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Approval: Chief of Police	Manual: Policy and Procedure			

I. PURPOSE

The purpose of this policy is to provide minimum criteria for infection control in the Kinston Police Department, at an incident, accident, crime scene and any other area where employees find themselves in the course of their duties. This policy shall follow the same guidelines as City of Kinston Personnel Policy #4.

II. DEFINITIONS

- A. Body Fluids: Fluids the body produces including, but not limited to, blood, semen, mucous, feces, urine, vaginal secretions, breast milk, amniotic fluids, cerebrospinal fluid, synovial fluid, pericardial fluid, and fluids that might contain concentrated HIV and HIV viruses.
- B. Contaminated: Having come in contact with body fluids.
- C. Emergency Medical Care: The provision of treatment to patients, including first aid, cardiopulmonary resuscitation, basic life support, and other medical procedures that occur prior to arrival at a hospital or other health care facility.
- D. Emergency Medical Operations: Delivery of emergency patient care and transportation prior to arrival at a hospital or other health care facility.
- E. Exposure: Contact with an infectious agent, such as body fluids, through inhalation, percutaneous inoculation, or contact with an open wound, non-intact skin, or mucous membrane.
- F. Health Care Data Base: A compilation of records and data relating to the health experience of a group of individuals, maintained in a manner such that it is retrievable for study and analysis over a period of time.
- G. Infection Control Liaison: The person or persons within the Department who are responsible for coordinating efforts surrounding the investigation of an exposure.
- H. Mucous Membrane: A moist layer of tissue that lines the mouth, eyes, nostrils, vagina, anus, or urethra.
- I. Limited Protective Clothing: Includes but is not limited to standard uniform garments, shoes, rubber gloves, face shields.
- J. Splash-Resistant Eye Wear: Safety glasses, prescription eye wear, goggles or chin-length face shields that, when properly worn, provide limited protection against splashes, spray, splatter, droplets, or aerosols of body fluids or other potentially infectious materials.

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III. POLICY

- A. The Kinston Police Department recognizes the potential exposure of its members, in the performance of their duties, to communicable diseases. To minimize the risk of exposure, the Kinston Police Department will implement an infection control program.
- B. The infection control program will include standard operating procedures, initial training and continuing education in infection control practices. Also included will be a vaccination program, the provision of proper infection control equipment, decontamination procedures for clothing and equipment, procedures for disposal of medical waste, a system for reporting and managing exposures, a system for tracking exposures, and ensuring confidentiality, monitoring of compliance with the standard operating procedures, and design of department facilities to minimize risk of infection.
- C. Exposure to communicable disease shall be considered an occupational health hazard, and any communicable disease contracted as the result of a documented workplace exposure shall be considered occupationally related.
- D. Category Tasks

A category listing for employee risk assessment developed for each job description and conforming to OSHA definitions as described in the City of Kinston Infection Control Program of the Bloodborne Pathogens Standard (CK 4) as explained below:

- 1. Category I: tasks involving exposure to blood, body fluids, or tissues or the potential for exposure and/or spills or splashes of these fluids.
 - a. Category I exposures are those where employees may be routinely exposed to bloodborne pathogens.
 - i. Chief of Police
 - ii. Major
 - iii. Police Officers
 - iv. Sergeants
 - v. Captains
 - vi. Crime Lab Investigators/Technicians
 - b. Category II exposures are those where employees are not usually exposed, but may be under certain conditions.
 - i. Animal Control
 - c. Category III exposures are those where employees are not reasonably expected to be exposed.
 - i. Secretaries
 - ii. Records Clerks

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- E. The job task that may result in bloodborne pathogen exposure can be divided into four main classifications. They are:
1. Suspect Apprehension
 2. Crime scenes/Accident scenes
 3. Assisting with EMS Assignments
 4. Assisting victims of incidents
- F. The policy & procedures established in this document are designed to reduce the risks posed by bloodborne pathogens. Included in this document are engineering controls, employee work practices, personal protective equipment, housekeeping and administration of the hepatitis vaccine.
- G. In the emergency care setting, the infectious disease status of patients is frequently unknown by health care providers, police officers and even patients themselves. Therefore, all patients must be considered infectious. Blood and body fluid precautions, as outlined below, must be used with every patient.
1. Handling of Sharp Objects
 - a. All members shall take precautions during procedures to prevent injuries caused by knife blades, needles and other sharp objects.
 - b. All used sharp objects, such as needles, scalpels, catheter stylets, and other contaminated sharp objects, shall be considered infectious and shall be handled with extraordinary care.
 - c. All sharp objects, collected as evidence or found property, shall be immediately placed in sharps containers or proper hard evidence containers designed to protect personnel from accidental sticks or cuts. Special sharps containers and hard evidence containers shall be carried in investigative and crime lab vehicles for this purpose.
 2. Damaged Skin Protection
 - a. Members of the department who have extensive skin lesions or severe dermatitis on hands, arms, head, face or neck shall not engage in direct contact with suspects/victims or handle contaminated items.
 - b. Prior to any contact with a person who might contaminate member with body fluid(s), member shall cover all areas of abraded, lacerated, chapped, irritated, or otherwise damaged skin with adhesive dressings, providing this is appropriate.
 3. Infection Control Garments and Equipment

