

CITY OF OAK POINT

DEPARTMENT OF PUBLIC SAFETY POLICE OPERATIONAL POLICIES and PROCEDURES

POLICY: 3.2 COMMUNICABLE DISEASES

REVISED DATE: 10.17.2014

POLICY

It is the policy of this Department to increase awareness about risks, modes of transmission, and procedures for handling communicable diseases such as hepatitis B, tuberculosis, HIV (Human Immunodeficiency Virus) and AIDS (Acquired Immune Deficiency Syndrome), and AIDS-related infections. Although, of the diseases aforementioned, AIDS has received the most notoriety, all present hazards to law enforcement officers: Hepatitis B and tuberculosis are more infectious than HIV, for example.

All personnel must understand that the focus of the news media on AIDS has dealt with so-called "high risk" groups, i.e., homosexual men, intravenous drug users, and prostitutes. As a matter of practice, the Department does not recognize high-risk groups since health and legal experts maintain that the actual risk of contagion comes from high-risk *behavior*. Anyone, including members of the Department, might conceivably behave in a way that promotes risk of infection. Further, the long incubation periods associated with diseases such as HIV (years) render testing difficult. Accordingly, officers shall act responsibly in minimizing the risk of infection when dealing with *any* person, male or female, child or adult or with *any* body fluids. A few precautions, however, will avoid the risk of infection almost entirely.

Officers cannot refuse to work with or handle anyone--victim, complainant, or suspect--because of the officer's fears of possible infection. Personnel shall not refuse to arrest or otherwise refuse to handle any person in a legitimate law enforcement context, provided that appropriate protective equipment is available. The measures provided herein will assist officers in carrying out their duties while simultaneously minimizing health risks.

The most likely danger from contact with HIV or other communicable diseases comes from handling blood or other body fluids as evidence or at the scene of injury or death. The Department does expect officers to exercise caution when handling evidence, to which end the following procedures are set forth. Officers have *no way* to determine with certainty if a citizen is infected with a communicable disease.

The Department shall provide employees with information and education on prevention of communicable diseases, as well as safety equipment and procedures to minimize their risks of exposure. The Department has instituted post-exposure reporting, evaluation, and treatment for all members exposed to communicable diseases.

Finally, the Department advises all personnel that they shall not receive discriminatory treatment nor bear any stigma if they contract a communicable disease which becomes known to the Department.

The Department expects officers to become educators in their law enforcement work. Officers can advise the public of the risks of infection and can further distribute educational literature. Additionally, officers may refer citizens to health agencies such as the American Red Cross and the local health Department. Department personnel, then, may set an example in demonstrating rationality and confidence in dealing with communicable diseases.

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II. PURPOSE

To establish guidelines and procedures to be followed when a member of the Department is exposed to a communicable disease with a risk of major illness or death and to establish procedures for handling of evidence or property that may be contaminated.

III. DEFINITIONS

- A. **Communicable disease.** An infectious disease capable of being passed to another by contact with an infected person or his/her body fluids.
- B. **AIDS (Acquired Immune Deficiency Syndrome).** A blood-borne and sexually-transmitted disease that attacks and destroys the body's immune system. It makes people susceptible to infections, malignancies, and diseases not generally life-threatening to persons with normal immune systems. AIDS also causes disorders of the central nervous system. There is no vaccine against the virus. Personnel are advised that AIDS is **not** transmitted through any of the following (according to the Centers for Disease Control):
1. Sneezing, coughing, spitting;
 2. Handshakes, hugging, or other non-sexual physical contact;
 3. Toilet seats, bathtubs, or showers;
 4. Various utensils, dishes, or linens used by persons with AIDS;
 5. Articles worn or handled by persons with AIDS, i.e., doorknobs, pens, or cups;
 6. Being near someone with AIDS frequently or over a long period of time;
 7. Riding the same transportation;
 8. Eating in the same public place with an AIDS-infected person; or
 9. Working in the same office.
- C. **ARC (AIDS-Related Complex).** A condition caused by the AIDS virus (HIV) and has a specific set of symptoms. Such symptoms include persistent fever, weight loss, skin rashes, diarrhea, and swollen lymph nodes. Although these symptoms may be debilitating, they are generally not life-threatening.

