shall wear applicable protective equipment during their tour of duty.

210.35 CONTAMINATED CLOTHING

Contaminated clothing shall be removed immediately or as soon as feasible and replaced with fresh clothing. It is strongly recommended that employees keep a change of clothing available at their work location. A member whose clothing becomes contaminated shall file a *Department Memorandum* (form PM-9E) which lists the item(s) of clothing that has been contaminated, the manner in which the item(s) became contaminated and whether the item(s) has been damaged and needs to be replaced. Members shall complete a *Uniform and Equipment Compensation Report* (form PU-8) only for damaged items requiring replacement. All contaminated clothing shall be placed in an approved biohazard disposal bag (one item per bag) and an identification tag labeled with the member's name, PeopleSoft number, work location and location of the contamination (e.g., blood stains on the left trousers leg) affixed to each biohazard bag. All biohazard bags containing contaminated items of clothing shall be transported to the Police Academy as soon as possible. The department will provide for the proper cleaning and decontamination of serviceable items at no cost to the member.

210.40 CONTAMINATED VEHICLES, FACILITIES AND NON-DISPOSABLE EQUIPMENT

A. Whenever a department vehicle, facility (e.g., detention cell, booking room) or non-disposable equipment item is contaminated by blood or other potentially infectious material, decontamination procedures shall be initiated as soon as feasible.

B. When a department vehicle is contaminated, a supervisor shall be notified, the vehicle clearly labeled as biohazard contaminated (this can be accomplished by placing a biohazard bag over the steering wheel) and taken out of service until decontaminated. "Grossly contaminated" vehicles which cannot be decontaminated at the work location by assigned Facilities Services Division personnel shall be taken to the P.A.B. garage for decontamination by Facilities Services Divisions personnel. Vehicles which are “spot contaminated” shall be decontaminated by the vehicle operator as soon as feasible.

C. Contaminated department facilities shall be labeled as biohazard contaminated (this can be accomplished with the use of a biohazard bag or biohazard warning label) and not used until decontaminated. Department facilities that are “grossly contaminated” shall be decontaminated by designated Facilities Services Division personnel assigned to the work location or in their absence by Facilities Services Division personnel assigned to the Police Administration Building. Facilities that are “spot contaminated” shall be decontaminated by on-scene personnel as soon as feasible.

D. Non-disposable department equipment (e.g., handcuffs, batons) that becomes contaminated shall be removed from service until decontaminated. "Spot contaminations" shall be decontaminated by the member assigned that equipment as soon as feasible. Equipment that becomes "grossly contaminated" and cannot be

immediately decontaminated shall be placed in an approved biohazard bag until decontaminated by Facilities Services Division personnel assigned to that work location and designated to perform decontamination procedures. A *Department Memorandum* (form PM-9E) that lists the contaminated equipment and the manner in which it became contaminated shall be taped to the biohazard bag.

210.45 CONTAMINATED EVIDENCE/PROPERTY

Any evidence contaminated with body fluids shall first be air dried, placed in evidence bags and labeled as a biohazard. All work locations where evidence or property is accepted and/or stored shall be supplied with "biohazard" stickers. The biohazard sticker must be affixed to the property envelope, package or container whenever the property is contaminated by blood or other potentially infectious material. The biohazard sticker is intended to alert all personnel handling the property of the need to take precautions when handling. Disposable gloves should be worn whenever handling contaminated evidence.

210.50 DECONTAMINATION PROCEDURES

A. When performing decontamination procedures, members shall wear appropriate personal protective equipment to include, at a minimum, disposable gloves. Other personal protective equipment (e.g., protective eyewear, impermeable coveralls) shall be used when circumstances require additional protective measures.

B. Blood spills and other potentially infectious materials shall be cleaned up first with disposable towels, followed by a cleaning of the contact area with a freshly prepared 1 to 10 household bleach solution (1 part bleach + 9 parts water) or other approved disinfectant.

C. "Spot contamination" can be cleaned up with disposable germicidal wipes or paper towels saturated with an approved disinfectant.

D. Contaminated cleaning materials shall be placed in approved biohazard bags for proper disposal. Cleaning materials (e.g., mops, towels) that have been used but not contaminated by blood or other potentially infectious materials require no special disposal considerations.

210.55 DISPOSAL OF CONTAMINATED MATERIALS

Disposable contaminated materials (e.g., gloves, paper towels, germicidal wipes, bandages) shall be placed in approved biohazard disposal bags and transported to the Property Control Section where they will be temporarily held until disposed of in accordance with federal, state and local regulations by an approved hazardous waste disposal contractor. Disposable materials such as gloves that have been used but not contaminated by blood or other potentially infectious materials require no special disposal considerations.