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- a. Members of the department engaging in any contaminated suspects/emergency patient care shall don medical gloves prior to initiating such care or contact due to the variety of diseases, modes of transmission, and unpredictable nature of the work environment. Medical gloves shall be a standard component of police vehicle trauma boxes.
 - b. Medical gloves shall be removed as soon as possible after the termination of victim/patient care, taking care not to come in contact with the exterior surface of the glove. Gloves and all contaminated waste shall be kept with the victim/patient and turned over to Emergency Medical Technicians for disposal. Members shall not eat, drink, go to the toilet, smoke, apply cosmetics, lip balm or handle contact lenses while wearing gloves.
 - c. Face shields shall be present in all department trauma boxes. Prior to any suspect or patient care situations during which splashes of body fluid can occur, such as situations involving spurting blood or childbirth, face shields shall be donned by members so exposed.
 - d. Resuscitation equipment, in the form of pocket mask with one-way valve, shall be included in all Department vehicle trauma boxes.
 - e. Structural firefighting gloves shall be worn by members in any situation where sharp or rough surfaces are likely to be encountered, such as victim extrication.
 - f. Cleaning gloves shall be worn by members during cleaning or disinfecting of clothing or equipment involved in emergency medical operations.
- H. The Kinston Police Department shall conduct training and education programs for all employees who are involved in field operations.
1. The training program shall include proper use of personal protective equipment, standard operating procedures for safe work practices in infection control, proper methods of disposal of contaminated articles and medical waste, and exposure management and medical follow up.
 2. The education program will provide information on epidemiology, modes of transmission, and prevention of diseases including, but not limited to, meningitis, childhood communicable diseases, herpes viruses, hepatitis A, hepatitis B, hepatitis non-A/non-B or hepatitis C, human immunodeficiency virus, tuberculosis, lice, and scabies. Information on applicable government regulations shall also be provided.
 3. Members that engage in field operations shall be educated in the potential reproductive health risk to the individual as well as to the fetus.
- I. The Department Training Officer shall be designated as the Infection Control Liaison.

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1. The Infection Control Liaison shall be responsible for maintaining communications between the department, the City Health Nurse, and other appropriate health care professionals.
 2. When notified of an exposure, the Infection Control Liaison shall investigate the incident; notify all members who are potentially exposed, and ensure that those members receive appropriate medical follow-up. The Infection Control Liaison shall also ensure that proper documentation of the exposure is recorded.
 3. In performing the above duties, the Infection Control Liaison shall operate under the advice and direction of the City Health Nurse.
- J. If a member has sustained an exposure, the exposed area shall be thoroughly washed immediately using water on mucosal surfaces, and soap and running water on skin surfaces. If soap and running water are not available, alcohol or other skin cleaning agents that do not require running water shall be used until soap and running water can be obtained.

Below is a list of steps to take when an employee has experienced an exposure:

1. Members shall report an exposure immediately to their supervisor and the Infection Control Liaison must be notified within three hours of the exposure.
2. The Kinston Police Department shall ensure that a member who has sustained an exposure receives medical guidance, evaluation, and where appropriate, treatment as soon as practical but at least within 24 hours. Appropriate, confidential, post-exposure counseling and testing shall be made available.
3. All exposures shall be recorded in writing as soon as possible after the incident using a standardized form designed to allow for efficient follow-up. The form PD19A and Employee Report of Exposure Form will be available from the employee's supervisor. The record shall include a description of the task being performed when the exposure occurred, the means of transmission, the portal of entry, any infection control methods and or equipment used, and the disposition of medical treatment.
4. The record of exposure form shall become a part of the member's permanent health file, kept by the City Health Nurse.
5. Due to the hazardous nature of some communicable diseases, members shall be required to report to the Infection Control Liaison when the member has received a confirmed exposure that occurred off-duty or is being medically treated or tested due to presenting signs or symptoms. Verbal notification shall be followed up with a note or letter from the member's physician describing the disease exposed to, treatment required, and fitness for regular department duties relative to communicability hazard to fellow workers and civilians at emergency incidents.

