

<b>YUMA COUNTY SHERIFF'S OFFICE</b>
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<b>SUBJECT: Communicable Disease Control Plan</b>	<b>POLICY NO: 302.1-302.12</b>
<b>DISTRIBUTION: Patrol; Detention; and Administration</b>	<b>NO. PAGES: 12</b>
<b>EFFECTIVE DATE: 07/01/03</b>	<b>RE-EVALUATION DATE: 04/0104</b>
<b>SPECIAL INSTRUCTIONS: Replaces Policy No. 717.1-717.10</b>	

**302.1      PURPOSE:**

The purpose of this policy is to safeguard Yuma County Sheriff's Office ("Office") employees who may have been exposed to a communicable disease during the course of their duties.

**302.2      POLICY:**

This policy sets forth the guidelines to safeguard Office employees who may have been exposed to a serious or life-threatening communicable disease during the course of their duty.

The risk of contracting a communicable disease during the course of duty is minimal if proper safety precautions are followed in performance of job responsibilities.

This does not relieve employees from the obligation of performing their duties.

**302.3      DEFINITIONS:**

- A.    **Blood:** Human blood or blood components and products made from human blood.
- B.    **Blood-Borne Pathogens:** Pathogenic microorganisms that are present in human blood and can cause disease in humans:

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1. Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome (HIV/AIDS): A virus that attacks a person's immune system and reduces the ability to fight other diseases making the infected person vulnerable to life-threatening illnesses such as pneumonia, meningitis, and cancer.
  2. Hepatitis B/Hepatitis C: A viral infection that can result in jaundice, cirrhosis, cancer of the liver. A preventive vaccination is available for Hepatitis B.
- C. Communicable Disease:** Any disease capable of being transmitted from one person to another. For the purpose of this order, the term includes, but is not limited to, the diseases known as AIDS, HIV, hepatitis B, tuberculosis, and meningitis.
- D. Contaminated:** The presence or the reasonably anticipated presence of blood or other potentially infectious material (OPIM) on an item or surface.
- E. Contaminated Sharps:** Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
- F. Conversion:** A change in tuberculin skin test results from negative to positive based upon current Centers for Disease Control and Prevention (CDC) guidelines.
- G. Decontamination:** The use of physical or chemical means to remove, inactivate, or destroy blood borne pathogens on a surface or item until they are no longer capable of transmitting infectious particles and the surface or item is safe for handling, use, or disposal.
- H. Engineering Controls:** Controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the blood-borne pathogens hazard from the workplace.
- I. Exposure Incident:** A specific eye, mouth, other mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an



employee's duties or an event in which an employee has been exposed to an individual with confirmed infectious TB without benefit of applicable exposure control measures.

- J. **Occupational Exposure:** Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials or other contact with an individual with suspected or confirmed infectious TB or air that may contain aerosolized tuberculosis, that may result from the performance of an employee's duties. This may include, but is not limited to, performing first aid, conducting forensic analysis, or handling of materials potentially contaminated with blood, body fluids, etc.
- K. **Other Potentially Infectious Materials (OPIM)** Human body fluids such as semen, or vaginal secretions, or body fluids visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; also, any unfixed tissue or organ (other than intact skin) from a human, living or dead.
- L. **Parenteral:** Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.
- M. **Personal Protective Equipment (PPE):** Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, uniform items, pants, or shirts) not intended to function as protection against a hazard are not considered to be personal protective equipment.
- N. **Regulated Waste:** Liquid or semi-liquid blood or OPIM; contaminated items that could release blood or OPIM in a liquid or semi-liquid state if compressed; items with dried blood or OPIM that are capable of releasing materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or OPIM.
- O. **Respirator** A device worn by an individual and intended to provide the wearer with respiratory protection against inhalation of airborne contaminants.

- P. Tuberculosis** The disease caused by the Mycobacterium Tuberculosis bacillus. The bacteria can attack any part of the body but usually attacks the lungs.
- Q. Universal Precautions** An approach to infection control - According to the concept of universal precautions for HIV, hepatitis and other blood-borne pathogens.

**302.4 AT-RISK JOB CLASSIFICATIONS:**

- A. The following people have been identified as those reasonably anticipated to be at a **high risk** for occupational exposure to communicable diseases. This determination is made due to the fact that the following employees have the potential to be in direct contact with high risk carriers and/or are frequently in direct contact with other employees who have the potential to be in direct contact with high risk carriers through the performance of their assigned duties.
1. All sworn employees and reserves;
  2. All Detention Center personnel;
  3. All Administrative and civilian staff members who have direct contact with at risk carriers; and
  4. All Volunteers who have direct contact with at risk carriers.
- B. Employees are not considered to have occupational exposure merely because they have routine contact with the public.

