LAW ENFORCEMENT POLICY CENTER

Communicable Disease Prevention

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The IACP Law Enforcement Policy Center creates four types of documents: Model Policies, Considerations, Concepts & Issues Paper, and Need to Know one-page summaries. Typically, for each topic, either a Model Policy or a Considerations document is created, supplemented with a Concepts & Issues Paper. This file contains the following documents:

- ***Model Policy****:* Provides law enforcement departments with concrete guidance and directives by describing the manner in which actions, tasks, and operations are to be performed.
- ***Concepts and Issues Paper****:* Designed to provide context and background information to support the Model Policy or Considerations document for a deeper understanding of the topic.

Model Policy

Updated: October 2020

Communicable Disease Prevention

I. Purpose

The purpose of this policy is to provide guidelines for law enforcement officers in limiting or preventing exposure to communicable diseases.

II. Policy

It is the responsibility of this agency to ensure that its employees are able to perform their duties in a safe and effective manner. The safe performance of daily operations can be threatened by life-endangering communicable diseases. It shall be the policy of this department to provide employees with up-to-date training and information that will help minimize potential exposure while increasing employee understanding of the nature, risks, and routes of transmission of the diseases.

III. Definitions

Airborne: When infectious agents can be carried by dust or droplet nuclei suspended in air and transmitted to new hosts. Airborne particles can settle on surfaces but can also be easily moved by wind currents and can be blown over great distances. This is in contrast to droplet spread where the droplets are too heavy to maintain in the air and quickly fall to the ground. Examples of airborne diseases include anthrax, chicken pox, and measles.

Bacteria: Single-celled microorganisms that can cause diseases and are treated with antibacterial medications. Some examples of diseases caused by bacteria include cholera, tuberculosis, syphilis, gonorrhea, and tetanus.

Bloodborne: When infectious agents can be transmitted by blood. Needlesticks and other sharps-related injuries may expose officers to bloodborne pathogens. Examples of bloodborne diseases include AIDS, hepatitis B, and hepatitis C.

Bodily Fluids: Any liquid secretions of the body such as blood, semen, vaginal fluids, saliva or mucus, urine, diarrhea, vomit, and sweat.

Communicable Disease: An illness caused by an infectious agent or its toxins that occurs through the direct or indirect transmission of the infectious agent or its products from an infected individual or via an animal, vector, or the inanimate environment to a susceptible animal or human host.[1]

Contaminated: Presence or reasonably anticipated presence of potentially infectious materials on an item or surface.

Decontamination: The process of removing or neutralizing a hazard from the environment, property, or life form.[2]

[1] Centers for Disease Control and Prevention (CDC), "Menu of Suggested Provisions For State Tuberculosis Prevention and Control Laws," s.v., "communicable disease," citing New York Health Code 24RCNY § 11.01 (2010), https://www.cdc.gov/tb/programs/laws/menu/definitions.htm.
[2] Institute of Medicine, *Chemical and Biological Terrorism: Research and Development to Improve Civilian Medical Response* (Washington, DC: The National Academies Press, 1999), https://www.ncbi.nlm.nih.gov/books/NBK230674/.

Direct Transmission: Transmission of an infectious agent to a host by direct contact (such as skin-to-skin contact, kissing, sexual intercourse) or via droplets.

Droplets Spread: The direct spread of an infectious agent through relatively large, short-range aerosols produced by sneezing, coughing, and talking. Spread can occur over a few feet, but droplets will quickly fall to the ground because they are too large to be carried on air particles. Examples of diseases transmitted by droplet spread include the common cold, the flu, measles, SARS, COVID-19, etc.

Exposure: Subjection to an infectious disease.

Exposure incident: A specific eye, mouth, or other mucous membrane, nonintact skin, or piercing through the skin (through events such as needle sticks, human bites, cuts, or abrasions) contact with blood or other potentially infectious materials.

Indirect Transmission: Transmission of an infectious agent to a host through suspended air particles, inanimate objects (vehicles), or animate intermediaries (vectors).[3]

Vehicles: Inanimate objects that indirectly transmit infectious agents by carrying or providing a suitable environment for them. Examples include food, water, and biological fluids.

Vectors: Animate intermediaries between infectious agents and potential hosts. Some examples include flies, worms, mosquitoes, rats, bats, and ticks.[4]

Incubation Period: The time between exposure to a pathogen and the development of the first symptoms of a disease.

Pathogen: A bacterium, virus, or other microorganism that can cause disease in its host.

Symptoms: The combination of bodily expressions that indicate the existence of a disorder or disease.

Virus: A non-living, infectious agent that can multiply in living host cells such as animal, plant, fungi, or bacteria cells.[5] Some examples of diseases caused by viruses include smallpox, the flu, COVID-19, and hepatitis.

IV. Example Communicable Diseases

Communicable diseases can be transmitted in many different ways. Below are descriptions of communicable diseases and their symptoms and mode of transmission:

- *Acquired Immunodeficiency Syndrome (AIDS)*: AIDS is caused by the advance stages of infection of the human immunodeficiency virus (HIV). HIV destroys the cells in the immune system, allowing for secondary infections easier access to the body. This disease can be transmitted through unprotected sexual encounters and contaminated blood or breastmilk. Symptoms of HIV infection vary depending on the phase of virus infection; they can range from a fever to chills to joint pain and a variety of other symptoms. It was estimated in 2016 that a total of 36.7 million people were living with HIV and a total of 1 million died from HIV-related reasons.[6]
- *Hepatitis A, B, & C*: Hepatitis is an inflammation of the liver. It can be caused by a number of substances and different types of viruses. Hepatitis A can spread from person to person or through contaminated food or water. Hepatitis B and C are examples of bloodborne diseases that can also be transmitted through other infected bodily fluids such as semen or saliva. Hepatitis B is more infectious and prevalent than AIDS. Its symptoms may include jaundice (yellowing of skin and eyes), vomiting, fever, and generally feeling weak. It can result in liver failure, liver damage, and liver cancer. Hepatitis C is contracted in a similar way but is more insidious, as chronic conditions like cirrhosis are more likely to develop. The individual may be unaware that they have hepatitis. It

[3] CDC, "Lesson 1: Introduction to Epidemiology, Section 10: Chain of Infection," https://www.cdc.gov/csels/dsepd/ss1978/lesson1/section10.html.

