

NEW HAVEN DEPARTMENT OF POLICE SERVICE

GENERAL ORDERS



GENERAL ORDER 2.04

EFFECTIVE DATE: April 11, 2023

BLOODBORNE/AIRBORNE PATHOGENS, HEPATITIS B VACCINATION, TB TESTING POLICY

2.04.01 PURPOSE

The purpose of this General Order is to provide officers with guidelines for preventing the contraction of the AIDS virus, Hepatitis B, and other bloodborne/airborne pathogens and to be in compliance with OSHA 29-CFR 1910.1030.

2.04.02 POLICY

It is the policy of the New Haven Department of Police Service (NHPD) to take all reasonable measures to allow its members to perform their duties in a safe and effective manner. The safe performance of daily operations is threatened by any bloodborne/airborne pathogen virus that can be contracted through exposure to infected blood and several types of bodily secretions. Therefore, it is the policy of this agency to continuously provide employees with information and education on the prevention of these diseases, provide up-to-date safety equipment and procedures that will minimize their risks of exposure and to institute post-exposure reporting, evaluation and treatment for all members exposed to these diseases.

Employees of the NHPD shall not discriminate against any individual known or suspected of being infected with HIV and any other disease, such as tuberculosis and hepatitis. Such individuals shall be provided with the same compassion and consideration as afforded to any

other person. Information or records concerning the medical status of these individuals shall be considered confidential in accordance with the Health Information Portability and Accountability Act of 1996 (“HIPAA”) and shall not be released over the radio or in any reports to the public or the press.

This policy cannot address every disease, precaution, or circumstance of exposure. Departmental orders or directives that more specifically address particular diseases or pathogens should take precedence concerning those diseases.

2.04.03 DEFINITIONS OF TERMS

AIRBORNE PATHOGENS: An infection contracted by inhalation of microorganisms contained in air or water particles (droplet nuclei). These pathogens include, but are not limited to, Tuberculosis (TB), meningitis, influenza, measles, etc.

BLOODBORNE PATHOGEN: A communicable disease that can be transmitted by human body fluids.

BODILY FLUIDS: Blood, semen and vaginal fluids or other secretions that might contain these fluids, such as saliva, vomit, urine, or feces.

COMMUNICABLE DISEASE: Any bloodborne infectious disease, or bloodborne/airborne pathogen, that can be passed from one person to another by contact to skin with blood or any other potentially infectious material. This includes HIV (Human Immunodeficiency Virus), Tuberculosis (TB) or HBV (Hepatitis “B” Virus), or any other bloodborne/airborne pathogenic disease.

OCCUPATIONAL EXPOSURE: Any reasonable anticipated skin, eye, mucous membrane, or potential contact with blood or other potentially infectious materials that may result from the performance of an employee’s duties.

PERSONAL PROTECTIVE EQUIPMENT (PPE): Any item that prevents skin to skin contact, or contact with skin or work clothes to any blood or body fluids that may be present (protective latex/vinyl gloves, face shields, breathing masks, gowns, face masks, as may be required, etc.).

UNIVERSAL PRECAUTIONS: An approach to infection control that assumes that all human blood, or body fluids, is infected with HIV, HBV, TB or any other bloodborne/airborne pathogen.

2.04.04 EXPOSURE DETERMINATION

This exposure determination indicates those members of the Department at risk of exposure to bloodborne/airborne pathogens and when, during the course of their employment, these members are at risk.

JOB CLASSIFICATIONS INVOLVING OCCUPATIONAL EXPOSURE

The following list of job classifications are those within the Department in which all employees within each classification may be expected to have occupational exposure to bloodborne/airborne pathogens.

- Bureau of Identification detectives
- Detention officers – Booking
- Property room sworn and civilian personnel
- Police garage personnel
- Sworn police officers
- Building maintenance personnel

The following chart of job classifications are the same as those listed above and are those within the department that may have occupational exposure to bloodborne/airborne pathogens. All employees in these categories perform tasks or procedures in the routine performance of their jobs and may be exposed to blood or potentially infected materials:

JOB CLASSIFICATION	TASK OR PROCEDURE
Bureau of Identification detectives	Fingerprint analysis, firearms examination. Examination / collection of physical evidence.
Detention officers	Processing / care of custodial arrestees.
Property room personnel	Receives evidence.
Garage personnel	Vehicle repair and maintenance. Inspections of motor vehicles involved in accidents.
Sworn police personnel	Performing arrests. Arson investigations. Crime Scene processing. Drug enforcement activities. Evidence handling or seizures. HAZMAT activities. Medical assists / transports. “Pat down” searches. Arrestee processing / transports. Evidence search / seizure. Traffic accident investigations.
Building maintenance	Clean up or removal of biohazard materials.

