

# Communicable Diseases

## 1007.1 PURPOSE AND SCOPE

This policy provides general directives to assist in minimizing the risk of department members contracting and/or spreading communicable diseases and to further establish a procedure for responding to any such exposure.

In accordance with Occupational Safety and Health Administration (OSHA) standards regarding a person's exposure to human blood or other potentially infectious materials, department members who come into contact with human blood, blood products, body fluids, or other potentially infectious materials shall treat the materials as infectious at all times and shall take the necessary precautions when coming into contact with these materials. Department members shall comply with the procedures described within this policy relative to responding to a potentially infectious exposure, which includes reporting, evaluating, and providing treatment to members following such an exposure.

### 1007.1.1 DEFINITIONS

Definitions related to this policy include:

**Blood Borne Pathogen** - Any microorganism present in human blood, other bodily fluid, or tissue which can cause a disease in humans, and for which testing is recommended by the United States Public Health Service and OSHA's Blood Borne Pathogens Standard.

**Communicable disease** - A human disease caused by microorganisms that are present in and transmissible through human blood, bodily fluid, tissue, or by breathing or coughing. These diseases commonly include, but are not limited to, hepatitis B virus (HBV), HIV and tuberculosis.

**Exposure** - When an eye, mouth, mucous membrane, abraded skin, or non-intact skin comes into contact with blood or other potentially infectious materials, or when these substances are injected or infused under the skin; when an individual is exposed to a person who has a disease that can be passed through the air by talking, sneezing or coughing (e.g., tuberculosis), or the individual is in an area that was occupied by such a person. Exposure only includes those instances that occur due to a member's position at the Fargo Police Department. (See the exposure control plan for further details to assist in identifying whether an exposure has occurred.)

**Infectious Materials** - Includes human blood, blood products, or other body fluids considered to be potentially infectious such as saliva, semen, vaginal secretions, amniotic fluid, synovial fluid, pleural fluid, pericardial fluid, and peritoneal fluid. An infectious material may also include any unfixed tissue or organs other than intact skin from a living or dead human being.

**Personal Protective Equipment (PPE)** - Includes, but is not limited to, gloves, facial protection, eyewear, shoe covers, protective cap and/or gown, or any equipment worn by an employee and intended to be a barrier between an employee and infectious material.

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**Health Care Provider** - Any person licensed, certified, or otherwise authorized by law in the State of North Dakota to provide health care, including personnel at the state crime laboratory or any commercial or research laboratory authorized to handle blood, body fluids, or body tissue.

#### **1007.2 POLICY**

The Fargo Police Department is committed to providing a safe work environment for its members. Members should be aware that they are ultimately responsible for their own health and safety.

#### **1007.3 EXPOSURE CONTROL OFFICER**

The Chief of Police will assign a person as the Exposure Control Officer (ECO). The ECO shall develop an exposure control plan that includes:

- (a) Exposure-prevention and decontamination procedures.
- (b) Procedures for when and how to obtain medical attention in the event of an exposure or suspected exposure.
- (c) The provision that department members will have no-cost access to the appropriate personal protective equipment (PPE) (e.g., gloves, face masks, eye protection, pocket masks) for each member's position and risk of exposure.
- (d) Evaluation of persons in custody for any exposure risk and measures to separate them.
- (e) Compliance with all relevant laws or regulations related to communicable diseases, including:
  1. Ensuring completion of the mandatory notification to the North Dakota Department of Health and Human Services of any known reportable diseases (N.D.C.C. § 23-07-02; N.D.C.C. § 23-07-02.3).
  2. Responding to requests and notifications regarding exposures covered under the Ryan White law (42 USC § 300ff-133; 42 USC § 300ff-136).

The ECO should periodically review and update the exposure control plan and review implementation of the plan.

