



HOWARD COUNTY DEPARTMENT OF POLICE

# GENERAL ORDER OPS-43 AIRBORNE AND BLOODBORNE PATHOGENS

EFFECTIVE MAY 29, 2009

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This General Order contains the following numbered sections:

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## **I. POLICY**

It is the policy of the Howard County Department of Police (HCPD) to maximize personal safety and conform with the standards set forth in the Occupational Safety and Health Administration regulation (29 CFR Part 1910.1030) pertaining to Occupational Exposure to Airborne and Bloodborne Pathogens.

## **II. DEFINITIONS**

**AIDS:** Acquired Immune Deficiency Syndrome, a communicable disease caused by the Human Immunodeficiency Virus (HIV).

**Airborne Pathogens:** Airborne diseases that are spread when droplets of pathogens are expelled into the air due to coughing, laughing, sneezing or talking.

**Biohazard Label:** A fluorescent red label affixed to a container of potentially infectious materials.

**Bloodborne Exposure:** A specific eye, mouth, other mucous membrane or non-intact skin contact with blood or other body fluids that results from the performance of a member's job related duties. This includes needle stick injuries, human bites or cuts involving a sharp object that may be contaminated.

**Bloodborne Pathogens:** Microorganisms that are present in human blood and can cause disease in humans. These include, but are not limited to, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).

**Body Fluids:** Fluids that have been recognized by the Centers for Disease Control (CDC) as directly linked to the transmissions of HIV and/or HBV and/or to which universal precautions apply: blood, semen, blood products, vaginal secretions, cerebrospinal fluid, synovial fluid, pericardial fluid, amniotic fluid and saliva (saliva is included because it is often difficult, if not impossible, to determine if in fact blood is present in the saliva at the time of the exposure).

**Contamination:** The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

**Contaminated Laundry:** Laundry which has been soiled with blood or other body fluids.

**Contact:** Contact without regard to use of any personal protective equipment (PPE) between a member's skin or mucous membranes and another person's blood, body fluids or tissues.

**Decontamination:** The use of physical or chemical means to remove, inactivate or destroy Bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.

**Exposure:** A specific eye, mouth, other mucous membrane or non-intact skin contact with blood or other body fluids that results from the performance of a member's job related duties. This includes needle stick injuries, human bites or cuts involving a sharp object that may be contaminated.

**HBV:** Abbreviation for Hepatitis B Virus.

**HCV:** Abbreviation for Hepatitis C Virus.

**HIV:** Abbreviation for Human Immunodeficiency Virus, which is the causative agent of AIDS.

**Immunization:** The process of rendering a person immune or highly resistant to a disease.

**Infectious Waste:** Blood and blood products, pathological wastes, contaminated gloves, sharps and other non-reusable items which are potentially contaminated.

**MOSHA:** Maryland Occupational Safety and Health Administration.

**Mucous Membrane:** Inside the eyes, ears, nose, mouth and vaginal areas.

**Non-Occupational Exposure (TB):** Exposure of unknown or undocumented origin which results in a positive TB test.

**Occupational Exposure (TB):** Close contact during the course of employment with a person who has been conclusively diagnosed with active TB disease.

**OSHA:** Occupational Safety and Health Administration (U.S. Department of Labor).

**PPE:** Personal Protective Equipment. Specialized clothing or equipment worn by a member to protect him from a potential exposure.

**Red Bags:** Plastic (red) liquid impervious bags used for containing/transporting contaminated items or infectious wastes.

**Sharps:** Any contaminated object that can penetrate the skin including, but not limited to, needles, broken blood tubes, scalpels, lancets and glass.

**Sharps Container:** A stationary, puncture resistant container that is leak-proof on the sides and bottom and that is labeled with the biohazard symbols.

**Sharps Transport Tube:** A puncture resistant container located inside the PPE Kit that is leak-proof and is used to transport recovered contaminated sharps for disposal or evidence purposes.

**Source Patient:** A person from whom infectious disease was transmitted.

**TST Test (Tuberculin Skin Test):** A small amount of testing fluid is placed under the skin to see if a reaction occurs. After 48 to 72 hours, the skin site must be evaluated by a qualified person to determine whether a positive reaction has occurred.

