

## 1016 Communicable Diseases

### 1016.1 PURPOSE AND SCOPE

This policy is intended to provide guidelines for office personnel to assist in minimizing the risk of contracting and/or spreading communicable diseases and to minimize the incidence of illness and injury. The policy will offer direction in achieving the following goals:

- To manage the risks associated with blood borne pathogens (BBP), aerosol transmissible diseases, and other potentially infectious substances.
- To assist Office personnel in making decisions concerning the selection, use, maintenance, limitations, storage, and disposal of personal protective equipment (PPE).
- To protect the privacy rights of all Office personnel who may be exposed to or contract a communicable disease during the course of their duties.
- To provide appropriate treatment and counseling should an employee be exposed to a communicable disease.

#### 1016.1.1 DEFINITIONS

**Biohazard or Blood Borne Pathogen** - Infectious biological agents or hazardous biological materials that present a potential or actual health risk.

The words "blood" or blood borne" refer not only to blood but also to other fluids or materials that could include pathogens, including but not limited to blood, saliva, semen, mucous, tears, vomit, vaginal fluid, feces, and any combination of any such fluids or materials.

### 1016.2 PROCEDURES FOR CONTACT WITH BLOOD OR BODY FLUIDS

All Office personnel who may be involved in providing emergency medical care or who come in contact with another person's blood or body fluids (e.g., during an altercation or while attending to any injured person) shall follow these procedures and guidelines.

#### 1016.2.1 EXPOSURE CONTROL OFFICER

For purposes of this policy, the Sheriff will refer to the County Risk Manager as this Office's Exposure Control Officer (ECO). The Training Section will liaison with the Risk Manager to help facilitate the following:

- (a) The overall management of the BBP Exposure Control Plan (ECP).
- (b) The ECO will work with management to develop and administer any additional related policies and practices necessary to support the effective implementation of this plan and remain current on all legal requirements concerning BBP and other communicable diseases.
- (c) The ECO will act as a liaison during Occupational Safety and Health Administration (OSHA) inspections and shall conduct program audits to maintain an up-to-date exposure control plan.

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- (d) The ECO will maintain an up-to-date list of sheriff's personnel requiring training, develop and implement a training program, maintain class rosters and quizzes and periodically review the training program.
- (e) The ECO will review and update the Exposure Control Plan annually (on or before January 1st of each year).

Office supervisors are responsible for exposure control in their respective areas. They shall work directly with the ECO and the affected employees to ensure that the proper exposure control procedures are followed.

#### 1016.2.2 UNIVERSAL PRECAUTIONS

All human blood and body fluids such as saliva, urine, semen and vaginal secretions are to be treated as if they are known to be infectious. Where it is not possible to distinguish between body fluid types, all body fluids are to be assumed potentially infectious.

#### 1016.2.3 PERSONAL PROTECTIVE EQUIPMENT

Personal protective equipment is the last line of defense against communicable disease. Therefore, the following equipment is provided for all personnel to assist in the protection against such exposures:

- Not less than two pair disposable latex gloves (Keeping a box in the car recommended).
- Safety glasses or goggles.
- Rescue mask with a one-way valve.
- Alcohol, or similar substance, to flush skin at emergency site.
- Maintaining alcohol hand wipes in the car is recommended.

The protective equipment is personal issue and/or available to employees as they need to be replenished. The deputies are accountable for the items at the start of each shift.

#### 1016.2.4 IMMUNIZATIONS

All Office personnel who, in the line of duty, respond to emergency medical calls or may be exposed to or have contact with a communicable disease shall be offered appropriate immunization treatment.

#### 1016.2.5 WORK PRACTICES

All personnel shall use the appropriate barrier precautions to prevent skin and mucous membrane exposure whenever contact with blood or body fluid is anticipated.

Disposable gloves shall be worn on all medical emergency responses. Disposable gloves should be worn before making physical contact with any patient and/or when handling items (e.g., evidence, transportation vehicle) soiled with blood or other body fluids. Should one's disposable gloves become contaminated with blood or other body fluids, the gloves shall be disposed of as contaminated waste. Care should be taken to avoid touching other items (e.g., pens, books

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and personal items in general) while wearing the disposable gloves in a potentially contaminated environment.

All procedures involving blood or other potentially infectious materials shall be done in a way to minimize splashing, spraying or otherwise generating droplets of those materials.

Eating, drinking, smoking, applying lip balm and handling contact lenses shall be prohibited in areas where a potential for an exposure exists.

#### **1016.3 DISPOSAL AND DECONTAMINATION**

The following procedures will apply to the disposal or decontamination of equipment or personnel after responding to an event that involved contact with a person's blood or body fluids:

##### **1016.3.1 USE OF WASTE CONTAINERS**

Deputies shall dispose of biohazard with the on-scene fire response vehicle, at the attending clinic or hospital with their approval or in an appropriately marked biohazard waste container at the station immediately upon arrival.