#### **1007.4 EXPOSURE PREVENTION AND MITIGATION**

##### **1007.4.1 GENERAL PRECAUTIONS**

All members are expected to use good judgment and follow training and procedures related to mitigating the risks associated with communicable disease. This includes, but is not limited to:

- (a) Stocking disposable gloves, antiseptic hand cleanser, CPR masks or other specialized equipment in the work area or department vehicles, as applicable.
- (b) Wearing department-approved disposable gloves when contact with blood, other potentially infectious materials, mucous membranes and non-intact skin can be reasonably anticipated.

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- (c) Washing hands immediately or as soon as feasible after removal of gloves or other PPE.
- (d) Treating all human blood and bodily fluids/tissue as if it is known to be infectious for a communicable disease.
- (e) Using an appropriate barrier device when providing CPR.
- (f) Using a face mask or shield if it is reasonable to anticipate an exposure to an airborne transmissible disease.
- (g) Decontaminating non-disposable equipment (e.g., flashlight, control devices, clothing and portable radio) as soon as possible if the equipment is a potential source of exposure.
  - (a) Clothing that has been contaminated by blood or other potentially infectious materials shall be removed immediately or as soon as feasible and stored/decontaminated appropriately.
- (h) Handling all sharps and items that cut or puncture (e.g., needles, broken glass, razors, knives) cautiously and using puncture-resistant containers for their storage and/or transportation.
- (i) Avoiding eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses where there is a reasonable likelihood of exposure.
- (j) Disposing of biohazardous waste appropriately or labeling biohazardous material properly when it is stored.

#### 1007.4.2 IMMUNIZATIONS

Members who could be exposed to HBV (Hepatitis B) due to their positions may receive the HBV vaccine and any routine booster at no cost. Any member who chooses to decline the vaccination shall sign a waiver indicating the risks of HBV have been explained to them and of their decision to decline the vaccination. Department members may elect to have the HBV vaccination administered to them at a later date at the Department's expense.

All medical records associated with a department member's exposure to an infectious material shall be kept in the member's medical file, maintained by Fargo member Health, for the duration of the member's employment with the Fargo Police Department, plus 30 years.

#### **1007.5 DISPOSAL/CLEANING OF CONTAMINATED PERSONAL EQUIPMENT OR OTHER EQUIPMENT**

All disposable PPE, or other equipment requiring disposal due to bio-hazardous contamination, shall be placed in a properly labeled "bio-hazard" bag immediately after its use. The "bio-hazard" bag and its contents shall be placed in an appropriately designated disposal container and disposed of accordingly.

All non-disposable equipment which contains, or is likely to contain, an infectious material shall be cleaned as soon as possible by using soap and water and/or a disinfectant and allowed to air dry. When necessary and practical to do so, police uniforms, footwear, or other member clothing containing, or likely to contain, an infectious material shall be placed in a properly labeled "bio-

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hazard" bag and placed in an appropriately designated container so it can be professionally cleaned.

- When you cannot remove footwear which has been contaminated with blood or other bodily fluids, the footwear should be disinfected as follows:
  - Put on nitrile gloves and remove as much of the contaminant as possible by wiping footwear with a disposable cloth, paper towel, etc.
  - Spray the entire exposed surface of the footwear liberally with Clorox Hydrogen Peroxide and let the spray dry on the surface for 60 seconds (the time needed to kill all pathogens)
  - After 60 seconds, you may wipe the surface dry or you may allow it to air dry.

If a large area has been contaminated, or is likely to have been contaminated with an infectious material; i.e. restrooms, hallway, interior of a police vehicle, etc., the department member who discovers or is otherwise made aware of the contaminated area shall immediately notify the Shift Commander who shall make the necessary arrangements to have the area professionally cleaned. Small areas of contamination may be cleaned by a department member by using a disinfectant, but only when the member is utilizing PPE.

#### **1007.6 POST EXPOSURE**

##### **1007.6.1 INITIAL POST-EXPOSURE STEPS**

Members who experience an exposure or suspected exposure shall:

- (a) Begin decontamination procedures immediately (e.g., wash hands and any other skin with soap and water, flush mucous membranes with water and/or saline may be used to wash the area). The member shall also remove and properly dispose of or store any clothing, which may have been contaminated.
- (b) A member who has been exposed to any infectious material or has reason to believe they may have been exposed to any such material, shall notify a supervisor as soon as practicable after such exposure.

