

**AOM CHAPTER P-159****CONTAGIOUS DISEASES****Table of Contents**

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**I. Introductory Discussion**

- A. In the normal course of their duties, police personnel may be exposed to persons either having or carrying contagious diseases. The Northampton Police Department shares the concern of its personnel as to the possibility of their being exposed to and contracting contagious diseases, including AIDS/HIV, Hepatitis, TB and other serious communicable diseases. Personnel are encouraged to take steps to limit their chances of infection when exposed to persons either having or carrying such diseases. It is the expectation of the department that persons having or carrying contagious diseases be dealt with in a proper and respectful manner and that the privacy rights of such persons, relative to their diseases, be observed.

**II. Preventing Exposure**

- A. Obtaining Information:
  - 1. Before patting down a detainee in the field or in the station, or before going through a detainees clothing or property, police officers should ask detainees if they have any needles or other sharp objects on their person or in their clothing or property, with which the officers could be injured.
  - 2. When processing detainees in the booking room, police personnel should inquire of the detainees if they have any

contagious diseases, what the diseases are and if treatment is required for them.

3. In order to maintain the rights of privacy of persons known or suspected of having or carrying contagious diseases, no member of this department shall disclose any information relative to such persons' health unless it is necessary and permitted by law.

#### B. Wearing Protective Equipment

1. In the station, police personnel should wear protective latex/vinyl gloves when having physical contact with detainees and/or when handling detainee property.
2. Police personnel should carry protective latex/vinyl gloves on their person and use them when they are exposed to blood or body fluids or when handling objects or materials with blood or body fluids on them. Police personnel should not touch their eyes or mouths until after removing their protective gloves and washing their hands.
3. When handling hypodermic needles and/or syringes, police officers should wear protective latex/vinyl gloves and should never touch the needle itself. Also, officers should take proper precautions to ensure that they and others are not subject to a needle stick injury. Police personnel should **never** attempt to recap a needle or a syringe.
  - a. Likewise, when handling any sharp objects, police personnel should wear protective latex/vinyl gloves. Avoid having contact with the blades, points or sharp edges of sharp objects, especially when it is known or suspected that they may have or have had blood or bodily fluids on them.
4. Police personnel should carry with them their issued CPR masks and one-way valves and use them when performing

CPR. After using their CPR masks and one-way valves, police personnel should properly cleanse and sanitize them.

5. Police personnel should wear eye protection and protective masks when there is a possibility of blood or other bodily fluids splashing or spraying into the eyes, mouth or nose.
  6. Officers should wear the proper N95 certified protective masks when dealing with detainees known to have or suspected of having serious lung diseases such as Tuberculosis.
- C. Police coming to work with cuts, abrasions or other wounds should make sure that these wounds are properly bandaged or covered.
1. Police personnel sustaining cuts, abrasions or other wounds while on duty should thoroughly cleanse and properly bandage or cover them. If medical attention is warranted, it shall be provided in accordance with departmental procedures entitled *Work Related Injury*.

### III. Post Exposure Procedures

- A. Police personnel should thoroughly wash their hands and other contacted body parts after having physical contact with detainees, detainee property, or blood or body fluids from any source. The frequent use of ethyl alcohol hand rinse is **required** as is the use of soap and water as often as possible after each contact.
- B. If a body fluid contact to a wound should occur, police personnel should squeeze or milk the wound to encourage active bleeding. This will help to wash out infective agents. The wound should then immediately be washed with soap and water and covered with a protective dressing. Medical attention should be sought as soon as possible in accordance with departmental procedures. The names of all persons who participated in the handling or care of a person responsible for the contamination should be recorded, regardless of whether or not there is a transport to the hospital.

- C. In cases when police personnel are exposed to blood or body fluids of a person who is treated at the hospital, police personnel should make out an *Unprotected Exposure Form* and file the original with the hospital Infection Control Officer, a copy to the facility that received the patient from whom you received the exposure, as well as with the Officer-in-Charge of the shift. The Officer-in-Charge will in turn provide this copy to the Captain of Administration for filing, as well as a copy to the department's designated Infectious Control Supervisor.
1. In this situation, the hospital Infection Control Officer will determine if the patient has an infectious disease, and if the officer's documented exposure was capable of transmitting that disease. If it is determined to be a problem, the Infection Control Officer will notify the officer.
- D. If a person responsible for a contaminated exposure has AIDS, other evidence of HIV infection, has a positive antibody test, or declines testing, police personnel who have had body fluid to wound exposures should be tested as soon as possible for HIV infection. If the test proves negative, the exposed police personnel should be retested after six (6) months and periodically as necessary.
- E. In the case of a detainee sustaining a wound, proper medical attention should be afforded to him/her, not only to address the medical need, but also to reduce the potential for contamination.

#### **IV. Contaminated Objects**

- A. Contaminated equipment, such as handcuffs, should be cleaned with hot soapy water, rinsed in clean water, rewashed in an alcohol or a diluted bleach solution (1 part bleach to 10 parts water) and allowed to air dry.
1. Cruisers and other contaminated equipment should be cleaned after every body fluid contact. See the AOM chapter entitled *Maintenance of Police Vehicles*.

- B. Soiled clothing should be changed out of and laundered as soon as possible.
  
- C. Police personnel are to follow any and all requirements that may be established by this department or the city, regarding the proper handling and/or disposal of contaminated or suspected contaminated waste materials.

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