

**University of Chicago Police Department
GENERAL ORDER**

Effective Date January 2, 2018		Number GO 707
Subject: Infectious Diseases		
References: 29 Code of Federal Regulations 1910.1030 (OSHA Bloodborne Pathogens), University Ebola Hazard Specific Plan		
Reevaluation Date Annually		No. Pages 9
Amends 18 DEC 2014 version 23 JUL 2013 Version (O.D.P.)		Rescinds:
Approved By: Kenton W. Rainey, Chief of Police	Signature: Original signed document of file in Accreditation Office	

707.1 PURPOSE

The purpose of this order is to provide guidelines for employees in reducing the risk of exposure to bloodborne pathogens and other infectious diseases.

707.2 DEFINITIONS

AIDS: Acquired Immune Deficiency Syndrome, a result of HIV.

Airborne Pathogens: Pathogenic microorganisms that are carried through the air and can cause disease in humans, including but not limited to influenza and tuberculosis.

Bloodborne Pathogens: Pathogenic microorganisms that are present in human blood and other bodily fluids and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B virus (HBV), the human immunodeficiency virus (HIV), Ebola and Marburg.

Communicable Disease: A disease that can be transmitted from one person to another. It is also known as a contagious disease.

Contaminated: The presence or the reasonable anticipated presence of blood or other potentially infectious materials on an item or surface.

Ebola: A highly lethal virus that causes massive internal hemorrhaging.

Exposure incident: A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material, that results from the performance of an employee's duties.

HBV: Hepatitis B virus.

Hepatitis B: A viral infection that can result in jaundice, cirrhosis and cancer of the liver, this virus may be found in human blood, urine, semen, cerebrospinal fluid, vaginal secretions, and saliva.

HIV: A retrovirus that causes AIDS; human immunodeficiency virus.

Infection Control Representative(s): Member of the Department who is responsible for the implementation of the Infectious Pathogens Exposure Control Plan.

Infectious Disease: An illness or disease resulting from the invasion of a host by disease-producing organisms such as bacteria, viruses, fungi or parasites.

Marburg: A highly lethal virus that causes massive internal hemorrhaging.

Parenteral: Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

Personal Protective Equipment (PPE): Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be PPE.

Potentially Infectious Materials: Human tissue or the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, lachrymal fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva, feces, diaphoresis, breast milk, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

Source Individual: Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to an employee.

Universal Precautions: An approach to infection control in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

707.3 INFECTIOUS DISEASE PRECAUTIONS

- A. Common sense and caution should be used by employees in limiting their exposure to infectious diseases. Frequent and thorough hand washing and/or use of hand sanitizer is encouraged to prevent the spread of any communicable disease.
- B. Protective disposable gloves and other infectious disease control materials should be used by employees to prevent acquisition and transmission of infectious disease. Direct contact with blood and other bodily fluids should be avoided whenever possible. Employees are required to utilize Department-issued personal protective equipment (PPE) to reduce the risk of exposure. Employees shall wash their hands immediately or as soon as feasible

after removal of gloves or other personal protective equipment. If handwashing facilities are unavailable, hand sanitizer or antiseptic towelettes shall be used.

1. Personal protective equipment will also be used when there exists a possibility for exposure to contaminated bodily fluids of the following:
 - a. Mucous membranes.
 - b. Eyes, mouth or nose.
 - c. Where splashes of material or human aerosol residue are likely to occur.
2. Personnel shall wear surgical masks when maintaining close contact or transporting persons with confirmed or suspected active tuberculosis. Because of the inability to definitely diagnose the presence or lack of tuberculosis in the field, personnel shall wear surgical masks while in the presence of persons with confirmed or admitted tuberculosis, or who display one or more of the following symptoms:
 - a. Persistent cough for more than two weeks.
 - b. Weight loss.
 - c. Night sweats.
 - d. Bloody sputum.
 - e. Lack of appetite.
 - f. Fever.
3. Replacement of used or contaminated personal protective equipment shall be made upon request. Surgical masks are for single use and should be disposed of in approved bio-hazard waste receptacles immediately after use.