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- D. **HIV (Human Immunodeficiency Virus).** The virus that causes AIDS. HIV infects and destroys certain white blood cells, undermining the body's ability to combat infection. (Also named HTLV-III or LAV). Technically speaking, this general order aims to reduce the chance of HIV transmission, the virus that causes AIDS.
- E. **Seropositivity.** Refers to a person having antibodies to HIV, meaning that infection has occurred at some time in the past. A seropositive person can be infected with HIV for years without ever developing symptoms of AIDS. Infected persons can transmit the virus even though they may not have symptoms of AIDS.
- F. **Hepatitis B (HBV).** A viral infection that can result in jaundice, cirrhosis, and, sometimes, cancer of the liver. The virus is transmitted through exposure to blood, semen, or vaginal secretions. Two vaccines are currently available against hepatitis B [Recombivax (synthetic) or Heptivax (serum derived)].
- G. **Tuberculosis.** A bacterial disease that can be transmitted through saliva, urine, blood, and other body fluids by persons infected with it. Tuberculosis is spread *primarily* by inhaling airborne droplets from infected coughing people. It can enter the body through infected mucous on the skin (as from coughing) or from droplets that are inhaled. It is an airborne, opportunistic disease and it primarily causes lung infection. Although no vaccine against tuberculosis exists, medications are available to treat the disease.
- H. **Exposure control program.** A written agency plan, available to all employees, which details the steps taken to eliminate or minimize exposure incidents, and identifies at-risk tasks and assignments.
- I. **Personal protective equipment (PPE).** Consists of specialized clothing or equipment worn or used by employees for protection against infection. PPE does not include uniforms or work clothes without special protective qualities.
- J. **Universal precautions.** Includes controls or procedures advised by the Centers for Disease Control (CDC) that emphasize precautions based on the assumption that blood and body fluids are potentially infectious.
- K. **Ebola.** Ebola Virus Disease (EVD), or as Ebola Hemorrhagic Fever is a deadly disease caused by infection with one of the Ebola virus strains. Ebola can cause disease in humans and nonhuman. **See Section IV Ebola, for all information related to this Virus.**

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IV. GENERAL RESPONSIBILITIES

- A. The Director or his designee shall develop a written exposure control plan which provides the overall strategy for limiting exposure to HIV and HBV and other viruses, and for handling exposure incidents. The plan is available to all employees and may be reviewed upon request to their immediate supervisor.
 1. The plan adheres to the principles and procedures for the prevention of exposure as detailed in the universal precautions prescribed by the CDC plus other state or federal agencies.
 2. All employees, and supervisors particularly, are responsible for the maintenance of a clean, sanitary workplace, and shall inspect workplaces daily to ensure that these conditions are met.
- B. The Director or his designee shall ensure that adequate supplies are available for communicable disease control within the Department. Supervisors are responsible for maintaining continuously an adequate supply of disease control supplies for all affected personnel within their purview. Further, supervisors must ensure that:
 1. personal protective equipment (PPE) can be found in sufficient quantities at advertised locations;
 2. hypoallergenic gloves and other materials are available for employees allergic to standard-issue gear;
 3. supplies are routinely inspected, replaced, cleaned; and
 4. First Aid supplies and disinfectants are available always.
- C. The Director or his designee shall ensure that the Department vehicles will each contain First Aid supplies and disinfectants as well as PPE supplies at all times:
- D. Officers using supplies in their vehicles shall replace them or arrange to have them replaced as soon as possible. **Officers shall maintain disposable gloves in their personal possession at all times.**
- E. The Director or his designee shall cause to be maintained at the Department office the following:
 - supply of disposable latex gloves

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- orange/red plastic biohazard bags and tape, or plastic bags and sealing ties
- liquid household bleach
- disposable towels/towelettes
- "Isolation Area - Do Not Enter" signs or barrier tape
- buckets, mops
- N-95 masks

F. Personnel shall use protective equipment under all appropriate circumstances unless the officer can justify otherwise.

I. Officers who, for whatever reason, do not use protective gear when appropriate shall document the incident as soon as practicable and submit it to the Director before the end of shift for review.

G. All personnel whose skin comes into contact with body fluids of another shall begin disinfection procedures immediately or as soon as the situation allows: these procedures range from simple soap-and-water washing to the use of alcohol or antiseptic towelettes. All open cuts and abrasions shall be covered with waterproof bandages before personnel report for duty.