[4] Anthony James Wilson, et al, "What Is a Vector?" *Philosophical Transactions of the Royal Society* 372, https://royalsocietypublishing.org/doi/pdf/10.1098/rstb.2016.0085.

[5] Robert R. Wagner and Robert M. Krug, *Encyclopedia Britannica*, s.v. "virus," https://www.britannica.com/science/virus.

[6] World Health Organization, "HIV/AIDS," https://www.who.int/features/qa/71/en/.

may be discovered as an incidental finding when liver function tests are checked. If this is not treated, it may result in long-term severe liver damage.[7]

- *Coronavirus Disease 2019 (COVID-19)*: COVID-19 is a respiratory disease caused by a contagious virus known as SARS-CoV-2. This virus is part of a family of viruses known as coronaviruses that cause a range of respiratory illnesses such as the common cold, SARS, and MERS. Much like influenza, COVID-19 is thought to spread mainly by "person-to-person" contact via respiratory droplets. Common symptoms include fever, tiredness, dry cough, and difficulty breathing. The disease can lead to a variety of results ranging from mild symptoms to death.
- *Cholera*: Cholera is an acute, diarrheal illness caused by the bacteria *Vibrio cholerae*. Symptoms are typically mild or nonexistent; however, when severe symptoms emerge, diarrhea, vomiting, and leg cramps can occur that may lead to dehydration and shock. This is an example of a communicable disease that is transmitted through vehicles such as contaminated water or food. While in the United States, cholera is very rare, other populations in countries with epidemic cholera such as Africa, Asia, or Latin America have greater chances of exposure to the bacteria.[8]
- *Malaria*: Malaria is a serious communicable disease caused by a parasite found in mosquitoes. Symptoms include high fevers, shaking chills, and flu-like illness. This is an example of a disease that is bloodborne and transmitted indirectly by a vector (the mosquito). This bloodborne transmission mainly occurs when a mosquito bites an infected individual and later, when taking blood from another individual, injects a mix of the infected blood and saliva into a new person. The transmission can also occur through blood transfusions, organ transplants, shared contaminated needles or syringes, and potentially during childbirth. Malaria is most commonly seen in sub-Saharan Africa and South Asia.[9]
- *Tuberculous (TB)*: TB is a communicable disease caused by a bacterium called *Mycobacterium tuberculosis.* The disease commonly targets the lungs but can attack any part of the human body. Symptoms can include a prolonged bad cough, chest pain, and coughing up blood. TB is an example of an airborne disease where the bacteria can be put into the air through coughing or speaking.

V. PROCEDURES

A. Communicable Disease Prevention

1. In order to minimize potential exposure to communicable diseases, officers shall assume that all persons could be potential carriers, even if no symptoms are visibly present.
2. Disposable gloves shall be worn when handling any persons, clothing, or equipment suspected of carrying a communicable disease that can be transmitted through contact, including through bodily fluids.
3. Masks, protective eyewear, and coveralls shall be worn where bodily fluids, droplets, or pathogens on surfaces may be splashed onto the officer.
    a. In the case of transmission via droplets or airborne diseases, putting masks on prior to engagement with a contaminated person or area is advised.[10]
4. Plastic mouthpieces or other authorized barrier resuscitation devices shall be used whenever an officer performs CPR or respiratory resuscitation.

[7] CDC, "The ABCs of Hepatitis – for Health Professionals," https://www.cdc.gov/hepatitis/resources/professionals/pdfs/abctable.pdf.

[8] CDC, "Cholera," https://www.cdc.gov/cholera.

[9] CDC, "Malaria: Frequently Asked Questions," https://www.cdc.gov/malaria/about/faqs.html.

[10] CDC, " Infection Control: Transmission-Based Precautions," https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html.

5. All sharp instruments such as knives, scalpels, and needles shall be handled with extraordinary care, and should be considered potentially infectious.
    a. Gloves specifically designed to resist needle sticks, cuts, and abrasions shall be worn when searching for or handling sharp instruments. (Note: Standard leather gloves should not be worn. If they become contaminated, they must be disposed of in accordance with all applicable laws pertaining to the disposal of biohazardous waste.)
    b. Officers shall not place their hands in areas where sharp instruments might be hidden. An initial visual search of the area shall be conducted, using a flashlight where necessary. The suspect shall also be asked to remove such objects from their person.
    c. Needles shall not be recapped, bent, broken, removed from a disposable syringe, or otherwise manipulated by hand. Needles shall be placed in a puncture-resistant container when being collected for evidentiary or disposal purposes.
6. Officers shall not smoke, eat, drink, bite nails, or apply cosmetics near potentially contaminated areas or people.
7. Evidence contaminated with a communicable disease shall be dried, double-bagged in plastic bags, and marked to identify potential or known communicable disease contamination.
8. Human bites are very serious. Because of the bacteria in the human mouth, there is a high risk of infection. Injuries obtained from teeth on the hand or fist are equivalent to human bites and can be potentially serious. The most important thing is to wash the wound with soap and water—then seek medical evaluation.
9. In the case of a communicable disease that is airborne or transmitted through droplets, limiting exposure to a suspected infected person(s) and their surrounding surfaces altogether unless absolutely necessary is highly recommended.
    a. Using call centers to screen individuals with applicable questions is one potential way to keep officers informed of the type of personal protective equipment (PPE) and amount of exposure that is considered safe.