C. For the purpose of this order, there are three categories of exposure risk levels:

1. Risk Level I.
Employees who may be routinely exposed to bloodborne or other infectious pathogens. These include police patrol officers, evidence technicians, and evidence custodian.
2. Risk Level II.
Employees who may not routinely be exposed to bloodborne or other infectious pathogens, but may be exposed under certain conditions. These include police officers not assigned as patrol officers, and investigators.
3. Risk Level III.
Employees who, in the course of their normal employment, would not be exposed to bloodborne or other infectious pathogens. These include administrative staff, records personnel, and Communications personnel.

- D. Employees shall not eat, drink, smoke, apply lip balm or cosmetics, or handle contact lenses at crime scenes or other areas where body fluids are present or other contagion factors exist.
- E. Employees should be aware that certain prescribed medications (e.g., steroids and asthma medications) suppress their immune system and make them more susceptible to infectious disease. Employees should consult with their private physician if they are taking prescription drugs to determine if these drugs suppress their immune system.
- F. Pregnant employees should be advised to report to their physician any direct contacts with bodily fluids during their tour of duty. Infectious diseases may cause severe problems in newborns.
- G. Employees who have contact with a person known or suspected to have Ebola or Marburg will immediately notify their supervisor and Emergency Medical Services (CFD). The University Ebola Hazard Specific Plan may be referenced and activated, as appropriate.

707.4 INFECTIOUS DISEASE TRAINING

The Infection Control Representative, or designee, is responsible for disseminating updated information, coordinating training about the epidemiology, modes of transmission and prevention of HIV and other bloodborne and airborne infections, maintaining records, and management of the Infection Control Program. Risk Level I and II personnel will receive annual refresher training in infectious disease control and bloodborne pathogens.

707.5 SUPPLIES FOR INFECTIOUS DISEASE CONTROL

- A. Personal protective equipment, exposure control materials, and disinfecting materials will be made readily available.
- B. Bulk supplies include:
 - 1. Disposable gloves.
 - 2. Heavy-duty plastic bags and ties.
 - 3. Liquid germicidal/virucidal cleaner.
 - 4. Disposable hand-wipes.
 - 5. Absorbent Chux.
 - 6. Bio-hazard warning signs.
- C. PPE for employees will include:
 - 1. Protective disposable gloves.
 - 2. Protective eye wear/Face shield.
 - 3. Protective gown.
 - 4. Shoe covers.
 - 5. Surgical mask.

6. Disposable hand-wipes.
7. Bio-hazard bag.

707.6 CUSTODY PROCEDURES

- A. Subjects with blood or potentially infectious materials present on their person will be transported separately from other subjects. The transporting officer shall place an absorbent pad (Chux) on the car seat beneath the source individual prior to transporting the individual. If transportation to a health care facility is necessary, an ambulance shall be utilized.
- B. Employees shall inform other support personnel (firefighters, paramedics, etc.) whenever change or transfer of custody of a subject occurs and the subject has blood or potentially infectious materials present or if the subject has made a voluntary statement that he or she has a contagious or infectious disease.
- C. Persons taken into custody who are suspected or known HIV positive and have blood or potentially infectious materials on their person shall be taken directly to CPD District. Employees should wear the appropriate personal protective equipment and follow universal precautions any time they take a person into custody who has blood or other potentially infectious material on their person.
- D. Employees shall indicate on the UCPD Detainee Log when a subject taken into custody makes a voluntary statement that he or she has an infectious disease. A notation shall also be made when a subject has blood or potentially infectious material present on his or her person or clothing (e.g., “potentially infectious materials present”).
- E. Employees who have actual skin or mucous membrane contact with blood or other potentially infectious materials from a source individual shall immediately wash hands and any other affected skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact. Employees shall notify a supervisor who will complete a Worker’s Compensation form and an Incident Report prior to the employee going off duty. Copies of these reports shall be forwarded to the Infection Control Representative.
- F. Persons who are known or suspected to have Ebola or Marburg will not be placed in custody. Emergency Medical Services will be summoned for evaluation and transport for medical treatment, as appropriate. The subject may be charged and issued an Individual Bond, rather than being placed in custody. For an extremely serious charge, alternative arrangements may be made for later custody and processing.