V. GENERAL PRECAUTIONS

A. **General.** Whenever possible, officers shall wear disposable latex gloves when doing any of the following:

1. Handling persons or items with any blood or body fluid products (hypodermic needles, syringes, or surfaces soiled with blood or body fluids, gun or knife wounds).
2. Packaging and handling such items as evidence.
3. Cleaning up blood or other secretions which appear on floors, seats, equipment, handcuffs, shoes, clothing, pens, pencils, etc.
4. Making arrests or performing searches of any type (person, vehicle, home, etc.)

B. **Specialized Devices**

I. "Facial Shields" shall be worn whenever splashes, spray, spatter, or droplets of potentially infectious fluids endanger contamination through

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the eyes, nose, or mouth. Shields may be worn with other protective devices such as goggles.

2. Gowns, jackets, coats, aprons shall be worn as determined by the degree of exposure anticipated, but officers must take all precautions necessary for their and the public safety.

C. Handling People

1. Wash hands thoroughly for thirty seconds with warm water and soap after removing gloves (when handling evidence) or after contact with the subject (if bleeding or vomiting). If water is unavailable, use pre-moistened towelettes found in the first aid kit to decontaminate skin.
2. Leather gloves or their equivalent shall be worn over latex gloves when searching persons or dealing in environments, such as accident scenes, where sharp objects and bodily fluids may reasonably be encountered. Search techniques shall be used that require suspects to empty their own pockets or purses and remove sharp objects from their persons.
3. When transporting prisoners:
 - a. Do not put fingers in or near any person's mouth.
 - b. Transport persons with body fluids on their persons in separate vehicles from other persons. A person who is bleeding or producing a fluid may have to wear a protective covering and may not be transported until seen by EMS personnel.
 - c. Notify other support personnel or law enforcement officers during a transfer of custody that the suspect has fluids on his or her person, or that the suspect has stated that he or she has a communicable disease. Place this statement on the booking form.

D. Handling Objects

1. Objects contaminated with body fluids shall be double bagged, and marked to identify possible disease contamination.
2. Officers shall use extra care when handling any sharp objects. If officers find syringes, they shall not bend, recap, or otherwise manipulate the

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needle in any way, but shall place them in puncture-resistant containers provided by the Department.

E. Handling Fluids

- I. Clean up blood spills or other body fluids with regular household bleach diluted 1 part bleach to 10 parts water (or use undiluted bleach, if easier). Bleach dilutions should be prepared at least every 24 hours to retain effectiveness.
 - a. Wear latex gloves during this procedure.
 - b. A soiled uniform (by blood or body fluids) should be changed as soon as possible. Wash in hot water and detergent or dispose of after autoclaving.
2. Departmental vehicles within which body fluids are spilled require immediate disinfection procedures. Employees who have the vehicles assigned to them shall notify their supervisor of the spill and arrange for a thorough cleaning as soon as possible.
 - a. All police vehicles will be cleaned with disinfectant at least monthly.

F. Precautions When Bitten

The danger of infection through bites is low. The victim cannot be infected with HIV through the blood of the biting person unless that person has blood in his or her mouth which comes into contact with the victim's blood. HIV cannot be transmitted through saliva. With HBV, however, transmission takes place through infected blood or blood-derived body fluids. Infection takes place by exposure of the eyes, mouth, or mucous membranes to the virus. Precautionary procedures to minimize the risk of infection include:

1. Encouraging the wound to bleed by applying pressure and gently "milking" the wound.
2. Washing the area thoroughly with soap and hot water.
3. Seeking medical attention at the nearest hospital.

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4. Advising your supervisor, make a report, or follow any other policy for reporting injuries, including the filing of appropriate Workers' Compensation forms.

G. **Precautions When Punctured by Needles or Knives**

If an officer is cut or punctured by a needle or a knife or other instrument while searching a suspect or handling contaminated evidence, follow these general guidelines:

1. Allow the wound to bleed (unless severe bleeding occurs) until all flow ceases. Then cleanse the wound with alcohol-based cleanser (or pre-moistened towelettes) and then with soap and water. Do not rely exclusively on towelettes: wash wounds thoroughly with soap and water for at least 5 minutes.
2. Seek medical attention as soon as possible after the injury. A physician will then decide the proper treatment.
3. Advise your supervisor as soon as practical, make a report, or follow any other policy for reporting injuries, including the filing of appropriate Workers' Compensation forms.

