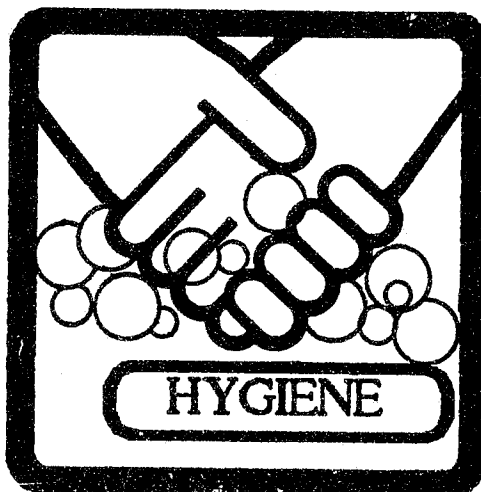


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INFECTIONOUS DISEASE CONTROL PROCEDURES

TRAINING BULLETIN 88-04
SAN FRANCISCO POLICE DEPARTMENT

NCJRS

APR 6 1988

ACQUISITIONS

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TRAINING BULLETIN

88-04

SAN FRANCISCO POLICE DEPARTMENT

2/18/88

INFECTIOUS DISEASE CONTROL PROCEDURES

CHAPTER I

The purpose of this bulletin is to acquaint members with the infectious disease control procedures and precautions to be used in situations involving potential infectious disease transmission.

I. CONCEPT

- A. Recently, several developments have occurred which have raised serious new concerns among health care workers, police officers, and other emergency personnel about Acquired Immune Deficiency Syndrome (AIDS), and other infectious diseases.
- B. The recent appearance of antibodies to Human Immuno-deficiency Virus (HIV), the virus believed responsible for AIDS, in a health care worker at San Francisco General Hospital raises to at least thirteen the number of health care workers who have been infected with HIV through accidental needlesticks or exposure to contaminated blood or body fluids.
- C. Although the rate of accidental HIV infection is quite low, the consequences of infection are serious. Several clinical studies, including three being conducted in San Francisco, suggest that the mortality rate for those infected with HIV is much higher than previously thought. Some researchers believe that mortality will reach one hundred percent.
- D. Because HIV is bloodborne and not transmitted through air or by water, the Centers for Disease Control (CDC) of the US Public Health Service recommends that "universal" blood and body fluid precautions should be used whenever contact with a hypodermic needle or the blood or other body fluids of ANY person is anticipated.
- E. Universal precautions are based upon the degree of exposure to potentially contaminated blood or body fluids, and not upon characteristics of an individual, such as sexual orientation, perceived drug usage, or assumed medical condition.

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II. DEPARTMENT POLICY

It is the policy of this department that members shall comply with all infectious disease control precautions and procedures described in this bulletin, General Order D-19, and future infectious disease control orders and bulletins.

- A. These procedures include proper searching of persons and property; handling of hypodermic needles or other sharp items potentially contaminated with blood or body fluids; infectious disease exposure precautions; cleaning and decontamination procedures; physical evidence procedures; housekeeping and waste disposal measures; and supplies.

III. CERTIFICATION

The medical information in this bulletin is current as of December, 1987. The infectious disease control procedures and guidelines described in this bulletin are endorsed by the San Francisco Department of Public Health.

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CHAPTER II

I. SEARCHES

- A. As accidental needlesticks represent the most common potentially infectious exposure in law enforcement, officers should use the utmost caution in searching persons and property
- B. Assume that every subject to be searched may possess a hypodermic needle, razor blade, file, or similar small sharp object.
- C. Officers should tell the subject to remove all items from pockets, to turn pockets inside out and, when appropriate, to remove bulky external clothing for closer inspection. Officers should inquire specifically about needles and sharp items before a search of a subject is conducted.
- D. If a subject admits possession of a needle or sharp item, the officer should instruct the subject to remove the item. If the subject refuses, the subject should be physically restrained before the officer attempts to remove the item.
- E. Officers should conduct a light pat-type search of areas where needles or sharp items may be located before employing a groping-type search of the area.
- F. A visual inspection of property should be made before officers search the property. Purses, bags, eyeglass cases, or other containers should be emptied and the contents visibly examined before the property is handled.
- G. Officers should not insert their hands between or under vehicle seats, or into any other area before visually examining the area.