**Tuberculosis (TB):** TB is a bacterium spread by people infected with active TB disease who release the bacteria into the air by coughing, laughing, sneezing or speaking. TB is not transmitted by shaking hands, touching surfaces or touching dishes. It is most commonly spread to people in confined, poorly ventilated spaces with prolonged exposure. Although many people are infected with TB, very few develop TB disease.

- A. **Latent TB Infection (Inactive):** Latent infection can follow direct exposure. No symptoms of disease exist, the person does not feel sick and the infected person is **not** contagious. Tuberculin skin testing (TST) is required to confirm inactive infection. Medication may prevent possible progression to active disease.
- B. **TB Disease (Active TB Disease):** Active disease causes symptoms including a cough that lasts more than three (3) weeks, coughing up blood, fatigue, fever, loss of appetite, unexplained weight loss, night sweats, and/or lymph nodes. This stage is contagious and requires medication to control and cure.

**Universal Precautions:** Treating all blood and body fluids as if they are contaminated.

### III. EXPOSURE DETERMINATION

Universal precautions shall be observed by all HCPD members at all times when there is a possibility of exposure to blood and bodily fluids. All blood and other potentially infectious materials (as defined in the OSHA regulation for Bloodborne Pathogens; 29 CFR Part 1910.1030) will be considered infectious at all times.

### IV. ENGINEERING CONTROLS

The following equipment will be utilized for the protection of HCPD members and the public:

- A. **Sharps Containers** - these containers are red and will have a lid to prevent the spilling of sharps. The containers will display the biohazard symbol.
- B. **Sharps Transport Tubes** - shall be issued to all affected members and will be used to contain sharps until they can be turned over to the Property and Evidence Section or disposed.
- C. **Disposable Latex or Vinyl Gloves** - shall be issued to all affected members. Heavy duty rubber gloves will be available for clean-up purposes. Disposable hypoallergenic (powder less) gloves will be made available to members who have allergies to regular use gloves.<sup>1</sup>
- D. **Disposable CPR Masks** (with one-way valves) - shall be issued to all affected members.<sup>2</sup>
- E. **Disposable Face and Eye Protection** - shall be issued to all affected members.<sup>3</sup>
- F. **Waterless Hand Cleaner** (antimicrobial) - shall be issued to all affected members along with hand towels. This hand cleaner will be used in situations where it is not feasible to wash with soap and water. Antimicrobial towelettes that meet OSHA standards are also acceptable.<sup>4</sup>
- G. **Disposable Gowns and Shoe Covers** - shall be available and worn when appropriate.

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<sup>1</sup> CALEA 41.3.2

<sup>2</sup> CALEA 41.3.2

<sup>3</sup> CALEA 41.3.2

<sup>4</sup> CALEA 41.3.2

- H. **Red Bags and Ties** - shall be issued to all affected members for disposal of infectious waste and containment of evidence contaminated with body fluids. Additional red bags will be available for use should the primary container leak or become contaminated on the outside.<sup>5</sup>
- I. **Contaminated Evidence Shipping/Storage** - if contaminated evidence is removed from red bags and placed in other containers for storage or transport to another agency for analysis, the container will display the biohazard symbol.
- J. **Waste Containers** - shall be placed in designated areas for the disposal of infectious waste. These containers will identify the contents as biohazard and designed in such a fashion to prevent spilling.