2.04.05 TASKS AND PROCEDURES INVOLVING OCCUPATIONAL EXPOSURE

The following tasks are reasonably anticipated to involve exposure to blood, body fluids or other potentially infectious materials:

- Police response to accidents, incidents of violent crime and other incidents which pose a threat of exposure to the responding officer of blood and body fluids.
- Searches of suspects and/or their automobiles, homes, or other property.
- On-site investigations of crime scenes.
- Evidence seizure and control.
- Assaults, bites, needle punctures and other disruptive behavior encountered by police officers while performing their sworn duties.
- Packaging for disposal of infectious waste.
- Cleaning of possibly contaminated surfaces.
- Mechanic's duties. Specifically: general maintenance, repairs, cleaning, and decontamination of department vehicles.
 - **NOTE:** This exposure determination has been made without regard to the use of personal protective equipment.

2.04.06 TRAINING OF PERSONNEL

All infection control training materials will be appropriate in content and vocabulary to the educational level and language of members being trained. Training will be in compliance with OSHA Regulation 29 CFR Part 1910.1030, Occupational Exposure to Bloodborne Pathogens. The Department's Academy Commander through designated instructors, shall run the training program(s) that shall include:

- An accessible copy of the OSHA regulation at the following locations:
 - Training Library, Maintenance, and with the Department Safety Officer.
- A general explanation of the epidemiology and symptoms of bloodborne and airborne diseases.
- An explanation of the modes of transmission of bloodborne and airborne pathogens.
- An explanation of the Department's infection control plan.

- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices and personal protective equipment.
- An explanation of the basis for selection of personal protective equipment.
- Information on the Hepatitis B Virus, including information on the vaccine for this disease and its efficacy, safety, method of administration, benefits of being vaccinated and that the vaccine and vaccination will be offered free of charge.
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.

Members of the City of New Haven Department of Police Service will be required to complete:

- Initial training prior to the time of assignment to job classifications where occupational exposure may occur (See Exposure Determination). Members presently assigned to such job classifications who have not already received such training will complete such training within a reasonable period of time.
- Infection control refresher training at least annually thereafter.
- Information on the post-exposure evaluation and follow-up that the Department is required to provide for the employee following an exposure incident.
- An explanation of the signs and/or color coding required by law for biohazard materials.
- Information on the proper storage and disposal of regulated medical waste.
- An opportunity for interactive questions and answers with the person conducting the training session.
- Persons conducting infection control training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the services provided by this Department.
- Written training records will be maintained for a period of three (3) years from the date on which the training occurs. These records shall include:
 - The dates of the training sessions.

- The contents or a summary of the training sessions.
- The names and qualifications of all persons conducting the training.
- The names and job titles of all persons attending the training sessions.

2.04.07 HEALTH MAINTENANCE

All full-time employees of the New Haven Department of Police Service shall receive a pre-employment entrance physical performed by a designated physician or his/her designee. This examination shall certify that the member is fit for duty.

Work restrictions for reasons of infection control may be initiated by a designated physician or his designee. Prior to returning to duty, members will be cleared by the physician or his/her designee.

All members of the Department identified in Section 2.04.04 of this plan will be offered immunizations against the Hepatitis B Virus at a reasonable time and place and at no cost to the employee. This vaccination will be made available within ten (10) working days of employment. Recruits in Training will be offered this vaccine during their course of training.

Members may refuse immunizations or may submit proof of previous immunizations. Whenever members refuse such immunizations, they shall sign a refusal form. However, members who initially refuse may later receive immunizations upon request at no cost to the member. The Department will provide the physician or his/her designee administering the immunizations with a copy of the OSHA regulation, 29 CFR 1910.1030.

If (a) routine booster dose(s) of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) will be made available, also at a reasonable time and place and at no cost to the employee. Employees hired after January 1999 are entitled to request a titter (antibody test) after completion of the vaccine series, at no cost to the employee.

The City of New Haven Department of Police Service will maintain records in accordance with OSHA regulation, 29 CFR Part 1910.1030. Member participation in the infection control program will be documented, including:

- Name and Social Security number.
- Immunization records. NOTE: Immunization records may be kept off-site at the office of the designated physician, or designee, who administered the immunization.
- Circumstances of exposure to communicable diseases.
- Post-exposure medical evaluation, treatment, and follow-up.

- Additionally, members' health records will be maintained in accordance with OSHA regulation 29 CFR 1910.20.
- Medical records will not be released without the written consent of the member.
- Members may examine their own medical records and may request that copies be sent to their personal physician.
- All members' medical records relating to Hepatitis B vaccination and/or exposures shall be maintained for the duration of employment plus thirty (30) years.