707.7 DECONTAMINATION

- A. After a vehicle’s interior, personal equipment, or a temporary detention room has been exposed to blood or potentially infectious material from a known or suspected carrier of

HIV or any other infectious disease, decontamination procedures shall be effected by appropriately trained personnel.

- B. A supervisor shall ensure that the vehicle is taken out of service for decontamination. A bio-hazard warning sign shall be clearly posted on the exterior of the vehicle.
- C. Upon the release of a potentially infected detainee, temporary detention rooms shall be posted immediately with a bio-hazard warning sign and shall remain posted until properly cleaned and disinfected.
- D. If exigent or unusual circumstances occur requiring immediate decontamination, the recommended decontamination procedures are as follows:
 - 1. Vehicles.
 - a. Proper personal protective equipment shall be worn during all phases of decontamination.
 - b. Employees should be aware that rings, jewelry of any kind, or fingernails may compromise the structural integrity of the disposable gloves. Employees shall make certain that the gloves are not torn before attempting to begin any phase of the decontamination process.
 - c. Any excess blood or potentially infectious materials shall first be wiped up with a disposable absorbent Chux or other approved absorbent material. Afterward, the absorbent material shall be immediately put into a heavy-duty plastic bag and placed in a designated bio-hazard waste receptacle.
 - d. The Infection Control Representative, or designee, shall ensure that the disposable cleaning materials are destroyed in accordance with applicable federal and state regulations.
 - 2. Temporary detention.
 - a. Proper personal protective equipment shall be worn during all phases of decontamination.
 - b. An employee shall make certain that the disposable gloves are not torn before attempting to begin any phase of the decontamination process.
 - c. Any excess blood or potentially infectious material shall first be wiped up with a disposable absorbent Chux or other approved absorbent material. The absorbent material shall then be immediately put into a heavy duty plastic bag and placed in a designated bio-hazardous waste receptacle.
 - d. The contaminated area shall be sprayed with a virucidal/germicidal solution and allowed to air dry for ten minutes.
 - e. All disposable, contaminated cleaning items shall be put in heavy-duty plastic bags and placed into a designated bio-hazardous waste receptacle.

- f. The Infection Control Representative, or designee, shall ensure that the disposable cleaning material is destroyed in accordance with applicable federal and state regulations.

707.8 HANDLING AND STORAGE OF EVIDENCE

- A. Evidence Technicians and the Evidence Custodian will adhere to a precise regimen when handling, processing, and storing potentially infectious disease-contaminated evidence/property.
- B. All items of evidence/property covered with potentially infectious materials shall be treated as if they are contaminated.
- C. All items of evidence/property having potentially infectious materials and containers containing these items shall be handled with the proper personal protective equipment.
- D. Protective disposable gloves shall be furnished to all persons handling evidence/property which may be contaminated with potentially infectious materials, while in the evidence/property storage area.
- E. All non-biological evidence/property having potentially infectious materials on it will be packaged accordingly and labeled with a bio-hazard warning label.
- F. Wet clothing will be allowed to dry and be processed according to Department procedures.
- G. All contaminated evidence/property for disposal shall be placed into a designated bio-hazardous waste receptacle.

707.9 CONTAMINATED DEPARTMENT OR PERSONAL PROPERTY

- A. When Department-issued or personal property is contaminated by potentially infectious materials in the line of duty, personnel will place the contaminated item in a sealed, plastic bio-hazard bag, and notify a supervisor. The supervisor will determine if the item can be effectively decontaminated. If it is determined that the exposed item(s) can be properly decontaminated, the decontaminated items will be returned to their owner.
- B. If an employee or supervisor determines that effective disinfecting procedures are not practical for the contaminated items, they will be placed into a designated bio-hazardous waste receptacle for disposal. A memorandum will then be directed through the chain of command for equipment replacement. The correspondence shall include:
 - 1. The circumstances by which the property became contaminated.
 - 2. The name of the employee or supervisor who confirmed that disinfecting procedures were not practical.