H. **Precautions at Major Crime Scenes**

At the crime scene, officers and crime scene technicians confront unusual hazards, especially when the crime scene involves violent behavior such as homicides where large amounts of blood have been shed.

1. No officer at any crime scene shall eat, drink, smoke, or apply make-up.
2. The best protection is to wear disposable latex gloves. Any person with a cut, abrasion, or any other break in the skin on the hands should never handle blood or other body fluids without protection.
3. Latex gloves should be changed when they become torn or heavily soiled or if an officer leaves the crime scene (even temporarily).
4. If cotton gloves are worn when working with items having potential latent fingerprint value, wear cotton gloves over latex gloves.
5. Hands should be washed after gloves are removed, even if the gloves appear to be intact.

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6. Always keep a plastic bag in the first aid kit to be used only to collect contaminated items (gloves, masks, etc.) until they can be disposed of properly. Clearly mark the bag "Contaminated Material."
7. Shoes and boots can become contaminated with blood. Wash with soap and water when leaving the crime scene, or use protective disposable shoe coverings.
8. Wrap-around eye safety goggles and face masks should be worn when the possibility exists that dried or liquid particles of body fluids may strike the face. Particles of dried blood, when scraped, fly in many directions, so wear goggles and masks when removing the stain for laboratory analysis.
9. While processing the crime scene, be constantly on the alert for sharp objects, such as hypodermic needles, razors, knives, broken glass, nails, etc. Use of mirrors may be appropriate while looking under car seats, beds, etc.
10. Use tape--never metal staples--when packaging evidence.
11. If practicable, use only disposable items at a crime scene where blood or other body fluids are present.
12. Before releasing the crime scene, advise the owner of the potential infection risk and suggest that the owner contact the local health Department for advice.
13. Warning labels must be placed on all plastic evidence bags to go to the crime laboratory.

VI. VACCINATIONS

- A. The Department affords all employees who have occupational exposure to hepatitis B 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 only after the employee has received Departmental training in communicable diseases, is medically fit for the vaccinations, and has not previously received them.

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VII. OCCUPATIONAL EXPOSURE TO COMMUNICABLE DISEASES

A. Notification

1. All employees shall, as soon as practical, document possible exposure to infectious fluids or materials. In any case, employees shall immediately notify their supervisor of possible exposure.
2. Examples of such exposure are:
 - a. Direct contact with body fluids on chapped or open areas (cuts, scratches) on the skin or on mucous membranes (i.e., eyes, mouth).
 - b. Direct mouth-to-mouth resuscitation (CPR) with or without use of a one-way valve.
 - c. Receiving a cut or puncture wound as a result of searching or arresting a suspect or handling contaminated evidence.

B. Testing

If a member of the Department is exposed to the body fluids of a person who has or is suspected to have a communicable disease, the member must be evaluated for evidence of infection by the Department physician.

1. The person whose body fluids came into contact with an officer may state that he or she has AIDS. Often, a person may try to prevent police from withdrawing blood for drug screening (as in a DUI arrest), although, in fact, he or she is not infected at all. While the Department cannot coerce a citizen--suspect or otherwise--to take periodic tests for infection, the Department **will** try to convince the citizen who may have transmitted infection to do so.
 2. Personnel should understand the difficulty of transmitting HIV and hepatitis B. If infection control measures have been followed, the risk is very low.
- C. Testing for presence of infection shall be done if indicated by a medical assessment (after an incident involving the possible transfer of blood or other body fluids). The following information details testing methods and their reliability.

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1. **AIDS/ARC/HIV:**
 - a. Blood tests can detect HIV antibodies (produce by the body's immune system).
 - b. The two common tests for HIV antibodies are the ELISA (Enzyme-Linked Immunosorbent Assay) and the Western Blot. Since the ELISA is less expensive and easier to perform, it is usually used as a first screen for HIV. If the ELISA identifies the person as seropositive, a second ELISA is performed. If the second test is also positive, a Western Blot is usually performed to confirm the results.
 - c. Since HIV antibodies may not develop for some months after a person has been infected, an initial negative result may not mean freedom from infection. High false positive rates also occur with the use of only ELISA test.
 - d. One must be tested, then, immediately following the incident (for a baseline) and then six and twelve months later.
 - e. The Department shall ensure that the employee receives qualified counseling during the testing period if requested.
2. **Hepatitis B:** A blood test can confirm the presence of hepatitis B virus six to eight weeks after exposure. See Section VI above.
3. **Tuberculosis:** This disease is detected first by a skin test, then confirmed by an x-ray. The Department physician can order this test for the Department employee.
4. **Ebola:** See Section IV for information related to this Virus.