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CHAPTER III

I. HYPODERMIC NEEDLES

The CDC and the San Francisco Department of Public Health (SFDPH) have recommended that hypodermic needles, syringes, and other sharp items contaminated with blood or body fluids be considered "infectious waste," subject to specific guidelines for handling and disposal.

- A. Hypodermic needles and syringes shall not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. Members should not attempt to mark the items. After they are recovered, disposable syringes and needles and other sharp items which are contaminated by blood or other body fluids, shall be carefully placed in a plastic puncture-resistant containers, which must be sealed securely with tape before booking.
- B. If a plastic puncture-resistant container is not available, members should take whatever steps are necessary to isolate and secure the hypodermic needle or other sharp item until a proper container can be located.
- C. The secured container may be labeled or marked as necessary. The secured container along with its contents shall be placed into a property or evidence envelope, clearly marked "CAUTION - BIOHAZARD/item description (needle, knife, etc.)." For example, a contaminated needle would be marked "CAUTION - BIOHAZARD/needle."
- D. Occasionally, a needle, syringe, or other potentially contaminated sharp item may be recovered which may be disposed of rather than booked. If the item is to be disposed of, it shall be placed into an approved "sharps collection container." Potentially contaminated items shall not be disposed of in any other manner.

- E. When a collection container is filled, it shall be closed and sealed. The member who seals the container shall notify the Property Control Division, which shall arrange for the disposal of the collection container. The collection containers shall not be disposed of in any other manner.

- F. The plastic puncture-resistant containers and approved sharps collection containers are available from the Property Control Division.

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CHAPTER IV

I. INFECTIOUS DISEASE EXPOSURE PRECAUTIONS

A. Handwashing

1. Hands and other skin surfaces contaminated with blood or other body fluids shall be washed immediately and thoroughly. Hands shall also be washed before and after eating, and after removing disposable gloves or bandages.
2. Hands should be washed with warm or hot water and with any available soap. Special germicidal soap is desirable, but not necessary. Hands should be washed for at least thirty seconds before rinsing.
3. If thorough handwashing is not possible, germicidal handwipes should be used, followed by a thorough washing when practical.

B. Disposable Gloves (Barrier Precautions)

1. Intact skin is the most important barrier against potential infection, and is a fundamental part of the body's immune system. If a member has any rash, skin infection, acne, cuts, or other skin breaks on his/her hands or other body part, he/she should apply a bandage to the area. Any bandage should be changed if it becomes wet or soiled.
2. Disposable gloves shall be worn by all members when touching blood and body fluids, eye, nose or mouth membranes or non-intact skin of ALL persons, and for handling ALL items or surfaces moist with blood or body fluids. Gloves contaminated by blood or body fluids shall be changed. Members should avoid touching their own eyes, nose, mouth or broken skin with contaminated gloves. Contaminated gloves may be disposed of as ordinary waste.

3. Gloves do not protect against needlesticks or puncture wounds. If a glove is torn, it shall be removed and a new glove put on as promptly as officer safety permits.

C. Other Barriers

1. Cardiopulmonary resuscitation (CPR) masks shall be issued to members in assignments where the need for resuscitation is predictable, or where CPR masks are required by law. While on duty, members shall have available a department-issued CPR mask.
2. Protective eyewear and clothing are available to members to prevent exposure of the mouth, nose, and eyes during specialized procedures, or during situations likely to generate substantial splashes or soiling from blood or body fluids. Each deputy chief, in consultation with the Police Physician and the Commanding Officer, Personnel Division, shall identify the procedures or situations requiring such protection.

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CHAPTER V

I. CLEANING AND DECONTAMINATION

A. Decontamination occurs in two steps: cleaning and disinfection. DISINFECTION CANNOT TAKE PLACE UNLESS EQUIPMENT IS PHYSICALLY CLEAN.

B. Clothing

1. Although soiled clothing has been identified as containing microorganisms, the risk of actual disease transmission is negligible. Sterilization or disinfection is not required for clothing.
2. When contaminated by blood or body fluids, clothing should be changed as soon as possible. Until clean clothing can be obtained, members should physically remove as much soilage as possible. This may be done by scraping dry, crusted soilage with a disposable or easily washable item, and wiping or washing wet soilage with a cloth or paper towel that can be thrown away.
3. Materials used to help clean clothing can be disposed of in any trash receptacle. If equipment such as a knife is used to help clean clothing, it may be washed with any soap under running warm or hot water.
4. Washable clothing may be washed in any washing machine, including home washers. Use regular laundry detergent in the amount recommended for that type of clothing. Use warm or hot temperature for the most effective cleaning.
5. Clothing that requires dry cleaning may be professionally cleaned without additional precautions.

