



SACRAMENTO POLICE DEPARTMENT GENERAL ORDERS



522.05 INFECTIOUS DISEASE EXPOSURES 05-28-2024

PURPOSE

The Sacramento Police Department recognizes that infectious disease exposure is an occupational health hazard, and that infectious disease transmission is possible during any aspect of emergency response and/or routine on-duty operations. This General Order has been prepared to provide Department-specific procedures to minimize or eliminate employee exposure to bloodborne pathogens and aerosol-transmissible diseases. This policy was developed in accordance with State of California and City of Sacramento rules and regulations.

POLICY

It shall be the policy of the Sacramento Police Department that all employees shall use appropriate precautions to avoid or lessen their exposure to infectious diseases.

PROCEDURE

A. DEFINITIONS

1. **AEROSOL-TRANSMISSIBLE DISEASE (ATD):** A disease or pathogen that is transmitted by liquid or solid particles in the air including droplets, droplet nuclei, fomites, and dusts. These diseases include, but are not limited to, Tuberculosis (TB), Measles, Influenza, and COVID19.
2. **BLOODBORNE PATHOGENS (BBP):** Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV).
3. **CONTAMINATED:** The presence, or the reasonably anticipated presence, of blood or other potentially infectious materials on a surface or an item.
4. **DECONTAMINATION:** The use of physical or chemical means to remove or inactivate infectious diseases on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
5. **DESIGNATED OFFICER (DO):** A employee trained in managing exposures to infectious diseases and designated by the Office of Personnel Services Division to conduct follow-up investigations with medical facilities regarding exposures. Medical facilities include, but are not limited to, hospitals, clinics, and the Sacramento County Coroner's Office.
6. **EXPOSURE INCIDENT:** Contact by eye, mouth, mucous membrane, non-intact skin, or a parenteral contact with blood or OPIM that may result from the performance of an employee's duties.
7. **OTHER POTENTIALLY INFECTIOUS MATERIALS (OPIM):** OPIM include certain human bodily fluids that are contaminated by blood, such as: semen, vaginal secretions, any other bodily fluid that is visibly contaminated with blood, such as, saliva or vomitus, and all bodily fluids in situations where it is difficult or impossible to differentiate between fluids or their source.
8. **PARENTERAL CONTACT:** Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.
9. **PERSONAL PROTECTIVE EQUIPMENT (PPE):** Specialized clothing or equipment worn or used for protection against a hazard (e.g., gloves, masks, goggles, face shields, etc.). This does not include general work clothes (e.g., uniforms, pants, shirts).
10. **RYAN WHITE CARE ACT:** Legislation passed by Congress in 1990 regarding fair treatment of people infected with the HIV/AIDS virus. A section of this act mandates that first responders have a right to know if they were exposed to life-threatening diseases while providing care.
11. **SOURCE PATIENT:** A person who is the source on an exposure to an infectious disease.



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B. HANDLING INFECTED PERSONS

1. Appropriate PPE must be used when there is a likelihood of an occupational exposure. After use, contaminated gloves should be turned inside out and shall be disposed of in a trash receptacle.
2. Subjects suspected of having an infectious disease who have bodily fluids on their person or clothing shall be transported individually.
3. When transporting subjects who are sick, officers should place a mask (if safe and available) over the subject's nose and mouth and ventilate the vehicle by rolling down the windows.
4. When such persons are relinquished to other public safety or service agencies, officers shall advise of their infectious disease concerns and precautions.
5. When such persons are placed in a Department holding facility, an "Isolation Area-DO NOT ENTER" sign shall be posted on the exterior of the door after the person has vacated the room so the room can be properly decontaminated prior to use by others.

C. DECONTAMINATION

1. Employees:
 - a. Wash hands and contaminated skin with soap and water, as soon as possible, following contact with blood or OPIM. Mucous membranes must be flushed with water.
 - b. If immediate handwashing is not feasible, promptly use disposable antiseptic towelettes and waterless hand sanitizer to disinfect the exposed area.
2. Equipment:
 - a. Equipment that may be contaminated by blood or OPIM must be examined, cleaned, and disinfected prior to being placed back in service. Equipment that cannot be disinfected shall be discarded in an appropriate trash receptacle. Officers shall wear PPE for all equipment cleaning.
 - b. Leather Gear: Wash with saddle soap and water.
 - c. Body Armor: Remove vest. For small, contaminated areas, spot clean with soap and water, followed by disinfectant. For large, contaminated areas, check manufacturer's instructions for cleaning and decontamination. Failure to follow the manufacturer's instructions may void the warranty.
 - d. Plastic and Metal Duty Gear: Wash with soap and water and/or a disposable sanitizing wipe to disinfect.
 - e. Medical Kit: If any part of a medical kit becomes contaminated and cannot be sanitized, place items in a sealed bag and deliver to the Evidence and Property Division. The Armorer can re-issue another medical kit and supplies. If needed, contact the Narcan coordinator for a new supply of Narcan.
3. Laundry:
 - a. A uniform will be deemed contaminated if it has been exposed to droplets of any bodily fluid, including blood or OPIM.
 - (1) Contaminated laundry shall be handled as little as possible with a minimum of agitation.
 - (2) Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.
 - (3) Contaminated laundry shall be placed and transported in bags or containers labeled "biohazard" with a fluorescent orange biohazard symbol sticker, sufficient to permit all employees to recognize the containers as requiring compliance with universal precautions.
 - (4) Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through or leakage of fluids to the exterior.
 - (5) The department shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.