D. **Confidentiality**

Confidentiality of information concerning test results is paramount. The victim has a right to privacy in employer-maintained information about his/her health. No need exists for a supervisor routinely to know that a person tests positive (for HIV or Hepatitis B). The Department views a breach of confidentiality as a serious disciplinary problem which may result in suspension or termination of employment.

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- I. Under most circumstances, medical authorities will retain confidential records unless the employee tested or state law requires it.

E. Positive Test Results

1. Any person who tests positive for HIV or Hepatitis B shall not be summarily removed from duty. The Department shall make no restrictions simply because of diagnosis. These diseases are not spread by casual contact (as between co-workers in the Department). The Department shall alter an employee's assignment only when he or she can no longer perform the required duties.
 - a. The Department shall ensure continued testing, if necessary, of members for evidence of infection, and shall provide psychological counseling if necessary.
2. Any person who tests positive for tuberculosis may be restricted from working for a period of time. The medical evaluation will determine the stage and type of disease the person has contracted and if he/she is contagious. A tuberculosis-infected person requires medication and shall not return to work until the doctor says he/she is non-communicable. (Tuberculosis is easily transmitted and incidence in has recently shown a slight increase. After exposure to tuberculosis, a person may, after a medical evaluation, take medicine to help prevent the disease.)
3. Due to the communicability and mortality rate of Ebola any person showing symptoms who has been exposed to the Ebola virus must report to a supervisor and shall not come to the station. The supervisor shall report the incident to the Director and shall retrieve and advise the employee of the most recent CDC Protocols.

F. Job Performance

1. Communicable disease-infected employees shall continue working as long as they maintain acceptable performance and do not pose a safety or health threat to themselves or others in the Department.
 - a. If resources permit, an employee who has medical complications from a communicable disease will either be reassigned to another job, if available, or have his/her job restructured so that he/she can remain employed. As necessary,

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medical documentation shall support requests for job restructure or reassignment. All personnel shall treat such employees in the same manner as employees who suffer from other serious diseases or handicaps: that is, fairly, courteously, and with dignity.

- b. The Department may require an employee to be examined by the Department physician to determine if he/she is able to perform his/her duties without hazard to him/herself or others.

G. **Federal Law**

Employees infected by communicable diseases may be protected by the federal Rehabilitation Act of 1973.

H. **Discrimination**

The Department expects all personnel to continue working relationships with any fellow employee recognized as having AIDS/ARC, Hepatitis B, or non-communicable tuberculosis. The Department will consider appropriate corrective or disciplinary action against an employee who threatens or refuses to work with an infected employee or who disrupts the Department's mission.

I. **Records**

The agency maintains a record for each employee detailing incidents of occupational exposure, including information on vaccination status; the results of examinations and tests; health care professionals' written opinion; and any other relevant information. These records are retained by the Chief of Police in secure storage, and **shall not be disclosed or reported without the express written consent of the employee.**

VIII. **TRAINING**

- A. Education on communicable diseases shall be continuous in the Department. The Director or his designee shall ensure that all members of the agency with occupational exposure shall receive a course of instruction on blood borne diseases before their initial assignment. Further, each affected employee will receive annual refresher training plus any additional training appropriate to the particular employee assignment.

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- B. The Director or his designee shall retain complete records on instruction of employees to include dates of training; content of sessions; names and qualifications of trainers; names and job titles of attending employees.
- C. The Director or his designee is responsible for dissemination of updated information to all personnel and for appropriate educational programs about communicable diseases. These programs shall include at a minimum:
 - 1. Written information concerning AIDS/ARC/HIV, hepatitis B, and tuberculosis in the form of brochures, bulletins, memorandums, or fact sheets.
 - 2. Group and/or individual presentations and discussions provided by adequately trained personnel or experts from outside the Department.
 - 3. For more information, personnel may at any time contact:
 - a. National Hotline for AIDS - 1-800-342-AIDS
 - b. AIDS Info Hotline - 1-800-533-4148
 - c. AIDS Update (Dept. of Health and Human Services) 1-202-245-6867
 - d. AIDS Clearinghouse (America Responds to AIDS) 1-800-342-7514
 - e. National Institute of Justice AIDS Clearinghouse 1-301-251-5500
 - f. State and local public health Department
 - g. Local American Red Cross
 - h. Forensic laboratories