B. Transport and Custody

1. Depending on the particular situation,[11] officer discretion may be used in arresting or otherwise physically handling any person who may have a communicable disease, taking into account the availability of PPE for the officer and the severity of the offense.
2. In cases of suspected airborne diseases or diseases transmitted via droplets, suspect movement should be restricted. The number of officers in contact with the suspect should also be limited whenever possible.
3. Officers shall not put their fingers in or near any person's mouth.
4. Individuals that are potentially infected or have bodily fluids on their persons shall be transported in separate vehicles from other individuals after appropriate medical evaluation or treatment by paramedics or other qualified medical personnel. The individual shall be required to wear suitable protective covering if they are bleeding or emitting bodily fluids, where reasonable or possible.
5. Officers shall notify relevant support personnel during a transfer of custody when the suspect has bodily fluids present on their person.
6. Suspects taken into custody with a potential communicable disease or bodily fluids on their persons shall be placed directly in the designated holding area for processing and should change into uncontaminated clothing. Where reasonable or possible, the holding area shall be posted with an Isolated Area—Do Not Enter sign.

[11] Consult agency policy and applicable regulations.

7. In the case of transmission via droplets or airborne diseases, suspects should be provided masks (if possible) and instructed to follow proper hygiene etiquette such as coughing into elbows.[12] Personnel might not need to wear a mask or respirator during transport if the patient is wearing a mask
8. Officers shall document on the appropriate arrest or incident form when a suspect taken into custody has bodily fluids on their person.

C. Disinfection

1. Any unprotected skin surfaces that come into contact with bodily fluids or an infected individual shall be immediately and thoroughly washed with soap and warm water. Alcohol-based hand cleaning solutions or antiseptic towelettes shall be used where soap and water are unavailable.
    a. Hand lotion shall be applied after disinfection to prevent chapping and to seal cracks and cuts on the skin.
    b. All open cuts and abrasions shall be covered with waterproof bandages before the employee reports for duty.
2. Employees shall remove clothing that has been contaminated with bodily fluids as soon as practical. Any skin area that has come into contact with this clothing shall then be cleansed in the prescribed fashion. Contaminated clothing shall be handled carefully and laundered separately. Note: Lightly contaminated clothing shall not be laundered at home. The department shall make arrangements with a local health care facility or fire department that has laundry machines and procedures in place for the cleaning of contaminated clothing. Grossly contaminated clothing shall be disposed of in accordance with all applicable laws pertaining to the disposal of biohazard waste.
3. Disinfection procedures shall be followed whenever bodily fluids are spilled, or an individual has bodily fluids on their person or is suspected to have a communicable disease is transported in a departmental vehicle.
    a. A supervisor shall be notified, and the vehicle taken to the service center as soon as possible.
    b. Affected vehicles shall be designated by the posting of an Infectious Disease Contamination sign upon arrival at the service center and while awaiting decontamination.
    c. All organic matter shall be removed with an absorbent cloth before disinfectant is applied to the area.
    d. The affected area should be cleansed with a hospital-grade disinfectant. Employees shall not hose or flood the affected area.
4. Non-disposable equipment and areas upon which bodily fluids or a communicable disease has come into contact with shall be disinfected as follows:
    a. All bodily fluids shall first be removed with absorbent materials.
    b. The area shall be cleansed with a hospital-grade disinfectant.
5. All disposable equipment, cleaning materials, or evidence contaminated with bodily fluids shall be bagged and disposed of in compliance with current state or federal provisions for disposal of biologically hazardous waste material.

D. Supplies

1. Supervisors shall maintain the control and the proper storage in a convenient location of adequate infectious disease control and personal protective equipment (PPE) supplies for their units. Protective gloves, disinfecting materials, and other first-aid supplies shall be made readily available at all times.

[12] CDC, "Transmission-Based Precautions," https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html.

2. Supervisors are responsible for the dissemination of the communicable disease control and PPE supplies.
3. Where reasonably possible, all departmental vehicles shall be continuously stocked with the following communicable-disease control supplies:
    - Clean coveralls in appropriate sizes
    - Disposable gloves and gloves specifically designed to resist needle sticks, cuts, and abrasions
    - Puncture-resistant containers and sealable plastic bags
    - Barrier resuscitation equipment
    - Goggles
    - Masks appropriate for a variety of transmission methods such as air and droplet
    - Hospital-grade disinfectant
    - Disposable towelettes or waterless disinfection solutions (70 percent isopropyl alcohol)
    - Waterproof bandages
    - Absorbent cleaning materials
    - 'Isolation Area—Do Not Enter' signs
4. Employees who use the supplies carried in police vehicles shall ensure they are replaced.
5. Employees shall keep disposable gloves in their possession while on either motor or foot patrol.

E. Line-of-Duty Exposure to Communicable Diseases

1. Any employee who has been bitten by a person, stuck by a needle, or who has had direct physical contact with a potentially infected person or bodily fluids of an infected person, while in the line of duty, shall be considered to have been exposed.
2. A supervisor and a designated infectious disease control officer (DCO) or licensed infectious disease control practitioner shall be contacted, and all appropriate duty injury and medical forms shall be completed by the exposed officer and their supervisor.
3. If the incident is deemed an exposure, the officer shall be transported to the appropriate health care facility for clinical and serological testing, as recommended by the designated officer (DO).
    a. The department shall provide for the continual monitoring of the exposed officer for evidence of infection and provide psychological counseling as determined necessary by the appropriate health care official.
    b. Unless disclosure to an appropriate departmental official is authorized by the officer or by state law, all information regarding the officer's exposure shall remain confidential.
4. In accordance with the Ryan White Law, any person responsible for potentially exposing the employee to blood-borne pathogens shall be required to undergo testing to determine whether the person has an infectious disease.
5. Employees who test positive for any bloodborne disease may continue on normal duty as long as they can maintain acceptable performance and do not pose an additional safety and health threat to themselves, the public, or members of the department.
    a. The department shall make all decisions concerning the employee's work status, as related to the exposure, solely on the medical opinions and advice of the department's certified health care officials.
    b. The department shall require the employee to be examined by a physician to determine the individual's fitness for duty.