**302.5 AT-RISK CARRIERS:**

- A. The following people have been identified as high risk carriers of communicable diseases:
- B. Intravenous drug users;
  - C. Undocumented aliens;
  - D. Homeless individuals;

- E. Lower income individuals; and
- F. Combative or self-harming individuals.

**302.6 COMMUNICABLE DISEASE TRAINING:**

- A. Personnel Training: The Office's Training Bureau shall provide employees with information and training, to be provided no later than ten (10) days from the date of hire.
- B. The training will be conducted in compliance with OSHA Regulations and CDC regulations and guidelines.
- C. Record Keeping:
  - 1. Training records will be maintained in accordance with OSHA Regulations, AZPOST requirements and Training Bureau regulations.

**302.7 PREVENTATIVE MEASURES:** Universal precautions shall be observed to prevent contact with blood or OPIM.

- A. Work Practice Controls: Work practice controls will be reviewed and updated annually as new information becomes available and/or when new employee positions with the potential for exposure are created.
- B. Hand Washing: Frequent hand washing is an important safety precaution. Soap and warm water is normally adequate. Employees shall wash their hands immediately after removing gloves or other personal protective equipment (PPE). After physical contact with any person, employees should not eat, drink, or smoke until they have washed their hands.
- C. Handling Blood or OPIM Samples: Food or drink shall not be kept in refrigerators or freezers, on shelves, in cabinets, or on counter tops or bench tops where blood or OPIM may be present.



- D. Sharps Handling: At no time shall an employee attempt to recap needles or cap sharps. Universal precautions shall be followed as all sharps are placed in the appropriate disposal containers.
- E. Employees should avoid stepping in any body fluids, as shoes and other clothing may become contaminated.
- F. All procedures involving blood or OPIM shall be performed to minimize splashing, spattering, spraying, or generating droplets of these substances.
- G. Mouth pipetting or suctioning of blood or OPIM is prohibited.
- H. Specimens of blood or OPIM shall be placed in leak-proof containers
- I. Gloves or Other Protective Items: These items will be worn when it can be reasonably anticipated that the employee may have hand contact with blood or OPIM, mucous membranes, broken skin, or when handling or touching contaminated items or surfaces.
  - 1. Disposable (single-use) gloves shall be replaced as soon as practical when contaminated, torn, punctured, or when their ability to function as a barrier is compromised.

**302.8 HEPATITIS B VACCINATIONS:** Employees with occupational exposure will be offered the opportunity to be vaccinated against hepatitis B at no cost to employees.

- A. Vaccines will be administered by the contracted health service provider in accordance with manufacturers' recommendations and Centers for Disease Control guidelines.
- B. Participation in the Hepatitis B Vaccination Program
  - 1. It is the employee's decision whether or not to participate in the Hepatitis B vaccination program. If the employee elects not to participate in the program, he/she must sign a Waiver declining participation. (See, Attachment A.)
- C. Documentation of Vaccination Program: The Human Resources Division of the Yuma County Sheriff's Office shall maintain each employee's vaccination record.

## 302.9

**EXPOSURE TO BLOOD-BORNE PATHOGENS:**A. Decontamination

1. Wear latex gloves or other PPE when cleaning up body fluid spills.
2. To be effective, disinfection and decontamination must be accomplished as soon as possible after exposure to blood or OPIM.
3. Soap and water should be used along with a disinfecting agent.
4. Common household bleach mixed with water is an acceptable decontaminant for cleaning surfaces that have become contaminated. The solution is a 1:10 solution of bleach and water.
5. Liquid alcohols evaporate rapidly and are not recommended as decontaminants. Alcohol foams or gels are acceptable decontaminants for surfaces or equipment.
6. All contaminated material is to be bagged in a red bio-hazard bag and disposed of in a designated bio-hazard bin located in the facility.

B. Disinfecting Contaminated Vehicle Seats, Door Handles, etc.

1. Wear latex gloves or other PPE when cleaning up body fluid spills.
2. Scrub vehicle seats or areas exposed to blood, body fluids, or contaminated clothing with a 1:10 solution of bleach and water.
3. Allow the area to soak in the bleach solution for 5 to 10 minutes, then rinse thoroughly.