AIDS-RELATED CONCERNS OF PERSONNEL

<u>ISSUE</u>	<u>INFORMATION</u>
Human Bites	A person who bites is typically the one who gets the blood; viral transmission through saliva is highly unlikely. If bitten by anyone, gently milk wound to make it bleed, wash the area, and seek medical attention.
Spitting	Viral transmission through saliva is highly unlikely.
Urine/feces	Virus isolated in only very low concentrations in urine; not at all in feces; no cases of AIDS or HIV infection associated with either urine or feces.

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CPR/first aid	To eliminate the already minimal risk associated with CPR, use masks/airways; avoid blood-to-blood contact by keeping open wounds covered and wearing gloves when in contact with bleeding wounds.
Body removal	Observe crime scene rule: do not touch anything; those who must come into contact with blood or other body fluids should wear gloves.
Casual contact	No cases of AIDS or HIV infection attributed to casual contact.
Any contact with blood	Wash thoroughly with soap and water; for body fluids clean up spills with 1:10 solution of household bleach.
*Source: Adapted from:	<u>AIDS and the Law Enforcement Officer: Concerns and Policy Responses</u> by Theodore M. Hammett, Ph.D., National Institute of Justice, U.S. Department of Justice, June, 1987.

IV. EBOLA

Purpose Guidance for handling inquiries and responding to patients with suspected Ebola symptoms, and for keeping workers safe.

Guidelines

(For the purposes of this section, “EMS personnel” means pre-hospital EMS, law enforcement and fire service first responders. These EMS personnel practices should be based on the most up-to-date Ebola clinical recommendations and information from appropriate public health authorities and EMS medical direction.)

Patient assessment

Interim recommendations:

1. Address scene safety:

If dispatch advises that the patient is suspected of having Ebola, personnel should put on the PPE appropriate for suspected cases of Ebola (described [below](#)) **before entering the scene.**)When risk of Ebola is elevated in the community, it is important for Dispatch call takers to question callers regarding recent activity and symptoms. This information must be passed on to Public Safety personnel. **DO NOT DEPEND ON THIS TO HAPPEN.** If you are dispatched to a call regarding a sick person presenting any of the signs of Ebola and the information is not provided you are to stop, contact dispatch by phone

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and ask are EMS workers at risk. Personnel are to be mindful of wording used over the radio as they are not secure communications.)

- Keep the patient separated from other persons as much as possible.
 - Use caution when approaching a patient with Ebola. Illness can cause delirium, with erratic behavior that can place EMS personnel at risk of infection, e.g., flailing or staggering. Police personnel may only enter the residence for the immediate preservation of human life or when requested by medical personnel for their safety. In any case officers must put on appropriate PPE.
2. During patient assessment and management, EMS personnel should consider the symptoms and risk factors of Ebola:
- All patients should be assessed for symptoms of Ebola (fever of greater than 38.0 degrees Celsius or 100.4 degrees Fahrenheit, and additional symptoms such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage). If the patient has symptoms of Ebola, then ask the patient about risk factors within the past 3 weeks before the onset of symptoms, including:
 - Contact with blood or body fluids of a patient known to have or suspected to have Ebola;
 - Residence in—or travel to— a country where an Ebola outbreak is occurring (a list of impacted countries can be accessed at the following link: <http://www.cdc.gov/vhf/ebola/outbreaks/guinea/index.html>); or
 - Direct handling of bats or nonhuman primates from disease-endemic areas.
 - Based on the presence of symptoms and risk factors, put on or continue to wear appropriate PPE and follow the scene safety guidelines for suspected case of Ebola.
 - If there are no risk factors, proceed with normal EMS care.

EMS Transfer of Patient Care to a Healthcare Facility

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EMS personnel should notify the receiving healthcare facility when transporting a suspected Ebola patient, so that appropriate infection control precautions may be prepared prior to patient arrival.