6. Employees who test positive for airborne or droplet-spread diseases must notify department medical personnel or other officials immediately.
7. Employees who test positive for airborne or droplet-spread diseases should also consider taking the following actions to protect themselves and others:
    a. Self-quarantining at home and not going out except for essential purposes.
    b. If visiting a health professional, contact beforehand to determine proper health procedures.
    c. Practicing good public health hygiene such as wearing an appropriate mask, covering their mouth using their elbow when coughing or sneezing, washing and sanitizing potentially contaminated or commonly used items, washing their hands, practicing social distancing, and ensure the cleaning products being used are sufficient to combat the communicable disease.

F. Record Keeping

The department shall maintain written records of all incidents involving employees who have been exposed to any communicable diseases while acting in the line of duty. The records shall be maintained as required by federal regulations for a minimum of 30 years after separation. These records shall be maintained in a secured area with restricted access and maintained in conformance with applicable privacy laws.

Acknowledgment:
This policy was initially developed with the assistance of Steven E. Cooper, Fire Chief, Metropolitan Washington Airports Authority.

Every effort has been made by the IACP Law Enforcement Policy Center staff and advisory board to ensure that this document incorporates the most current information and contemporary professional judgment on this issue. However, law enforcement administrators should be cautioned that no model policy guidelines can meet all the needs of any given law enforcement agency. In addition, the formulation of specific agency policies must take into account local political and community perspectives and customs, prerogatives, and demands; often divergent law enforcement strategies and philosophies; and the impact of varied agency resource capabilities, among other factors. Readers outside of the United States should note that, while this document promotes procedures reflective of a democratic society, its legal basis follows United States Supreme Court rulings and other federal laws and statutes. Law enforcement administrators should be cautioned that each law enforcement agency operates in a unique environment of court rulings, state laws, local ordinances, regulations, judicial and administrative decisions and collective bargaining agreements that must be considered, and should therefore consult its legal advisor before implementing any policy.

IACP International Association of Chiefs of Police

IACP Law Enforcement Policy Center

Concepts & Issues Paper

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Communicable Disease Prevention

I. Introduction

A. Purpose of Document

This paper is designed to accompany the model policy on communicable disease prevention established by the IACP Law Enforcement Policy Center. This paper provides essential background material and supporting documentation for a greater understanding of the developmental philosophy and implementation requirements for the model policy. It is anticipated that this material will be of value to law enforcement executives in their efforts to tailor the model to the requirements and circumstances of their communities and their law enforcement agencies.

B. Background

The policy deals with communicable diseases; defined as an illness caused by an infectious agent or its toxins that occurs through the direct or indirect transmission of the infectious agent or its products from an infected individual or via an animal, vector, or the inanimate environment to a susceptible animal or human host.[1] Some examples of communicable diseases are the 2019 coronavirus (COVID-19), influenza (flu), sexually transmitted diseases (STDs), hepatitis, and acquired immunodeficiency syndrome (AIDS).[2] Protocols for combating communicable diseases (CDs) overlap with policy and procedures designed to prevent other contagious diseases as well. This paper is not designed to address the full spectrum of communicable disease prevention but is limited to addressing diseases that are of the greatest concern to law enforcement officers in the line of duty.

CD epidemics are one of the more serious health threats of this century. However, there is a general lack of knowledge about the nature, causes, and transmission of CDs that has added to both hysteria and complacency and, in so doing, has magnified the problem in many instances. Therefore, a fundamental component of dealing with the problem is to educate the general public, particularly individuals who are likely to come into contact with persons at high risk of CD infection. Law enforcement employees are among the latter group, as their jobs by necessity bring them into contact with a large segment of the public, often in confrontational situations. The ethics of the law enforcement profession require that employees provide the same levels of service and enforcement to the public irrespective of individual circumstances. With adequate training, these duties and responsibilities can be carried out with a minimal chance of being infected with a CD. The information and procedures provided here and in the accompanying model policy will also greatly reduce one's risk of contracting a CD.

[1] Centers for Disease Control and Prevention (CDC), "Menu of Suggested Provisions For State Tuberculosis Prevention and Control Laws," s.v., "communicable disease," citing New York Health Code 24RCNY § 11.01 (2010),https://www.cdc.gov/tb/programs/laws/menu/definitions.htm.

[2] Alameda County Public Health Department, "List of Communicable Diseases," http://www.acphd.org/communicable-disease/communicable-diseases.aspx.

C. Incidence of Communicable Disease Infection

The number of CD cases in the United States continues to be of concern.[3] Statistics, for example, include

Communicable Disease	Annual Rates Reported per 100,000, as of 2018[4]
Chlamydia	537.54
Gonorrhea	178.32
HIV/AIDS	10.09
Hepatitis (A/B/C)	6.74

Additionally, there were up to 56,000,000 cases of the flu between October 2019 and April 2020; of these, up to 740,000 required hospitalization, and up to 62,000 resulted in death.[5] During this time period, COVID-19 also emerged as a growing threat (see COVID-19 Considerations for further guidance).