**V. PERSONAL PROTECTIVE EQUIPMENT (PPE)**<sup>6</sup>

Personal Protective Equipment kits will be issued to members listed in Section IX of this General Order. Sworn members will assure that the PPE kits are placed in the trunk of their HCPD vehicle at the start of the shift. All other affected members will maintain their PPE kit in a readily accessible location depending on their assignment. PPE kits will be placed at the following locations:

- Temporary Detention Area (2 kits)
- Duty Officer Stations (1 kit)
- Crime Lab (2 kits)
- Property and Evidence Section (2 kits)
- V&N Offices (2 kits)
- Animal Control Office (2 kits)
- Child Advocacy Office (1 kit)
- Education and Training (1 kit)
- Indoor/Outdoor Range (1 kit each)

PPE kits will contain the following disposable items:

- A. Latex/Vinyl gloves for patient care (2 pairs)
- B. Eye and face mask to minimize the possibility of mucosal contamination (1)
- C. Sharps transportation tube (1)
- D. Alcohol towlettes (6)
- E. Hand towels (4)
- F. Red bags for containment of used PPE and contaminated evidence items (2)
- G. Zip ties (4)
- H. The used contents of PPE kits will be replaced, by the member, as soon as possible. The following procedures will be followed when utilizing PPE:
  - 1. PPE will be used except in rare and extraordinary circumstances where it could compromise the delivery of emergency medical care or public safety. In those cases, the circumstances will be documented by the member and investigated by the member's supervisor. The intent of this action is to determine if changes should be made to prevent future occurrences.

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<sup>5</sup> CALEA 41.3.2

<sup>6</sup> CALEA 41.3.2

2. Gloves should be worn by all personnel whenever hand contact with blood or other potentially infectious materials is anticipated. Proper gloving and de-gloving techniques shall be practiced.
3. Disposable gloves must be replaced as soon as possible if they are contaminated, torn, punctured or otherwise lose their ability to function as a barrier to exposure.
4. Disposable gloves will not be re-used.
5. Utility (rubber) gloves used for cleaning may be re-used if they are disinfected and do not lose their ability to function as a barrier to exposure.
6. Eye and face protection should be used whenever splashes or spray of blood/body fluids are reasonably anticipated.
7. CPR masks with one way valves should be used when performing mouth to mouth breathing.
8. Personnel assigned to the Crime Lab, Criminal Investigations Bureau or a crime scene will wear gowns and shoe covers in situations where gross amounts of blood or body fluids are present.
9. Members shall remove all contaminated PPE and place it inside the provided red bag (securing same) prior to clearing the call. The red bag will then be placed in a designated container for disposal.

**VI. WORK PRACTICE CONTROLS**

Universal precautions shall be exercised at all times by all HCPD members. **All body fluids must be considered potentially infectious materials.** The following work practice controls will reduce the likelihood of contracting or spreading a communicable disease:

- A. Mouth to mouth resuscitation (without protection) should be performed as a "last resort" in the management of a non-breathing patient.
- B. Latex/vinyl rubber gloves shall be worn when the likelihood of exposure to a contaminant is likely. Every reasonable effort should be made to minimize exposure to body fluids. Members should cover all open wounds with a band-aid prior to reporting for work.
- C. As soon as possible, members shall wash their hands after contact even if gloves were used. Waterless hand cleaner will be available and used until the member can get to a hand washing area.
- D. Mucus membranes should be flushed with water immediately or as soon as possible after an exposure.
- E. Uniforms or clothing that becomes soaked through should be removed and the area underneath cleaned thoroughly.
- F. Whenever possible, gloves should be changed between patients and removed before handling other equipment (radio, report pad, interior of police vehicle). They should be placed in appropriate containers for disposal.
- G. Recapping, bending or breaking of needles is prohibited. The needle will be placed in a sharps transport tube using the one handed technique.
- H. In any procedure involving blood or other potentially infectious materials, all affected members will use caution so as to minimize splashing, spraying and splattering.