2.04.08 PROCEDURES TO ELIMINATE OR MINIMIZE RISK OF EXPOSURE

Universal precautions are to be taken in order to prevent contact with blood or other potentially infectious materials. ALL BLOOD and most body fluids are considered to be infectious for bloodborne pathogens and must be handled with the utmost of care and in strict accordance with the procedures promulgated in this plan.

FIRST LINE OFFICERS

- Will be equipped with or have access to a kit consisting of rubber gloves, biohazard bags, alcohol sterile wipes or appropriate antiseptic cleanser, and a sharps container.
- The Quartermaster will ensure that all officers have access to both vinyl and latex gloves in all sizes.

POST INVESTIGATIVE PERSONNEL

- Plainclothes personnel, especially those assigned to Bureau of Identification, will wear protective equipment (including, but not limited to, disposable exam gloves, heavy rubber gloves, masks, and disposable coveralls) whenever the possibility exists for exposure to body fluids. Personnel assigned to Identification should take special care in that their work requires the removal of evidence possibly contaminated with body fluids such as blood and semen. The utmost of care must be taken in the bagging of evidence and in processing evidence contaminated by body fluids.

DISPOSAL OF CONTAMINATED EQUIPMENT

- Soiled gloves and personal protective equipment shall be placed in biohazard bags (provided by the Department), sealed, and brought to a disposal container clearly marked "Infectious Waste" which is in the basement of One Union Avenue near the Patrol elevator. This container, lined with biohazard bags, will be checked daily by the maintenance staff. The maintenance staff should contact the designated regulated waste hauler for proper disposal. The use of proper protective equipment is mandatory. All personnel will thoroughly wash before returning to duty.

SOILED CLOTHING

- Soiled clothing shall be placed in biohazard bags (provided by the Department), sealed, and brought to a clothing bin which is located outside of the gym entrance in the basement of One Union Avenue. The bags should be sealed and labeled with the officer's name, type of clothing and type of exposure (ie. blood/vomit). This container, lined with biohazard bags, will be checked daily by the Quartermaster. The Quartermaster should contact the City's designated regulated waste hauler for proper disposal or arrange for the item(s) to be laundered. Contaminated clothing should not be brought home.

REPLENISHMENT OF SUPPLIES

- After usage of any item in the Bloodborne kit, the officer will return the remaining items to the shift supervisor to arrange for replenishment. Extra kits will be available at police headquarters, supervisors' vehicles, and substations.

DECONTAMINATION OF POLICE VEHICLES

- In the event of the contamination of a police vehicle, the officer will lock up the vehicle and call the tow clerk for the removal of the vehicle to 710 Sherman Avenue Parkway for decontamination by a professional cleaning service. For a small area that needs to be decontaminated (i.e., a blood smear on the seat), the officers will decontaminate the vehicle with a fresh 10% bleach solution or acceptable substitute, E.g., "Dispatch," provided by the Department. Manufacturer recommended contact times shall be strictly followed.

DISPOSAL OF NEEDLES

- When encountering an object to be disposed of in a sharps container, the employee should safeguard the area and arrange for the delivery of a sharps container to the site. The employee should not transport the object without first placing it into a sharps container. Needles and other sharps will be handled with personal protective equipment.

DEAD ANIMALS

- The Police Department is not responsible for the removal and/or disposal of dead animals. Public Works should be contacted for dead animals, except birds, in which case the Health Department should be contacted.

2.04.09 POST-EXPOSURE EVALUATION AND FOLLOW-UP PROCEDURE**GENERAL**

In the event that a member of the Department is exposed to blood and/or body fluids, the Supervisor shall complete a memo and PMA will be notified. The employee will also meet with the Department Safety Officer and complete form CNHRM 1030a Bloodborne Pathogen Exposure Form within 24 hours or if circumstances prohibit this then as soon as possible.

The employee will be offered the option of having their blood collected for testing of the employee's HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status. However, if the employee decides prior to that time that testing will or will not be conducted, then the appropriate action can be taken, and the blood sample discarded. The employee will be offered post-exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.

The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.

The medical provider shall evaluate the exposure and determine the appropriate course of treatment.

The Department Safety Officer has been designated as the person responsible to assure that the policy outlined here is effectively carried out, and the records pertaining to this policy are maintained.

SIMPLE EXPOSURE TO BODY FLUIDS

In the event that any member of the Department is exposed to body fluids, the exposed area must be washed with an appropriate antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. This rule applies even when the requisite protective equipment has been worn.

ASSAULTS, BITES, NEEDLE PUNCTURES AND OTHER DISRUPTIVE BEHAVIOR

In the event that any member of the Department is assaulted, bitten or otherwise injured and is exposed to body fluid (blood, semen, saliva) the following protocol will be followed:

1. Encourage the wound to bleed by applying pressure and "milking the wound."
2. Wash the area thoroughly with the appropriate antiseptic hand cleanser and soap and water.
3. Seek immediate medical attention.