D. Transmission of Communicable Diseases

The means by which CDs are transmitted have been extensively documented by ongoing studies conducted by the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO). Despite a great deal of publicity about the methods of transmission, there is still substantial misunderstanding about this subject. The facts are that CDs can be transmitted through various means, depending on the type of disease. These include both direct and indirect contact with the pathogen. Direct means of transmission include interaction with an infected person through touch, sexual intercourse, respiratory droplets, or any other type of bodily fluids such as blood, vomit, sweat, etc. However, transmission of some CDs involves indirect means of contact such as airborne particles, touching an object containing the pathogen, and interaction with agent carriers (animals) with the virus.[6]

Because of the various means of transmission, it is important to be educated during a public health crisis as to which of these applies to the CD in question and which do not. Thus, the CDC offers transmission-based precautions specific to each type (contact, droplet, or airborne) of transmission.[7]

II. Policy Recommendations

A. Training and Education

The model policy on CDs strongly recommends that law enforcement agencies provide their personnel with the necessary information to guide them in their understanding of and response to CDs. Without training, misinformation is more likely to dominate employees' daily responses to this threat with a correspondingly greater potential for infection.

There is an unquestionable need to expand training to law enforcement agencies in regard to CDs. Moreover, systematic updates and refresher training is warranted considering the substantial advances in the knowledge of CDs, the appropriate preventive measures that should be taken, and new CD threats that emerge. In instances of pandemics

[3] National Center for Health Statistics, table 10 in *Health, United States, 2018* (Hyattsville, MD: CDC, 2019), https://www.cdc.gov/nchs/data/hus/2018/010.pdf.

[4] Centers for Disease Control and Prevention, National Notifiable Diseases Surveillance System, table 1 of 2018 Annual Tables of Infectious Disease Data (Atlanta, GA: CDC Division of Health Informatics and Surveillance, 2019), https://wonder.cdc.gov/nndss/static/2018/annual/2018-table1.html.

[5] CDC, "2019-2020 U.S. Flu Season: Preliminary Burden Estimates," https://www.cdc.gov/flu/about/burden/preliminary-in-season-estimates.htm.

[6] CDC, "Lesson 1: Introduction to Epidemiology, Section 10: Chain of Infection," https://www.cdc.gov/csels/dsepd/ss1978/lesson1/section10.html.

[7] CDC, "Transmission-Based Precautions," https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html.

or outbreaks of specific diseases, special orders may be put into place. Guidelines to departments interested in developing or improving training include the following:

1. *Include staff in materials development.* Like many in the general public, law enforcement officers may have suspicions about the statements of the medical community concerning the risks associated with a CD infection. To help address personnel concerns and suspicions, departments should involve representatives from agency personnel to be trained to help develop the curriculum and establish issues of principal concern.
2. *Timely and frequent training.* Training on CDs should be provided at both recruit and in-service levels, as well as annually, as required by the CDC. A great deal of literature, including audio and video training materials, is now available to departments for this purpose through state, local, and national sources. Live question-and-answer sessions with recognized experts are the best mechanism for helping employees confront their concerns and can generally be developed through the resources of local or state public health agencies. These forms of training should be provided on an annual basis so that research findings and other developments in the field can be disseminated in a timely manner.
3. *Relevant training.* The most relevant training for law enforcement employees is based on the duties and responsibilities that these personnel routinely perform. Generic training concerning transmission and prevention measures is insufficient to meet the job-specific concerns of law enforcement employees. Training should include such issues as CDs and CPR and other first-aid procedures, search and arrest procedures, transportation of prisoners, crime scene processing, evidence handling and laboratory procedures, disposal of contaminated materials, lockup issues, body removal procedures, legal and liability issues such as obligation to perform, and CD exposure testing procedures.

Law enforcement administrators should be reminded that they have a duty to train their personnel in the hazards of CDs and to provide them with the knowledge and materials necessary to protect themselves in the line of duty. Failure to do so can open the department to potential civil litigation or cause officers to put themselves in harm's way needlessly.

B. General Preventive Measures

The model policy provides specific guidance about CD prevention that all law enforcement employees should follow. One of the more important of these is the admonition that officers should regard *all persons* as potential carriers of pathogens. Many CDs have incubation periods, or periods between infections and symptoms. An infected individual might not have any symptoms of the disease for an extended period after infection. For example, most people infected by the 2019 coronavirus (COVID-19) will not show symptoms for 2-14 days after being infected. Moreover, symptoms alone often cannot be used to make a diagnosis of infection.[8]

1. *Universal precautions.* Law enforcement personnel should not attempt to diagnose an individual or to try to identify the source of an infection due to potential risk. The U.S. Department of Health and Human Services advocates that public safety workers who encounter bodily fluids under uncontrolled circumstances should treat all bodily fluids as potentially hazardous. There are some generic precautionary rules, referred to by the CDC as universal precautions that should be followed by all law enforcement personnel irrespective of assignment or task that they may be required to undertake.[9]
2. *Protective Barriers.* For example, nonlatex disposable gloves are prescribed for use by anyone who anticipates touching bodily fluids when dealing with potentially contaminated individuals, clothing, or equipment, whether at the scene of crimes or accidents, working with evidence in the field or laboratory, or in another capacity. Where gloves may be penetrated, such as at accident scenes where broken glass is present, or where

[8] CDC, "Symptoms of Coronavirus," https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html.

[9] Saira Moini and Theodore M. Hammet, "1989 Update: AIDS in Correctional Facilities" *Issues and Practices in Criminal Justice,* 41.

the employee may come into contact with needles, it is advisable to wear gloves specifically designed to resist needle sticks, cuts, and abrasions[10] over disposable gloves. In selecting the type of disposable gloves to be used, officers should choose those that provide the best balance of protection and manipulation.

Skin provides a natural barrier to infection but breaks in the skin can allow infection to enter the body. It is therefore recommended that officers always bandage cuts and abrasions, and change bandages when they become wet or dirty. In acute situations where bodily fluids are more prevalent and the risks of accidental exposure to other parts of the body exist, the use of masks, disposable shoe coverings, protective eye wear, and coveralls are recommended. Shoe coverings and other protective clothing should be removed before leaving the scene.