- I. Members are prohibited from using mouth suctioning of blood when dealing with snake or animal bites. This suctioning technique is no longer part of the Maryland First Responder Medical protocol.
- J. Eating, drinking, smoking or the application of cosmetics and handling of contact lens are prohibited in areas where potentially infectious waste is present. Food will not be stored in refrigerators with blood or other infectious material.
- K. Prisoners with body fluids on their person shall be transported in separate vehicles from other arrestees and maintained in separate holding areas.
- L. Prisoners with a known communicable disease will be isolated from other prisoners.
- M. If custody of the prisoner is relinquished to another agency, the arresting officer shall notify the receiving agency that the prisoner has a communicable disease. This notification shall only be given to those with a need to know, thus ensuring the privacy and confidentiality rights of the prisoner/patient. This notification will be documented (to include the contact person's name) in the incident report.<sup>7</sup>
- N. Strip/body cavity searches shall be conducted in accordance with established procedures. During this type of search, latex or vinyl gloves will be worn. Members will wash their hands as soon as possible after this contact.
- O. Any police equipment that is contaminated must be decontaminated prior to reuse, servicing or shipping (PBT, duty weapon, uniform).
- P. If it is not feasible to clean the equipment prior to shipping, or the item is of evidentiary value, information regarding the contamination must be conveyed to the representative or other law enforcement agency. Evidence containers will display the biohazard symbol.

**VII. HOUSEKEEPING**

- A. All used PPE and contaminated non-evidence items will be placed in a red bag and disposed of in accordance with training guidelines. Police personnel may elect to leave the used PPE either at the hospital or inside an ambulance in the provided red bag containers.
- B. All evidence which may be contaminated shall be air-dried, double bagged in paper, sealed with tamper proof tape and a bio-hazard label shall be placed on the outside of the bag prior to being submitted to the Property and Evidence Section. All syringes must be placed in a sharps transport tube prior to being submitted to Property and Evidence.
- C. Members whose clothing is contaminated will remove the clothing as soon as possible and wash the affected skin areas. The clothing will be placed in a red bag and turned over to the HCPD's dry cleaning vendor.
- D. Personnel whose issued equipment is contaminated (handcuffs, leather belt, etc.) will clean the contaminated equipment as soon as possible. Rubber cleaning gloves are available and must be used for cleaning. Eye and face protection will be utilized when splashing is likely. The equipment should be cleaned twice and thoroughly dried prior to reuse.
- E. The interior of transport vehicles that have been contaminated will be cleaned as soon as possible after transport using a 1:10 solution of bleach and fresh water or other antimicrobial solution.

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<sup>7</sup> CALEA 70.1.6d

- F. If exterior contamination of the HCPD issued duty weapon occurs, the exterior of the weapon should be cleaned twice using detergent disinfectant. After cleaning and drying the exterior of the weapon, Break-Free should be applied to recondition the exterior of the weapon.
- G. If extensive interior contamination of the duty weapon occurs (which would require it to be completely broken down), the weapon should be unloaded, placed in a red bag and turned over to the HCPD armorer who will facilitate its cleaning and conditioning. The magazine and street rounds in the weapon should also be included for inspection by the armorer.
- H. A HCPD vehicle that is contaminated with a small amount of body fluids will be cleaned and disinfected by the officer. Cleaning supplies can be obtained from each cell block. Officers will wear masks, gloves and eye protection when cleaning.
- I. A HCPD vehicle that is contaminated with a large quantity of body fluids or if body fluids have permeated the upholstery, the vehicle shall be **deadlined** with prominent signs by the officer. Notification will be made to facilities and to the Quartermaster advising them of the spill.
- J. Any member observing any measurable quantity spilled blood or other body fluids within any Departmental building will immediately isolate the affected area (sign posting or barrier tape) and contact facilities through Communications Division for clean up. After hours notification will be handled in a similar fashion.
- K. Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be picked up using mechanical means such as a dust pan and brush, tongs, forceps or vacuum.
- L. Personnel are prohibited from reaching into sharps containers as this increases the likelihood of an accidental needle stick.
- M. Secondary red bags will be used if the primary bag becomes contaminated or leaks. The second red bag will be placed and secured over the first bag.
- N. Needles used as evidence will be packaged in a sharps transport tube and processed in accordance with current Department policy. The Property and Evidence Section will assure that all needle containers transported to the Maryland State Police lab display the biohazard symbol.

#### **VIII. HEPATITIS B VACCINATION**

Hepatitis B vaccinations will be offered, free of charge, to all affected members listed in Section IX of this General Order. Members are strongly encouraged to participate. The member, after being thoroughly educated regarding HBV, may decline the vaccination. In such cases, a waiver must be signed by the member. If at any time after refusing the HBV vaccination the member changes his mind, the vaccination may be requested and the Department will fulfill this request in a timely fashion.