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6. Cases involving exposures of employees while rendering assistance to a suspect or victim may require testing of the suspect or victim to determine if a communicable disease is involved. The Infection Control Liaison shall provide direction for testing in these cases.

a. Suspect protocol (Same day – UNC Lenoir): If having the source (possibly infected person) tested, they will need to be checked in at the Emergency Department at UNC Lenoir. Upon completion of check-in, they are to be taken to the Lab. The forms needed are:

1. City of Kinston Informed Consent for Testing for HIV, Hepatitis B and Hepatitis C Form.
2. City of Kinston Authorization for Health Services Form.

Both of these forms will be needed for the source (possibly infected person) before testing can be done. When you take a source to UNC Lenoir for testing, leave a contact number for the lab personnel, and they will contact you with a positive or negative HIV results.

b. Officer protocol (next day – Fast-Med): For the officer to be tested, they are to be seen by Fast-Med on the next day they are open (Hours open 0800-2000 seven days a week) for base line testing. If the exposure occurs during a night shift, the exposed officer will need to go the next day to Fast-Med. This can be at 1800 hours if they are working the next day, if not then sometime during the next day. They will need to have a copy of the Officer Authorization Form with them when they go to Fast-Med (either from their Supervisor or from the Health Nurse).

c. If the source does not give consent: North Carolina General Statute 15A-534.3 allows the magistrate to hold a person for 24 hours for testing to be done. Below is the statute.

15A-534.3. Detention for communicable diseases: If a judicial official conducting an initial appearance or first appearance hearing finds probable cause that an individual had a nonsexual exposure to the defendant in a manner that poses a significant risk of transmission of the AIDS virus or Hepatitis B by such defendant, the judicial official shall order the defendant to be detained for a reasonable period of time, not to exceed 24 hours, for investigation by public health officials and for testing for AIDS virus infection and Hepatitis B infection if required by public health officials pursuant to G.S. 130A-144 and G.S. 130A-148. (1989, c. 499, s. 1; 2009-501, s. 1.)

Contact will need to be made with the City Health Nurse cause testing is done by the Lenoir County Health Department. If the City Health Nurse is on vacation, contact can be made directly to the Lenoir County Health Department which is open Monday-Friday 0730-1630 hours. Contact number is 252-526-4200.

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K. Cleaning, Disinfecting, and Disposal

1. Skin Washing
 - a. Skin surfaces shall be washed after providing emergency care or handling suspects.
 - b. Hands shall be washed after each incident in which any risk of exposure was involved. Any equipment used in such exposure shall be washed or disinfected appropriately. All this will be done before and after using the bathroom, partaking of or preparing food, smoking, drinking, and before and after handling cleaned and disinfected emergency medical equipment.
 - c. Hands and contaminated skin surfaces shall be washed with soap and water by lathering the skin and vigorously rubbing together all lathered surfaces for at least 10 seconds followed by a thorough rinsing under running water.
2. Emergency Medical Equipment
 - a. When emergency medical equipment cleaning is necessary, it shall be performed by department personnel who have received appropriate training.
 - b. Metal, electronic equipment and emergency medical equipment shall be cleaned in a manner appropriate for the equipment and then disinfected. Only disinfectants that are chemically compatible with the equipment to be disinfected shall be used. The disinfectant manufacturer's instructions shall be followed. The Shift Commander or the Infection Control Liaison officer shall provide council on problems concerning contaminated equipment, including patrol vehicles.
3. Clothing
 - a. All member uniforms and training, or special duty, clothing shall be inspected and appropriately cleaned regularly.
 - b. In the event of accidental spills or personal exposure to blood or body fluids, any protective equipment used shall be removed and decontaminated if not disposable (place in plastic bags and treat with 1:10 dilution of bleach before sealing).
 - c. Contaminated clothing should be spot cleaned if a small area or replaced if more grossly contaminated. Clothes should be laundered separately with detergent, bleach and hot water of at least 160 degrees.

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4. Disposal of Materials

- a. All medical or first aid materials disposal is currently being handled by the Emergency Medical Services personnel and all such waste are sent to the hospital with the patient. When it has been determined that contaminated non-disposable equipment owned by the Department cannot be disinfected, such items shall be placed in leak-proof bags, sealed, and disposed of as medical waste by EMS personnel.
- b. All contaminated materials retained as evidence or found property, shall, after being released for destruction, be turned over to Lenoir Memorial Hospital, still in their sealed containers for proper destruction.

5. Spills

- a. Spills should be treated with a 1:10 dilution of bleach and absorbent paper towels which are disposed of in a sealed plastic bag. These should be red bags or labeled with "BIOHAZARD" tags. Large blood spills on the street or sidewalk should be washed down with water before leaving the scene. If this is not immediately possible, the spill should be neutralized with a 1:10 solution of bleach and water until full clean up can be achieved.