The biohazard waste container located at the station shall be leak-proof, red or appropriately labeled with a biohazard warning and routinely emptied.

##### **1016.3.2 DECONTAMINATION OF SKIN AND MUCOUS MEMBRANES**

Personnel shall wash their hands immediately, on scene if possible, or as soon as possible following the removal of potentially contaminated gloves. Antibacterial soap and warm water or an approved disinfectant shall be used to wash one's hands, paying particular attention to the fingernails.

If an employee's intact skin contacts someone else's blood or bodily fluids or other potentially infectious materials, the employee shall immediately wash the exposed part of his/her body with soap and warm water and/or an approved disinfectant, as soon as possible. If the skin becomes grossly contaminated, body washing shall be followed by an approved hospital strength disinfectant. If large areas of the employee's skin are contaminated, the employee shall shower as soon as possible, using warm water and soap and/or an approved disinfectant. Medical treatment should be obtained.

Contaminated non-intact skin (e.g., injured skin, open wound) shall be cleaned using an approved disinfectant and then dressed or bandaged as required. Medical treatment is required.

##### **1016.3.3 SHARPS AND ITEMS THAT CUT OR PUNCTURE**

All personnel shall avoid using or holding sharps (e.g., needles, blades) unless needed to do so while assisting a paramedic, or collecting them for evidence. Unless required for evidentiary reasons related to evidence preservation, employees are not to recap sharps. If recapping is necessary, a one-handed method shall be employed to avoid a finger prick. Disposal, when practicable, shall be into a puncture proof biohazard container.

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All sharps and items that cut or puncture (e.g., broken glass, razors and knives) shall be treated cautiously to avoid cutting, stabbing or puncturing one's self or any other person. In addition, if a sharp object contains known or suspected blood or other bodily fluids, that item is to be treated as a contaminated item. If the item is not evidence, touching it with the hands shall be avoided. Rather, use a device such as tongs, or a broom and a dustpan to cleanup debris. If the material must be hand held, protective gloves must be worn.

#### 1016.3.4 DISPOSABLE PROTECTIVE EQUIPMENT

Contaminated disposable supplies (e.g., gloves, dressings, CPR mask) shall be transported with the patient or suspect in the ambulance or sheriff's vehicle. The waste material shall then be disposed of in a biohazard waste container at the hospital or sheriff's station. Disposable gloves are to be worn while placing the waste into the waste biohazard container, placing the gloves in with the waste when through discarding.

#### 1016.3.5 DECONTAMINATION OF PERSONAL PROTECTIVE EQUIPMENT

After using any reusable personal protective equipment, it shall be washed or disinfected and stored appropriately. If the personal protective equipment is non-reusable (e.g., disposable gloves), it shall be discarded in a biohazard waste container as described in Policy Manual § 1016.3.4.

Any personal protective equipment that becomes punctured, torn or loses its integrity, shall be removed as soon as feasible. The employee shall wash up and replace the personal protective equipment if the task has not been completed. If any failure of personal protective equipment results in a contaminated non-intact skin event, Policy Manual § 1016.3.2 shall be implemented.

Contaminated reusable personal protective equipment that must be transported prior to cleaning it shall be placed into a biohazard waste bag and transported in the ambulance, paramedic truck or sheriff's vehicle. Gloves shall be worn while handling the biohazard waste bag and during placement into the biohazard waste container, and then included in with the waste.

#### 1016.3.6 DECONTAMINATION OF NON-DISPOSABLE EQUIPMENT

Contaminated non-disposable equipment (e.g., flashlight, gun, baton, clothing, portable radio) shall be decontaminated as soon as possible. If it is to be transported, it shall be done by first placing it into a biohazard waste bag.

Grossly contaminated non-disposable equipment items shall be transported to a hospital, fire station or sheriff's station for proper cleaning and disinfecting. Porous surfaces such as nylon bags and straps shall be brushed and scrubbed with a detergent and hot water, laundered and allowed to dry. Non-porous surfaces (e.g., plastic or metal) shall be brushed and scrubbed with detergent and hot water, sprayed with a bleach solution, rinsed and allowed to dry. Delicate equipment (e.g., radios) should be brushed and scrubbed very carefully using a minimal amount of a type of germicide that is approved by Environmental Protection Agency (EPA).

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While cleaning equipment, pay close attention to handles, controls, corners, crevices and portable radios. Equipment cleaning shall not be done in the kitchen, bathrooms or other areas not designated as the cleaning/decontamination area.

Contaminated equipment should be cleaned using an approved EPA germicide or a 1:100 solution of chlorine bleach (one-quarter-cup of bleach per one gallon of water) while wearing disposable gloves and goggles. Large particles of contaminants such as, vomit, feces and blood clots should first be removed (e.g., using a disposable towel or other means to prevent direct contact) and then properly disposed.