##### **1007.6.2 REPORTING REQUIREMENTS**

The assigned supervisor shall investigate every exposure or suspected exposure that occurs as soon as possible following the incident. The supervisor shall ensure the following information is documented:

- (a) Name of the member exposed.
- (b) Date and time of the incident.
- (c) Location of the incident.
- (d) Any potentially infectious materials involved and the source of exposure (e.g., identification of the person who may have been the source).
- (e) Any work being done during exposure.
- (f) How the incident occurred or was caused.

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- (g) PPE in use at the time of the incident.
- (h) Actions taken post-event (e.g., clean-up, notifications).
- (i) Complete a workers compensation report.

The supervisor shall advise the member that disclosing the identity and/or infectious status of a source to the public or to anyone who is not involved in the follow-up process is prohibited. The supervisor shall be responsible for the timely notification to the City of Fargo Human Resources Department and employee health.

#### 1007.6.3 MEDICAL CONSULTATION, EVALUATION AND TREATMENT

Department members shall have the opportunity to have a confidential medical evaluation immediately after an exposure and follow-up evaluations as necessary.

The ECO should request a written opinion/evaluation from the treating medical professional that contains only the following information:

- (a) Whether the member has been informed of the results of the evaluation.
- (b) Whether the member has been notified of any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

No other information should be requested or accepted by the ECO.

#### 1007.6.4 COUNSELING

The Department shall provide the member, and his/her family if necessary, the opportunity for counseling and consultation regarding the exposure.

#### 1007.6.5 SOURCE TESTING

Testing a person for communicable diseases when that person was the source of an exposure should be done when it is desired by the exposed member or when it is otherwise appropriate. Source testing is the responsibility of the ECO. If the ECO is unavailable to seek timely testing of the source, it is the responsibility of the exposed member's supervisor to ensure testing is sought.

Source testing may be achieved by:

- (a) Obtaining consent from the individual.
- (b) Acquiring mandatory court-ordered testing under N.D.C.C. § 23-07.5-02.
- (c) The North Dakota Department of Health and Human Services disclosing test results for an exposed person (N.D.C.C. § 23-07.5-06).

Since there is the potential for overlap between the different manners in which source testing may occur, the ECO is responsible for coordinating the testing to prevent unnecessary or duplicate testing.

The ECO should seek the consent of the individual for testing and consult the City Attorney to discuss other options when no statute exists for compelling the source of an exposure to undergo testing if the individual refuses.

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#### **1007.7 CONFIDENTIALITY OF REPORTS**

The results of any blood borne pathogen testing are subject to strict non-disclosure rules and regulations {N.D.C.C. 23-07.5-02}. Department members shall adhere to all laws of the State of North Dakota regarding the disclosure of any blood borne pathogen testing conducted on behalf of the Fargo Police Department, or as a result of an member's exposure to infectious material in the performance of their job duties.

Department members may disclose the results of any blood borne pathogen testing conducted on their behalf to another department member, but only when the disclosure of the test results are necessary to protect the health and safety of another member who has had an exposure, as defined within this policy, with the person who was the source of the test results.

A source person's identity may not be disclosed under any circumstances other than those allowed by law. Under North Dakota law, the unlawful disclosure of a source person's identity is a Class C felony. Any department member who disclosed the identity of a source person in violation of law or this policy is subject to both criminal prosecution and department imposed discipline.

#### **1007.8 TRAINING**

All members shall participate in training regarding communicable diseases commensurate with the requirements of their position. The training:

- (a) Should be provided at the time of initial assignment to tasks where an occupational exposure may take place and at least annually after the initial training.
- (b) Should be provided whenever the member is assigned new tasks or procedures affecting his/her potential exposure to communicable disease.
- (c) Should provide guidance on what constitutes an exposure, what steps can be taken to avoid an exposure and what steps should be taken if a suspected exposure occurs.

#### **1007.9 REVISION DATE 09/03/2024**