#### **IX. INFORMATION AND TRAINING**

The below personnel must participate in Bloodborne Pathogen Training. The Education and Training Division will develop training on bloodborne pathogens and exposure control which must be completed by all affected members annually.

##### Position Titles

- A. Sworn Members
- B. Fingerprint Technicians
- C. Crime Lab Technicians

- D. Property Management Clerk/Technician
- E. Police Cadet
- F. Police Recruit
- G. Auxiliary Officers

**X. MANAGEMENT OF BLOODBORNE EXPOSURE INCIDENTS**

The following guidelines shall apply to the HCPD member when an exposure or suspected exposure occurs:

- A. Procedures at the time of exposure:
  - 1. Thoroughly flush affected eyes, nose, mouth, skin or wound with water as soon as possible.
  - 2. Allow wounds to bleed freely at first, then clean thoroughly with soap and water, and follow with dressing and bandage.
  - 3. Notify a supervisor, personally or through another member that a possible exposure has occurred.
  - 4. The supervisor will notify the on-duty Howard County Fire and Rescue Medical Duty Officer (EMS 1) through Communications.
  - 5. Promptly report to the Howard County General Hospital Emergency Department for assessment and/or treatment of injuries. Under certain circumstances described in section C below, initial treatment with Concentra Medical Center is recommended. **It is essential that a medical evaluation take place within two (2) hours of the exposure whenever possible.**
  - 6. The member will follow up as soon as possible with completion of the Howard County Employee Incident/Injury Form (RM-1).
- B. The following guidelines shall apply to the HCPD member when an exposure or suspected exposure occurs and a HCPD member reports to Howard County General Hospital (HCGH) for treatment. Pre-approval for treatment is not required, for bloodborne exposure incidents under workers' compensation. Members should refer to their supervisor in the event that HCGH procedures change.
  - 1. If source patient blood **is** available:
    - a. The member will be seen by the Emergency Department provider under the hospital protocol for Employee Health.
    - b. The HCGH Exposure Packet will be completed by the Emergency Department physician.
    - c. If warranted, testing will be initiated
      - i. The Source patient will be tested for HIV using the Rapid HIV test and for Hepatitis B and C using standard testing.
      - ii. The member will be tested for Hepatitis B and C and with consent HIV to rule out pre-existing disease using standard testing.
      - iii. In order for the source patient to be tested, the member must also agree to be tested.



- d. Treatment options will be determined
    - i. The physician will evaluate the exposure risk using the CDC guidelines and treatment will be determined based on a mutual decision between the member and the ER physician. The member has the right to request post-exposure prophylactic medication even if the CDC guidelines recommend against it.
    - ii. If treatment with medication is required, medications will be administered by HCGH in sufficient quantities to last until member can seek follow up care at Concentra Medical Center.
    - iii. The member will follow up with Concentra Medical Center for additional medication and/or monitoring. (Members should consult applicable **County guidelines** found on the **County Intranet under the Risk Management Library/Management of Bloodborne Exposure Incidents/Employee Guidelines** for additional information.)
    - iv. A member may see their personal physician in lieu of Concentra Medical Center. However, the workers' compensation claim process can be more efficiently handled, with medical bills and prescriptions paid directly by Howard County, if treatment is rendered and medical bills are generated by Concentra. In addition all medical records would be kept confidential; however, if the member files a workers' compensation claim and uses a personal physician, all medical records would have to be made available to the County for examination.
  - e. Test Results
    - i. HCGH Employee Health will receive the Exposure Packet from the Emergency Department and will follow up to receive outstanding test results.
    - ii. Follow up communication about test results will be between HCGH Employee Health and the member and/or through the County DFRS Medical Duty Officer.
    - iii. Numbered test results for the source patient will be sent to Concentra Medical Center upon request.
    - iv. Employee Health can direct bill for services to Howard County Risk Management.
2. If source patient blood is **not** available:
- a. Member can register as a patient.
  - b. The member will be tested for baseline using standard testing.
  - c. Physician will evaluate the exposure risk using the CDC guidelines and treatment will be determined based on a mutual decision between the member and the ER physician. The member has the right to request the medication even if the CDC guidelines recommend against it.
  - d. HCGH will bill Howard County for services under standard workers' compensation procedures.