3. *CPR.* When CPR or mouth-to-mouth resuscitation is to be performed, officers should use plastic mouthpieces or other authorized barrier resuscitation devices to prevent CD transmission. The chance of contracting CD infection from saliva is generally low, in most cases.[11] However, resuscitation is often performed in the course of assistance at an accident scene where blood may be commingled with saliva.
4. *Needle sticks.* Accidental needle sticks are a source of concern to many patrol officers and evidence and laboratory technicians, particularly given the broad incidence of intravenous (IV) drug use in many communities. Employees always should be extremely careful when performing pat-down searches of a subject's outer clothing. They should not place their hands in a suspect's pockets or in other areas where needles, knives, or other sharp instruments may be hidden. This includes conducting searches of motor vehicles or residences. Leather gloves can provide a good barrier, but their bulkiness can prevent an officer from feeling certain paraphernalia. As an alternative, officers may require that suspects remove all materials from their own pockets while under the officer's scrutiny if it does not pose an undue safety risk. Searches of some areas may also be facilitated using mirrors and flashlights. Searches of purses should be performed by turning the purse upside down over a flat surface.

   Needles should not be recapped, bent, broken, removed from a disposable syringe, or otherwise manipulated by hand. All needles and other sharp objects should be placed in an appropriate puncture-resistant container and labeled as potentially infectious material.

   If an employee receives a puncture wound from a potentially contaminated object, the area should then be thoroughly washed with soap and water, and medical attention should be sought. Although puncture wounds are a legitimate cause of concern, there is a very limited possibility that infection will be transferred in this manner. Researchers estimate that the probability of infection from a single needle stick is less than 1 percent.[12] Contamination among IV drug users is relatively common, but needle sticks are dissimilar from intravenous injections in two significant ways. In IV drug use, blood is thoroughly mixed with drugs and possibly with the blood of prior needle users. With needle sticks, infected blood is not thoroughly mixed with the second person's blood, and if it enters, it does so subcutaneously rather than intravenously. Second, most IV drug users share their needles repeatedly, thus greatly enhancing their risk of infection. Accidental needle sticks are exceedingly common in the health care profession—yet relatively few instances of CD transmission have occurred in this field.
5. *Other Sanitary Measures.* Common sanitary practices dictate that employees should not smoke, eat, drink, bite nails, or apply cosmetics wherever bodily fluid spills are encountered and should avoid hand-to-mouth, hand-to-nose, and hand-to-eye contact. In all cases where evidence or confiscated materials have been contaminated by bodily fluids, the items should be air dried if possible, double bagged in plastic bags, taped

[10] Examples include, but are not limited to, TurtleSkin Duty Plus gloves, Frisker Kevlar gloves, and Gimbel gloves.

[11] Transmission mode varies by type of CD. COVID-19 is spread through saliva and/or mucus.

[12] U.S. Department of Justice, National Institute of Justice, "Risk of Infection with the AIDS Virus through Exposures to Blood," *AIDS Bulletin* (October 1987).

closed (never stapled), and labeled to clearly identify the material as a known or potential source of communicable disease contamination. This procedure alerts those who may handle the bag in the future of the potential danger. Some states have instituted regulations concerning the proper labeling and disposal of blood products. In these states, improper disposal of used syringes, blood, or items stained with blood or bodily fluids may violate the law.[13]

Other duty assignments may be considered high-risk in terms of potential exposure to CDs. These range from body removal to conducting strip searches in lockups. In each of these and related cases, however, the general precautionary rules previously outlined and the recommendations that follow will give law enforcement personnel adequate protection against CD infection if followed consistently.

Evidence technicians and forensic laboratory personnel encounter situations that may require more detailed precautions. For example, airborne blood particles may be encountered when dried bloodstains are scraped for generating laboratory samples. In these cases, it is recommended that technicians use protective masks, eyewear, or face shields in addition to any other required clothing or equipment. The CDC also provides the following specific recommendations for forensic laboratory officers and technicians:

- All blood specimens should be put in well-constructed, appropriately labeled containers with a secure lid to prevent leaking during transport. Care should be taken when collecting specimens to avoid contaminating the outside of the container and the laboratory from the accompanying specimen.
- All persons processing blood specimens should wear gloves. Masks and protective eyewear or face shields should be worn if mucous membrane contact with blood is anticipated (as when removing tops from vacuum tubes). Hands should be washed after completion of specimen processing.
- For routine procedures such as histologic and pathologic studies or microbiological culturing, a biological safety cabinet is not necessary. However, biological safety cabinets (class 1 or 2) should be used when procedures are conducted that have a high potential for generating droplets. These include activities such as blending, sonicating, and vigorous mixing.
- Mechanical pipetting devices should be used for manipulating all liquids in the laboratory. Mouth pipetting must not be done.
- Use of needles and syringes should be limited to situations in which there is no alternative, and the recommendations for preventing injuries with needles outlined under universal precautions should be followed.
- Laboratory work surfaces should be cleaned of visible materials and then decontaminated with an appropriate chemical germicide after a spill of blood, semen, or other contaminated bodily fluid and when work activities are completed.
- Contaminated materials used in laboratory tests should be decontaminated before reprocessing or placed in bags and disposed of in accordance with institutional and local regulatory policies for disposal of infective waste.
- Scientific equipment that has been contaminated with blood should be cleaned and then decontaminated before being repaired in the laboratory or transported to the manufacturer.
- All persons should wash their hands after completing laboratory activities and should remove protective clothing before leaving the laboratory.
- Area warning signs should be posted to remind employees of the continuing hazard of infectious disease transmission in the laboratory setting.[14]

[13] Daniel B. Kennedy, "AIDS and the Crime Scene Investigator," *The Police Chief* (December 1989): 22.

[14] CDC, "Lesson 1: Introduction to Epidemiology, Section 10: Chain of Infection," https://www.cdc.gov/csels/dsepd/ss1978/lesson1/section10.html.