3. Whether any person was charged with destruction of public or private property due to the circumstances by which it became contaminated.

707.10 LINE-OF-DUTY EXPOSURE TO INFECTIOUS DISEASE OR CONTAMINATED MATERIALS

A. For the purpose of this order, the three levels of exposure to infectious pathogens are:

1. Level A.
Contact limited to merely being in the presence of a person suspected of having a communicable disease.

Response:

No special action required other than precautionary behavior and decontamination of affected personal protective equipment.

2. Level B.
Exposure to healthy, intact skin from source individual's body fluids.

Response:

Employees who have actual skin contact with blood or other potentially infectious materials shall immediately wash hands and any other affected skin with soap and water. Complete Incident Report and Worker's Compensation form and forward copies to the Infection Control Representative.

3. Level C.
Whenever there is contact with blood or body fluids through open wounds, mucous membranes, or parenteral routes. Any of the following is a Level III exposure.
 - a. Contaminated needle stick injury.
 - b. Blood or potentially infectious material contact with employee's mucous membrane of eye, nose or mouth.
 - c. Blood or potentially infectious material in contact with non-intact skin.
 - d. Cuts with sharp instruments contaminated with blood or potentially infectious materials.
 - e. Any injury sustained while cleaning contaminated equipment.
 - f. Any unprotected exposure to a suspected or confirmed active tuberculosis patient.

Response:

Employees who have actual skin or mucous membrane contact with blood or other potentially infectious materials shall immediately wash hands and any other affected skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact. In those instances in which transportation cannot be provided by a police vehicle, paramedics shall be called to

transport to a medical facility for follow-up care, including collection and testing of blood, post-exposure prophylaxis when medically indicated, counseling and evaluation of reported illnesses. Complete the following reports:

- a. Worker's Compensation form (ILFORM45).
- b. Incident Report (if appropriate) with the additional class of "on-duty injury" included in the report.

As soon as practicable, notify the Infection Control Representative, or designee.

B. Infectious Disease Testing

An individual is required to submit to infectious disease test upon the request of an officer who, accidentally or in the line of duty, comes into direct skin or mucous membrane contact with the blood or bodily fluids of the individual that is of a nature that may transmit an infectious disease, as determined by a physician. 410 ILCS 312/10

- C.** The Infection Control Representative, or designee, shall ensure that all required follow-up is completed. The Infection Control Representative shall be responsible for securely maintaining all records regarding exposure incidents in strict confidence and in accordance with OSHA bloodborne exposure standards.

707.11 DOCUMENTATION OF HIV/AIDS OR INFECTIOUS DISEASE IN REPORTS

Persons suspected or known to be HIV/AIDS-infected or having any other infectious disease have the right to privacy regarding such status.

- A. No reference shall be made regarding any person's HIV/AIDS or other infectious disease status in any official police report, unless necessary for prosecution purposes. The UCPD Detainee Log is an exception to this rule. The type (viral, bacterial, fungal, parasitic) and/or strain of infectious disease may be noted in order to take appropriate measures if personnel become contaminated.
- B. The term "universal precautions" may be used to provide warning for the handling of a person with any infectious bloodborne disease (HIV, HBV, etc.).

707.12 HEPATITIS B VACCINATION

Hepatitis B vaccine and vaccination series will be made available by the Department to all Risk Level I and II personnel. These will be available at no cost to the employee and made available at a reasonable time and place.

707.13 ANNUAL TB TESTING

Annual Tuberculosis Testing will be made available by the Department to all sworn personnel. This will be available at no cost to the employee and made available at a reasonable time and place.