4. Notify PMA
5. The employee's Supervisor shall complete a memo.
6. The employee shall complete the Bloodborne Pathogen Exposure form with the Safety Officer.

During the confidential medical evaluation, the employee must detail the routes of entry and circumstances of the exposure to the person conducting the evaluation. This evaluation shall include:

- Post-exposure prophylaxis, when medically indicated, counseling, and evaluation of reported illnesses.

POST-EXPOSURE EVALUATION PROCEDURE – HIV TESTING

Reference is made here to Section 19a-582 C.G.S. In cases of occupational exposure, testing for HIV can be performed without informed consent so long as the following conditions are met:

- The employee must be able to identify and document the source individual as well as document "significant" exposure while performing job duties. Significant exposure is defined as a parenteral exposure (e.g., a needlestick or cut) or mucous membrane exposure (e.g., a splash to the eye), exposure to blood, or a cutaneous exposure involving large amounts of blood, or prolonged contact with blood, especially when the exposed skin is chapped, abraded, or afflicted with dermatitis.
- The employee must have completed a First Report of Injury within 48 hours of exposure that identified the parties to the exposure, witnesses, time, place, and nature of the event. This information will be provided to the health care professional responsible for evaluating an employee after an exposure incident.
- The employee must have submitted to baseline HIV testing within 72 hours of exposure, and the test results must be negative.
- The person or persons' physician must have approached the subject and sought voluntary consent, and the individual must have refused consent to testing (except if the individual is deceased).
- The employee's treating physician must have determined that the first three criteria (cited above) were met, that the employee had a significant exposure and that the individual to whom the employee was exposed has refused consent for testing. If the individual is in the care or custody of a health facility, correctional facility or other institution and a blood sample is available, the sample may be tested without consent; if a sample is not available, blood may be drawn and tested. If the individual is not in the care or custody of a health or other facility, the employee may seek a court order for testing. The Chief's Office of the New Haven Department of Police Service shall

assist the employee in obtaining such court order. Generally, a court order cannot be issued to require testing unless there is a “clear and imminent danger to the public health or the health of a person for whom there is compelling need” to obtain an HIV-related test result.

- The cost of the HIV test is covered by the City of New Haven, consistent with workers’ compensation rules.
- The Department will obtain and provide the employee with a copy of the evaluating health care professional’s written opinions.
- Note: Existing Department of Police Service rules still apply, in particular, those rules regarding the filing of Workers’ Compensation claims and of claims for post-incident care.

TUBERCULOSIS EXPOSURE AND TESTING

TUBERCULOSIS (TB) SYMPTOMS: Productive cough, coughing up blood, weight-loss, loss of appetite, lethargy, weakness, sweating, and fever are common signs of active TB.

GENERAL PROCEDURES

Since tuberculosis is spread by inhaling bacteria suspended in the air, some preventive measures can be taken whenever a person transported or confronted is subsequently found or suspected to have active tuberculosis. The following procedures shall be followed:

- If the person is not in a police vehicle do not place him in it, if at all possible.
- If an arrestee must be transported in a police vehicle to a correctional facility, court, or lock-up:
 - Open both front windows and lower the rear windows approximately an inch or two to promote ventilation
 - Turn on the police vehicle ventilation system in a non-circulating setting
 - Apply an N95 particulate mask on the arrestee if they will tolerate it
 - The officer shall use an N95 particulate mask.
- If the prisoner is coughing, spitting, or is uncooperative or combative, after restraining him, use personal protective equipment (mask, gloves, etc.) while in the arrestee’s presence.
- If custody is absolutely necessary, arrange for the arrestee to be transported directly to a medical facility for evaluation, but do not bring the person to the detention facility unless absolutely necessary.

PREVENTION AND CLEAN-UP PROCEDURES

- Vehicle clean-up requires ventilation and interior wash-down, using a bleach solution (1:10) or disinfectant, as the airborne bacteria can survive for up to 4 hours.
- Tuberculosis is not easily caught by a healthy individual and many people have tuberculosis because they are in poor general health with impaired or compromised immune systems (the arrestee may be HIV positive, if so, be alert to blood or body fluid exposures).
- Change out of and dry clean outerwear as soon as possible.
- Notify a supervisor about the possible TB exposure.
- Arrange for a TB skin test and other appropriate medical follow-ups.

This supersedes General Order 2.04, Bloodborne Pathogens – issued on December 23, 2015.

*This General Order was approved by the Civilian Board of Police Commissioners on April 11, 2023.

Karl Jacobson
Chief of Police

Date