6. *Duty to perform.* Fear of CD infection while functioning as a law enforcement employee is as understandable as it is among the general public. However, this fear does not excuse an officer from carrying out their responsibilities. An employee assumes that a certain degree of risk exists in law enforcement work and accepts those risks with their commission. With proper training and equipment and consistent adherence to safety procedures, there should be little fear of contracting a CD in the course of law enforcement service. Therefore, any legal claim supporting an officer's refusal to perform duties based on fear of a CD infection would be difficult to sustain, and any refusal to perform duties for fear of infection should be dealt with through standard disciplinary measures.
7. *Transport and custody.* Transportation and custody of individuals assumes that law enforcement personnel will potentially come into direct contact with CD carriers. Coming into contact with bodily fluids of suspects becomes a possibility not only for the transporting employee but also for others who may later occupy the vehicle. To prevent contact with these bodily fluids, the model policy recommends the following:
    - Suspects with bodily fluids on their person shall be transported in separate vehicles from other suspects. In cases where suspects are bleeding or otherwise emitting bodily fluids, they shall be required to wear suitable protective covering after receiving medical attention.
    - Officers shall notify relevant support personnel during transfer of custody when a suspect has bodily fluids present on their person. Suspects taken into custody with bodily fluids on their persons shall be directly placed in the designated holding area for processing. The holding area shall be posted with an 'Isolation Area—Do Not Enter' sign.
    - Employees shall document on the appropriate arrest or incident form when a suspect taken into custody has bodily fluids on their person.
8. *Decontamination equipment.* When resources allow, decontamination equipment and supplies should be made available for officers who have potentially been exposed to an infected individual. Such equipment might include outdoor decontamination sites, disinfectant cleaning solutions, ozone sterilizers, ultraviolet sterilizers, biohazard bags for securing contamination equipment or clothing, shower facilities external to the police station, and a spare set of clean clothing after decontamination.

C. Confinement Facilities

The law enforcement lockup poses specific problems for the law enforcement administrator who are restricted by the size and general physical structure of the facility, number of detainees, and size of staff. These involve the health of officers and staff who supervise the lockup, the health of those incarcerated, and the legal issues surrounding the release of personal medical information about infected prisoners.

Most of what is known about CD infection among incarcerated individuals comes from the state and federal prison system. There are marked differences between these institutions and local law enforcement detention facilities, but most arrestees who serve time in state and federal prison systems also pass through local systems. Therefore, it is understandable that personnel in holding or long-term detention facilities have concerns about working in these environments. However, following the precautions outlined above should lower the risk of contracting a CD.

Because of the communal setting of many correctional facilities, maintaining physical distance from other individuals can be challenging. There is added potential for transmitting disease through consensual or forced sexual contact, sharing injection materials, drug abuse, and tattooing in correctional facilities. Numerous successful lawsuits have been filed where adequate protection against rapes was not provided.[15] For this and other health and safety reasons, detention and correctional staff should follow close supervision policies to guard against such acts and the corresponding risk of CD transmission.

[15] This led to the Prison Rape Elimination Act of 2003 (PREA; Public Law 108-79).

Inmates and staff of detention and correctional facilities, as well as officers in other settings, often express interest in knowing the identities of those detainees who have been diagnosed as having CDs. However, the privacy rights of inmates have prompted most correctional systems and criminal justice agencies to preclude anyone, other than those with a critical need to know, from having such information. In most cases, this critical need pertains only to health care providers and professional counselors. In most short-term holding facilities, this does not become an issue, as there is normally insufficient time to determine medical histories or any but the most obvious of physical ailments of those incarcerated. If information on one's CD status becomes available, the facility should not flag the medical records or identify the inmate as infected in any way without express informed authorization of the individual concerned. State law in many instances will govern the release of this type of information. But, from a practical standpoint, it should be remembered that one's protection from potential CD infection is not guaranteed simply by identifying persons known to be infected. Many more individuals who do not know of their own infection and who may not exhibit symptoms of a disease also present a potential risk. In effect, if officers and staff follow prescribed blood and bodily fluid precautions, identification of infected individuals becomes unnecessary.

Questions may also arise in lockup and detention facilities, as well as in street enforcement settings, concerning disclosure of information about someone known to be infected with HIV. This becomes particularly significant, if not compelling, when dealing with an uninformed spouse or sexual partner of a CD-infected person. Each state has laws concerning the confidentiality of CD status information, and all staff–not just administrators–should become familiar with these laws and guidelines to avoid liability. Generally, where this information is known, officials who are in a position to do so should advise the CD carrier of the responsibility to inform all sexual partners of their medical condition and recommend practices that help to avoid contagion. If state and local laws permit, and the individual is unwilling to make these disclosures, an officer may wish to make a discreet and confidential warning to those affected or turn the information over to a public health officer for notification and other appropriate action.

D. Disinfection

In addition to the precautionary measures previously discussed, other steps can and should be taken to guard officers and others from infection by a CD exposure.

1. *Washing and cleaning up.* In general, any unprotected skin surfaces that come into contact with bodily fluids shall be immediately and thoroughly washed with warm running water and soap for at least 60 seconds before rinsing and drying. CDs, as well as many other disease viruses, are killed on contact with soap and water. Because clean soap and water might not always be readily available, antiseptic towelettes and waterless disinfectant hand cleaner[16] should be made available to officers as an alternative to soap and water.

   Larger areas and equipment contaminated with blood should also be wiped with absorbent material and cleaned with a hospital-grade disinfectant as soon as possible. Under no circumstances should personnel flood or hose a spill. This simply creates a larger contaminated area. Personnel assigned to clean up serious bodily fluid spills should always be outfitted with appropriate apparel such as latex or nitrile gloves and booties, eye protection, masks, and aprons. All contaminated clothing should be carefully removed as soon as practicable, separated from noncontaminated linens, and laundered with detergent in water that is at least 160 degrees Fahrenheit for 25 minutes.[17] Gloves should be rinsed before removal, and hands and arms should then be cleansed in the prescribed fashion.
2. *Equipment.* Similar procedures should be followed for cleaning and disinfecting bodily fluids that come into contact with non-disposable law enforcement or emergency equipment. In law enforcement vehicles that may be contaminated, for example, the following procedures are recommended:

[16] Examples include, but are not limited to, Alcare and Viraguard waterless hand cleaners.