#### 1016.3.7 DECONTAMINATION OF CLOTHING

Contaminated clothing such as uniforms and undergarments shall be removed as soon as feasible and rinsed in cold water to prevent the setting of bloodstains. If the clothing may be washed in soap and hot water, do so as soon as possible. If the clothing must be dry cleaned, place it into a biohazard waste bag and make arrangements for processing with the Washoe County Purchasing's contracted dry cleaning vendor designated to provide decontamination services. This dry cleaning will be done at the Office's expense.

Contaminated leather boots shall be brushed and scrubbed with detergent and hot water. If the contaminant soaked through the boot, the boot shall be discarded.

#### 1016.3.8 DECONTAMINATION OF VEHICLES

Contaminated vehicles and components such as the seats, radios and doors shall be washed with soap and warm water and disinfected with an approved germicide as soon as feasible.

#### 1016.3.9 DECONTAMINATION OF STATION AND CLEANING AREA

The ECO shall designate a location at the station that will serve as the area for cleaning/decontamination. This area is to be used to keep equipment clean and sanitary and for the employees to wash any potential contamination from their bodies. This area is to be thoroughly cleaned after each use and maintained in a clean and sanitary order at all times. The application of cosmetics, smoking cigarettes and consuming food and drink are prohibited in this designated area at all times.

### **1016.4 POST-EXPOSURE REPORTING AND FOLLOW-UP REQUIREMENTS**

In actual or suspected exposure incidents, proper documentation and follow-up action must occur to limit potential liabilities and ensure the best protection and care for the employee(s).

#### 1016.4.1 EMPLOYEE RESPONSIBILITY TO REPORT EXPOSURE

In order to provide appropriate and timely treatment should exposure occur, all employees shall verbally report the exposure to their immediate supervisor and complete a written exposure report as soon as possible following the exposure or suspected exposure. The report shall be submitted to the employee's immediate supervisor. Additionally, employees should document in the exposure report whether they would like the person who was the source of the exposure to be tested for communicable diseases.

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#### 1016.4.2 SUPERVISOR REPORTING REQUIREMENTS

The supervisor on-duty shall investigate every exposure that occurs as soon as possible following the incident, while gathering the following information:

- (a) Names and social security numbers of the employee(s) exposed.
- (b) Date and time of incident.
- (c) Location of incident.
- (d) The potentially infectious materials involved.
- (e) Source of material or person.
- (f) Current location of material or person.
- (g) Work being done during exposure.
- (h) How the incident occurred or was caused.
- (i) PPE in use at the time of incident.
- (j) Actions taken post-event (e.g., clean-up and notifications).

The supervisor shall use the above information to prepare a written summary of the incident, its causes and recommendations for avoiding similar events. This report will be provided to the Personnel/Payroll Department, the consulting physician and to the County's Risk Manager.

#### 1016.4.3 MEDICAL CONSULTATION, EVALUATION AND TREATMENT

Any employee who received exposure or suspected exposure shall be seen by a physician (or qualified health care provider) as soon as possible (NRS 441A.200).

A deputy who may have been exposed to a contagious disease may petition a court for an order requiring testing of another person who may have exposed the deputy to a reportable disease (NRS 441A.195(1)).

The deputy petitioning the court shall submit information concerning the possible exposure to the designated health care provider and Risk Manager (NRS 441A.195(2)).

If the court determines that a possible transfer of blood or other bodily fluids occurred, the court shall order the blood of the person responsible for the exposure to be taken and tested (NRS 441A.195(3)).

The employee shall be made aware of the laws and regulations concerning disclosure of the identity and infectious status of a source. If possible, the exposed employee will be informed of the source's test results.

The health care professional shall provide the Personnel/Payroll Department and/or the County's Risk Manager with a written opinion/evaluation of the exposed employee's situation. This opinion shall only contain the following information:

- If a post-exposure treatment is indicated for the employee.

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- If the employee received a post-exposure treatment.
- Confirmation that the employee received the evaluation results.
- Confirmation that the employee was informed of any medical condition resulting from the exposure incident that will require further treatment or evaluation.

All other findings or diagnosis shall remain confidential and are not to be included in the written report.

#### **1016.4.4 CONFIDENTIALITY OF REPORTS**

Most of the information involved in the process must remain confidential. The ECO shall ensure that all records and reports are kept in the strictest confidence (NRS 441A.220).

The Personnel/Payroll Department shall be responsible for maintaining records containing the employee's treatment status and the results of examinations, medical testing and follow-up procedures that took place as a result of an exposure.

The Risk Manager shall be responsible for maintaining the name and social security number of the employee and copies of any information provided to the consulting health care professional as a result of an exposure.

This information is confidential and shall not be disclosed to anyone without the employee's written consent, except as required by law (NRS 441A.230).

#### **1016.5 TRAINING**

The Sheriff's Office shall ensure that all employees with a risk of occupational exposure participate in a training program related to the Blood borne Pathogens Exposure Control Plan. Employees will be required to participate in annual refresher training program required by the Blood borne Pathogen Standard, 29 CFR 1910.1030.