4. If the interior of a vehicle becomes contaminated, no other persons will be transported in that vehicle until it is decontaminated.
- C. Post Exposure and Follow-Up Employees who become aware that they have had an exposure incident while on duty, will immediately notify their supervisor.
1. Supervisor's Responsibilities:
    - a. Notify the Department's Safety Compliance Officer of the exposure within **twenty-four (24) hours** of the incident.
    - b. Ensure that all clothing and equipment that were possibly contaminated are placed in a bio-hazard bag to be decontaminated.
    - c. If inside the Office, ensure that the exposed employee shower **immediately**. The employee will not be allowed to go home to shower and decontaminate.
    - d. If outside the Office, direct the exposed employee to report to the nearest Office sub-station, fire department, health care clinic or hospital. The exposed employee will be further instructed to remove and bag all clothing and equipment and shower **immediately**.
    - e. Notify Office employees who may have been exposed to the disease. If those personnel are off duty, employees will be contacted at home.
    - f. Notify any other agencies whose personnel had contact with the infected person. That agency will be responsible for notifying their employees.
    - g. Ensure that all necessary paperwork is completed, including an incident report, Workers Compensation forms and a Report of Significant Work Exposure to Bodily Fluids (See, Attachment



B) shall be delivered to the Safety Compliance Officer upon completion.

D. Documentation: In exposure situations, employees will complete the following forms:

1. Report of Significant Work Exposure to Bodily Fluids.

**The supervisor and affected employee shall make a copy of the forms and forward them to the Department's Human Resources Division. The original form will be forwarded to the Yuma County Human Resources Department for processing. The employee will be provided with a copy of the form.**

E. Treatment of Employees Exposed to Blood-borne Pathogens

1. Injured Employees:

a. Employees who have been seriously injured will be treated in the Yuma County Detention Center Medical Department or at the nearest emergent care facility.

b. When injuries require medical attention in excess of first-aid treatment, but the need is not urgent, employees may choose to be treated by a participating Workers Compensation physician.

### 302.10 TUBERCULOSIS (MYCOBACTERIUM TUBERCULOSIS):

A. The U.S. Department of Health and Human Services, Centers for Disease Control (CDC), in conjunction with OSHA, have developed regulations for limiting occupational exposure to tuberculosis.

B. Every at risk employee will undergo a tuberculin skin test on a yearly basis. The Department's Human Resources Division will maintain annual testing records for each employee and notify each employee of requisite re-testing.

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C. These following guidelines will be followed when contacting person(s) with known or suspected tuberculosis.

1. Transmission

- a. Transmission of this disease may occur when a person who has infectious pulmonary or laryngeal tuberculosis sneezes, coughs or speaks.
- b. These actions generate airborne material that, if inhaled by a non-infected person, can infect the non-infected person.

2. Identification of Persons with Tuberculosis

- a. When an employee comes into contact with a person who they suspect may have tuberculosis, the employee should assume that the person is infectious and take universal precautions, including respiratory protection.
- b. Employees must take into consideration that people infected are not always aware that they have tuberculosis and must use good judgment and take precautions as necessary.

3. Precautionary Measures

- a. If an employee believes that a person has or may have infectious tuberculosis, the employee should prevent inhalation of infectious material with the use of respiratory protection.
- b. Employees contacting person(s) known to have or suspected of having tuberculosis will move the person(s) outside, if possible.
- c. If this is not possible, open doors and/or windows and ventilate the area if fans are available.

- d. When dealing with a person with a chronic cough, employees will minimize close contact whenever possible.
4. Transporting Prisoners Employees transporting prisoners known or suspected of having tuberculosis will:
- a. Notify a supervisor prior to transporting.
  - b. Ensure that prisoners are not transported with other prisoners.
  - c. Notify Detention personnel if prisoner is known to have or suspected of having tuberculosis.
- D. Exposure to Tuberculosis
1. Notification
- a. Anytime an employee comes in contact with a person known or suspected of having tuberculosis, the employee will immediately contact a supervisor, who will notify the Department's Safety Compliance Officer.
  - b. Supervisors will be responsible for notifying other Department employees who may have been exposed to the disease.
2. Documentation
- a. An Injury and Illness Incident Report (OSHA Form 301) will be completed. (See, Attachment C)
  - b. The Illness Incident Report and Workers Compensation forms shall be delivered to the Safety Compliance Officer upon completion.
  - c. The forms will be forwarded through the chain of command to the Office Human Resources Division.



3. Treatment

- a. All employees are required to seek medical evaluation, treatment, and counseling when they are exposed or suspect they have been exposed to tuberculosis.
- b. A tuberculin skin test will be administered to the exposed employee.

**302.11**      **TETANUS:**

All employees will be offered a tetanus vaccination when hired. Thereafter, all employees will be offered a tetanus vaccination every ten (10) years as prescribed by the CDC and Yuma County Health Department.

**302.12**      **AMENDMENT:**

This policy is subject to amendment, revision and/or rescission, as required.