[17] CDC, "Laundry and Bedding," https://www.cdc.gov/infectioncontrol/guidelines/environmental/background/laundry.html.

- A supervisor shall be notified and the vehicle taken to the service center as soon as possible.
- Affected vehicles shall be immediately designated by the posting of an 'Infectious Disease Contamination' sign upon arrival at the service center and while awaiting disinfection.
- Service personnel shall remove any excess bodily fluids from the vehicle with an absorbent cloth, paying special attention to any cracks, crevices, or seams that may hold excess fluid.
- The affected area should be cleansed with a hospital-grade disinfectant and allowed to air dry. All law enforcement vehicles taken to a service center for scheduled washing and lubrication will be routinely cleaned in the interior with an approved disinfectant.
- Whenever possible, disposable equipment should be used to minimize and contain clean up. However, potential contamination inevitably involves non-disposable equipment. These items should also be disinfected by wiping up any excess fluids with an absorbent disposable material and then thoroughly cleaned with a hospital-grade disinfectant.

3. *Disposal.* All disposable equipment, cleaning materials, or evidence contaminated with bodily fluids shall be bagged and disposed of in accordance with state law provisions for disposal of biologically hazardous waste material. The CDC recommends that, in general, infective waste should be either incinerated or sterilized before disposal in a sanitary landfill. Bulk blood, suctioned fluids, excretions, and secretions may be carefully poured down a drain connected to a sanitary sewer. Sanitary sewers may also be used to dispose of other infectious wastes capable of being ground and flushed into the sewer.
4. *Supplies.* In addition to training and proper supervision in communicable disease prevention, law enforcement agencies have a duty to provide their officers with adequate supplies and equipment to safeguard them from infection. The model policy recommends that law enforcement supervisors assume primary responsibility for continually maintaining adequate supplies of disease-control materials and monitoring their expiration dates.

   All law enforcement personnel should have personal control over supplies of this type, but this is not always possible with certain duty assignments such as walking patrol beats. Even if employees cannot have personal control over disease-prevention supplies, supplies can be made readily available through supervisors or a fellow employee.

   All employees should keep disposable gloves in their possession irrespective of their assignment. Disposable gloves are packaged so that they can be conveniently carried on a duty belt. Whether carried in this or another manner, they should be as readily available as other duty equipment such as handcuffs, baton, and sidearm.

   The model policy recommends that, where reasonably possible, all departmental patrol vehicles be continuously stocked with the following:

   - Clean coveralls in appropriate sizes
   - Disposable gloves and gloves specifically designed to resist needle sticks, cuts, and abrasions
   - Puncture-resistant containers and sealable plastic bags
   - Barrier resuscitation equipment, goggles, and masks
   - Liquid germicidal cleaner
   - Disposable towelettes (70% isopropyl alcohol)
   - Waterproof bandages
   - Absorbent cleaning materials
   - 'Isolation Area—Do Not Enter' signs

   Employees who use these materials are required to replace them at the earliest possible opportunity and are personally responsible for maintaining a complete inventory of supplies.

E. Line-of-Duty Exposure to Communicable Disease

The possibility of infection necessitates that law enforcement agencies maintain accurate records of all CD incidents of exposure. This will accomplish two important goals. First, should exposure result in infection, records will provide essential information on the means by which infection took place and thereby assist in future preventive measures.

In addition, documenting exposure incidents may be significant to potential workers' compensation claims or civil litigation against an agency for charges such as negligence that could stem from a failure to train or adequately equip employees to prevent infection. These potentialities point out the importance not only of fully documenting possible exposures but also of providing personnel with complete and accurate training and education, maintaining accurate records of all training, supplying personnel with the proper equipment to prevent contagion, and establishing complete policies and procedures on disease prevention together with measures to ensure compliance. Should an employee be exposed to a CD such as through a bite, needle stick, or other critical contact with bodily fluids, the model policy recommends that they notify their immediate supervisor and complete all appropriate duty injury and medical forms. As soon as possible thereafter, the officer should report to an appropriate health care facility for clinical and serological testing.

Should an employee test positive for a CD, they should be permitted to continue working as long as they maintain acceptable performance and does not pose a safety and health risk to themselves, the public, or other members of the department. Labor and antidiscrimination laws at the federal and state levels protect infected persons from discrimination in employment just as the laws do for other forms of handicaps. It is, however, primarily the responsibility of the affected employee to produce medical documentation regarding the extent of a medical condition and its impact on their availability for duty.

In this and related matters, the model policy recommends that law enforcement administrators make their decisions about infected employees' work status based solely on the medical opinions and advice of the department's health care official, and that departments and their employees treat CD-infected persons with the same degree of respect, fairness, and dignity that they would give to any other ill or handicapped individual. Management and staff who have had proper information and education on a CD epidemic can be expected to respond in a more rational and non-prejudicial manner than those who are uninformed.

Many states have also adopted laws and regulations that prohibit employment-based discrimination of CD-infected individuals. In most cases, these are similar to those on the federal level. Law enforcement administrators should refer to state regulations and local ordinances for the details of state and local prohibitions and guidelines, as well as to the specifics of any labor union negotiations that may have addressed this issue.

Finally, it should be noted that some jurisdictions have considered averting potential problems associated with CD-infected personnel by employing blood tests as a screening mechanism for recruits. However, these practices can generally not be implemented because of restrictions on mandatory testing, confidentiality of test results, and prohibitions against employment-related discrimination.

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