Personnel Safety

EMS personnel involved in the treatment of patients with suspected or confirmed Ebola must wear recommended PPE.

EMS personnel can safely manage a patient with suspected or confirmed Ebola by following recommended isolation and infection control procedures, including standard, contact, and droplet precautions. Particular attention should be paid to protecting mucous membranes of the eyes, nose, and mouth from splashes of infectious material, or self-inoculation from soiled gloves. Early recognition and identification of patients with potential Ebola is critical. An EMS agency managing a suspected Ebola patient should follow these CDC recommendations:

Limit activities, especially during treatment, that can increase the risk of exposure to infectious material (e.g., airway management, cardiopulmonary resuscitation, use of needles).

Limit the use of needles and other sharps as much as possible. All needles and sharps should be handled with extreme care and disposed in puncture-proof, sealed containers.

Use of Personal protective equipment (PPE)

Use of standard, contact, and droplet precautions is sufficient for most situations when treating a patient with a suspected case of Ebola as defined above. EMS personnel should wear:

Gloves

Gown (fluid resistant or impermeable)

Facemask (face shield that fully covers the front and sides of the face)

Additional PPE might be required in certain situations (e.g., large amounts of blood and body fluids present in the environment), including but not limited to double gloving, disposable shoe covers, and leg coverings.

Pre-hospital resuscitation procedures such as cardiopulmonary resuscitation (CPR) frequently result in a large amount of body fluids, such as saliva and vomit. Performing these procedures in a less controlled environment (e.g., crowded room, moving vehicle) increases risk of exposure for EMS personnel. If conducted, perform these procedures under safer circumstances (e.g., stopped vehicle, cleared room, hospital destination).

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During pre-hospital resuscitation procedures (intubation, open suctioning of airways, cardiopulmonary resuscitation):

In addition to recommended PPE, respiratory protection that is at least as protective as a NIOSH-certified fit-tested N95 filtering mask or higher should be worn (underneath a facemask).

Additional PPE must be considered for these situations due to the potential increased risk for contact with blood and body fluids including, but not limited to, double gloving, disposable shoe covers, etc.

If blood, body fluids, secretions, or excretions from a patient with suspected Ebola come into direct contact with the EMS provider's skin or mucous membranes, then the EMS provider should immediately stop working. They should wash the affected skin surfaces with soap and water and report exposure to an occupational health provider and supervisor for follow-up.

Recommended PPE should be used by EMS personnel as follows:

PPE should be worn upon entry into the scene and continued to be worn until personnel are no longer in contact with the patient.

PPE should be carefully removed without contaminating one's eyes, mucous membranes, or clothing with potentially infectious materials.

PPE should be placed into a medical waste container at the hospital or double bagged and held in a secure location.

Re-useable PPE should be cleaned and disinfected according to the manufacturer's reprocessing instructions and EMS agency policies.

Instructions for putting on and removing PPE have been published online at

<http://www.cdc.gov/HAI/prevent/ppe.html> and

<http://www.cdc.gov/vhf/ebola/pdf/ppe-poster.pdf>[PDF - 2 pages].

Hand hygiene should be performed immediately after removal of PPE.

Reporting measures by EMS personnel after caring for a suspected or confirmed Ebola patient

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EMS personnel with exposure to blood, bodily fluids, secretions, or excretions from a patient with suspected or confirmed Ebola should immediately:

- Stop working and wash the affected skin surfaces with soap and water. Mucous membranes (e.g., conjunctiva) should be irrigated with a large amount of water or eyewash solution;
- Contact occupational health for assessment and access to post-exposure management services; and Notify a supervisor as described earlier in this policy.
- Receive medical evaluation and follow-up care, including fever monitoring twice daily for 21 days, after the last known exposure. They may NOT continue to work while receiving twice daily fever checks or until they are deemed no longer infectious to others.

EMS personnel who develop sudden onset of fever, intense weakness or muscle pains, vomiting, diarrhea, or any signs of hemorrhage after an unprotected exposure (i.e., not wearing recommended PPE at the time of patient contact or through direct contact to blood or body fluids) to a patient with suspected or confirmed Ebola should:

- Not report to work or immediately stop working and isolate themselves;
- Notify their supervisor, who will notify local and state health departments;
- Contact occupational health/supervisor for assessment and access to post-exposure management services; and
- Comply with work exclusions until they are deemed no longer infectious to others.

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