C. Equipment

1. Disposal equipment:
 - a. Disposable equipment that becomes contaminated with small or moderate amounts of blood or body fluids may be disposed of as ordinary waste.

2. Reusable equipment:

- a. Reusable equipment, such as handcuffs or gloves, that becomes contaminated with blood or body fluids shall be placed in a closed paper or plastic bag, then taken to a decontamination area for cleaning and decontamination.

D. Decontamination:

1. Each unit shall establish a decontamination area to be used for cleaning and disinfection procedures, and for the storage of necessary decontamination supplies.
2. Cleaning: Physical removal of soilage with an effective and safe product is the first step in decontamination. On washable equipment use an approved non-ionic detergent. Household detergents are not appropriate.
3. Disinfection: Disinfection is required for equipment that will come in contact skin or mucous membranes, or for environmental surfaces like floors, tables, or counters, that become soiled with blood or body fluids. It is quite important that surfaces or equipment be soaked for the prescribed time:
 - a. Environmental surfaces (floors, walls, tables, counters) should be left wet for ten minutes or more with an approved disinfectant.
 - b. For non-metal items (plastic, wood, etc.) which may come into contact with skin, wet for ten minutes or more with an approved disinfectant.
 - c. For metal items that may come into contact with skin, use a disinfectant approved for use with metal items.
 - d. Leather items must be returned to the Property Control Division for professional cleaning and decontamination, or replacement as indicated.
 - e. Waste produced during the decontamination process may be disposed of as ordinary waste. Waste water and other fluids may be poured down any drain.

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CHAPTER VI

VII. PHYSICAL EVIDENCE PROCEDURES

- A. Hypodermic needles, syringes, and other potentially contaminated sharp items shall be handled as indicated in Chapter III of this bulletin.
- B. Unless absolutely sure to the contrary, members should treat all physical evidence contaminated with blood or body fluid as infectious.
- C. Members may contact the Crime Laboratory or a Crime Scene Investigative Unit for advice or assistance whenever the following conditions exist:
 - 1. Physical evidence is contaminated by blood or body fluids;
 - 2. Physical evidence contaminated by blood or body fluids must be air-dried before packaging or;
 - 3. Physical evidence contaminated with blood or body fluids must be frozen.
- C. Disposable gloves should be used when examining or handling property contaminated with blood or body fluids.
- D. All other property shall be collected and preserved as described in Training Bulletin 83-06, "The Collection and Preservation of Physical Evidence."

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CHAPTER VII

I. HOUSEKEEPING AND WASTE DISPOSAL

- A. In general, environmental surfaces such as walls, floors, and other surfaces are not associated with transmission of infections; therefore extraordinary attempts to disinfect or sterilize these environmental surfaces are not necessary unless a specific contamination has occurred.
- B. When body fluids are spilled onto environmental surfaces, the visible material shall be removed followed by disinfection by wetting the surface for ten minutes or more with an approved disinfectant. Gloves shall be worn during the cleaning purpose.
- C. Identifying waste for which special handling is indicated is largely a matter of judgment about the relative risk of disease transmission, as there is no epidemiological evidence that disposal procedures have caused disease as a result of improper disposal.
- D. Generally, waste generated by units, such as material used to clean surface areas, may be disposed of as ordinary waste.
- E. Special handling of infectious wastes is only necessary when hypodermic needles, syringes, or other sharp items are involved (see Chapter III).

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CHAPTER VIII

I. SUPPLIES

- A. The supplies that are necessary to comply with the provisions of this bulletin, General Order D-19, and future infectious disease control orders and bulletins, are listed below and are available from the Property Control Division. This listing is subject to change. Specific product specifications will be determined by the Planning and Criminalistics Divisions.
- B. Plastic puncture-resistant containers
- Sharps collection containers
 - Germicidal soap
 - Germicidal handwipes
 - Disposable gloves
 - CPR masks
 - Protective eyewear
 - Protective clothing
 - Approved non-ionic detergent
 - Approved disinfectant for non-metal items
 - Approved disinfectant for metal items