210.60 EXPOSURE INCIDENT PROCEDURES

A. A department member who experiences an "exposure incident" shall, as soon as practicable:

1. Contact a supervisor so that a *Workers' Compensation Report* (form EB-49) can be filed. In individual cases where a source contaminant is not immediately recognized, and where a member loses time from work, members are to be carried on their own accrued paid time pending written notification by Division of Employee Relations – Workers' Compensation Division.

2. Obtain appropriate post-exposure medical treatment.

   a. While not required, members may seek initial post-exposure medical evaluation at the emergency department of Froedtert Hospital. However, members are free to seek treatment at a clinic or hospital of the member's choice.

      Any employee who has an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA bloodborne pathogens standard.

   b. If a member has an exposure incident while providing care or services to a "source person," and the "source person" does not voluntarily disclose his/her HIV/HBV status, a *Significant Exposure to Blood/Body Fluids Determination* report should be completed. The filing of this report authorizes the disclosure of HIV blood test results of a "source person" to the exposed member. These reports are available at the emergency department of Froedtert Hospital and at department work locations.

   c. Aurora Occupational Health Services, 4111 W. Mitchell Blvd., Suite 300 (414-385-8800) or Concentra Medical Center, 215 N. 35th St. (414-931-7600) is preferred for follow-up treatment for communicable disease exposures. However, members are free to seek follow-up treatment at a provider of their choice.

   d. Department members exposed to bodily fluids of a deceased subject during their tour of duty may seek medical treatment at Froedtert Hospital, Aurora Medical Center, or Concentra Medical Center as soon as possible and request the completion of baseline lab work. Members shall provide the physician with the name, date of birth, gender, and race of the deceased subject.

      Lab work results are considered confidential patient information and will not be released to the department. Supervisors or unauthorized personnel are prohibited from contacting the respective physician, clinic, or hospital to obtain lab work results of an exposed member.

3. Complete a *Department Memorandum* (form PM-9E) report containing:

a. A detailed account of the nature and circumstances of the exposure.

b. Name, address and phone number of the source person.

c. A statement as to what, if any, personal protective equipment was used at the time of the exposure. If personal protective equipment was not used, indicate the reason.

B. A supervisor called upon to investigate an exposure incident shall:

1. File a *Worker's Compensation Report* (form EB-49), ensuring that all *Department Memorandum* (form PM-9E) forms from the exposed member and any department witnesses are attached.

2. Complete an *Injury Classification Report* (form PM-12E) detailing the circumstances surrounding the exposure, including the cause of the exposure and the steps taken to remedy any hazard, if applicable, and forward to the Medical Section along with the *Worker's Compensation Report* (form EB-49).

3. Review the exposed members *Department Memorandum* (form PM-9E) describing the exposure incident to ensure that it includes all necessary information.

4. Confirm that the employee was following the precautionary work practices outlined in this policy (to include the use of personal protective equipment) at the time of the exposure. Any deviation from this policy that cannot be justified by unexpected or exigent circumstances should be investigated and documented on a *Department Memorandum* (form PM-9E) report and appropriate corrective measures taken.

5. Obtain information from the source individual regarding any high risk behaviors the individual has engaged in. This will assist the physician in determining if post exposure treatment of the member is warranted.

6. Attempt to persuade the "source individual" to submit to testing for HBV and HIV. Investigating supervisors shall document their efforts to have the source individual submit to testing in a *Department Memorandum* (form PM-9E), which shall be attached to the *Worker's Compensation Report* (form EB-49) and the *Injury Classification Report* (form PM-12E). If a source individual agrees to submit to testing, the investigating supervisor shall:

   a. Have the individual transported to the emergency department of Froedtert Hospital for such testing. (The "source individual" shall be conveyed pursuant to department policy governing the conveyance or transport of non-department members).

   b. Ensure that a written consent form is signed by the "source individual" so that the test results can be released to the exposed employee.

210.65 RECORD KEEPING

A. MEDICAL RECORDS

The department shall maintain written records of all incidents involving members exposed to infectious disease while acting in the line of duty for a minimum of 30 years after separation.

B. TRAINING AND TRAINING RECORDS

1. Orientation of new members shall include information on infectious diseases, infection control practices, personal protective equipment, the exposure control plan and post-exposure protocols.

2. Annual training for members shall include any changes in infection control practices, personal protective equipment and post-exposure protocols.

3. Bloodborne pathogen training records that are available to Wisconsin Department of Industry, Labor, and Human Relations (DILHR), employees and employee representatives shall be retained for three (3) years.

EDWARD A. FLYNN
CHIEF OF POLICE

EAF:mfk