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(6) If the department sends contaminated laundry off-site for cleaning to a facility which does not utilize universal precautions in the handling of all laundry, the department shall ensure the contaminated laundry is placed in bags or containers which are labeled or color-coded sufficient to indicate biohazard contamination.

4. Vehicles:

a. When a city vehicle becomes contaminated with bodily fluids, officers shall deadline the vehicle at the appropriate city garage. The officer shall complete the SPD Fleet Management Equipment Repair Request Form, indicate the nature of the contamination and park the vehicle in the deadline area. The city will rely on contracted companies to disinfect the vehicle in compliance with regulatory requirements.

5. Holding Facilities:

a. Temporary custody areas contaminated with blood, ATDs, or OPIM shall be disinfected by a member of the custodial staff using a solution of freshly mixed bleach and water at a 1:10 dilution ratio or an Environmental Protection Agency (EPA) approved disinfectant.

6. Housekeeping:

a. All counter tops, work surfaces, and floors must be disinfected when exposed by using an EPA approved disinfectant or a solution of freshly mixed bleach and water at a 1:10 dilution ratio.

D. HANDLING AND STORAGE OF CONTAMINATED PROPERTY AND EVIDENCE

1. Personnel responsible for handling and storage of property or evidence shall wear PPE when working with contaminated items. When finished, employees shall wash hands thoroughly with soap and water and dispose of used PPE in a trash receptacle.

2. Contaminated items of property and evidence shall:

- a. If dry, be placed in a paper bag, with the proper evidence tag and a bio-hazard label attached to the outside of the package.
- b. Place sharp items in a puncture resistant container. If needles are exposed, employees shall not break, bend, or cap prior to appropriate booking.
- c. Liquids shall be collected and stored in a plastic evidence bottle. If located on clothes or similar materials, air dry and package as above.
- d. All evidence and property shall be booked in compliance with General Order 525.01 (Evidence & Property).

E. EXPOSURE DETERMINATIONS

1. Employees must follow the procedures listed below for any occupational exposures. However, employees may request a medical examination for any level of exposure if they have concern about the potential for infection. Employees are encouraged to contact the Department DOs for any questions and concerns.

- a. Level 1 Exposure: Close proximity to potentially infectious materials or person. No action is required.
- b. Level 2 Exposure: Contamination of clothing, equipment or unprotected intact skin. Clean and disinfect with soap and water.
- c. Level 3 Exposure: Contact with a person's bodily fluid or OPIM through non-intact skin, mucous membranes (nose or mouth), eye membranes, or needlestick injury. Documentation is required and possible medical attention is needed.

F. POST-EXPOSURE PROCEDURES

1. Officers shall notify the district sergeant of possible exposure. If available, sergeants shall respond to the scene and determine the exposure level.

- a. Level 1 or 2 exposures: Involved officers may complete an Emergency Response Employee Report and route to the Department DO.



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- b. Level 3 exposure: The sergeant shall notify the on-call DO immediately, complete a Report of Industrial Injury Form (WC001), Worker's Compensation Claim Form (DWC1), if medical attention is sought, Emergency Response Employee Report form, and route all forms to the Department DO.
 2. If the source patient is known or in custody, attempts shall be made to gain consent for a blood draw. If the source patient consents, they shall be transported to an emergency room for the blood draw. The transporting officer shall advise hospital staff of the exposure.
 3. The blood sample drawn from the source patient will be tested for Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), Human Immunodeficiency Virus (HIV), and syphilis. Once those results are available, hospital staff will contact the Department DO. It is the responsibility of the Department DO to contact the exposed officer and provide them with the results. Test results are confidential and shall only be shared with the exposed officer unless further exposure is required by law.
 4. Arrested persons shall not be transported to a custody facility for the purpose of receiving a blood sample related to an exposure. After an arrestee is relinquished to a custodial agency, testing for an exposure is not possible.
 5. If the source patient is in custody, they shall be transported to jail, cited/released, or issued a certificate of release.
 6. After an out-of-custody source patient is discharged from a medical facility, they are free to leave after they are discharged.
 7. If a source patient refuses to participate with testing, the Department DO shall contact the City Attorney's Office to obtain a court order. To obtain a court order, the source patient must be an arrestee.
 8. Post-exposure treatment will be provided to an exposed officer, if the source patient is positive for Hepatitis B, Hepatitis C, or HIV/AIDS. The full Hepatitis B vaccination series will be made available within 24 hours to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or OPIM, regardless of whether a specific exposure has been identified.
 9. Counseling and medical follow-up for reported illnesses will be provided by the city.
 10. If an incident becomes a case for the Coroner's Office:
 - a. The responsible sergeant shall immediately notify the Department DO and follow the Level 4 exposure procedure.
 - b. The Department DO shall contact the Coroner's Office and provide the necessary information of the incident to tending pathologist or staff member. A request will be made for the pathologist to perform the necessary tests to determine the presence of infectious diseases.
 - c. The Department DO will follow-up with Coroner's Office personnel to obtain test results. The DO shall then confidentially notify the exposed employee of the test results and, if necessary, coordinate post-exposure treatment.
- G. TRAINING AND RECORDKEEPING
1. Annual training is required for employees who have the potential for occupational exposure to infectious diseases. All training shall be documented and include an opportunity for employees to ask questions, which can be answered within 24 hours by a knowledgeable person.
 2. Department DO's records regarding employee post-exposure follow-up shall be considered confidential medical files and shall be kept separate from employee personnel files.
 3. In accordance with California Division of Occupational Safety and Health (OSHA) requirements, employees shall complete annual TB testing and Flu vaccinations, even if participating in the voluntary service.