3. If blood is available from the source patient without the source patient present in the Emergency Department:
    - a. The Emergency Department will use Employee Health protocol to perform a numbered anonymous rapid HIV test and standard testing for Hepatitis B and C. The consent form will say "Patient Unavailable to Consent".
    - b. Follow up communications about test results will be between Employee Health and the member and/or the County DRFS Medical Duty Officer.
    - c. Employee Health can direct bill for services to Howard County Risk Management.
  4. If the source patient or suspect refuses to be tested for Bloodborne pathogens, the supervisor of the exposed officer will notify and coordinate with the Office of the State's Attorney as soon as practical after the exposure to determine the best course of action to have the source person's blood tested. The below guidelines shall be followed by the member's supervisor when an exposure or suspected exposure occurs.
    - a. If the exposure to the member was intentional, an application for a search and seizure warrant may be required.
    - b. Charging the adult or juvenile suspect with crimes committed will take place as with a standard arrest.
    - c. If the exposure was incidental during a criminal offense or delinquent act, the Office of the State's Attorney will take the appropriate judicial action to obtain a blood sample from the subject.
      - i. Once the charges have been filed, the court will schedule a hearing at which both the officer and suspect have the right to be present.
      - ii. During the hearing only affidavits, counter affidavits and medical records that relate to a finding of probable cause for the issuance of a court order may be admissible.
      - iii. If the Court agrees with the charges, the source patient should be taken to the Howard County Health Department for the blood test.
    - d. If the member is exposed incidental to his duties as a law enforcement agent and no criminal charges are pending, the supervisor will coordinate the acquisition of a court order to have the suspect tested through the Howard County Office of Law.
  5. The supervisor will contact County Risk Management by telephone **(410) 313-6390** or fax **(410) 313-6399** and the HCPD's Human Resources Bureau to advise them of the exposure by the end of shift. This needs to be accomplished to ensure that proper treatment can be authorized for the exposed member without undue delay.
  6. If a member or a supervisor has an immediate question about an exposure they may contact the on-duty medical officer for the Department of Fire and Rescue Services. The on-duty medical officer has access to information and contacts in the medical field to provide immediate feedback.
- C. Follow up and/or initial treatment with Concentra Medical Center is recommended under the following circumstances. Concentra has staff trained in infectious disease protocol and maintains a supply of the required medication on hand.

1. Neither the member nor the suspect (source patient) is taken to the hospital for treatment of other injuries;
2. If initial prophylactic medication is prescribed at Howard County General Hospital and follow up by a physician is required;
3. To fill the prescription provided by the emergency room physician (which can be difficult because the drugs may not be readily available at local pharmacies); or
4. If the member learns of the exposure well after the fact through notification by the State Medical Examiner or other medical sources.

(The Concentra Medical Centers located at 1419 Knecht Avenue, Arbutus, MD 410-247-9595 and 6656 Dobbin Road, Columbia, MD 410-381-1330).

5. A member may see their personal physician in lieu of Concentra Medical Center. However, the workers' compensation claim process can be more efficiently handled, with medical bills and prescriptions paid directly by Howard County, if treatment is rendered and medical bills are generated by Concentra. In addition all medical records would be kept confidential; however, if the member files a workers' compensation claim and uses a personal physician, all medical records would have to be made available to the County for examination.

D. Follow-Up Procedures for HCPD Members

1. The supervisor will follow up with the member to assure that follow up care and communication has been completed.
2. Post-exposure counseling for the member, spouse or significant others may be obtained directly and confidentially by the member through the County's Employee Assistance Plan (EAP).

**XI. MANAGEMENT OF TB EXPOSURE INCIDENTS**

A. PERSONAL PROTECTIVE EQUIPMENT

The employee is required to wear a high efficiency particulate air (N-95) respirator which is a minimum level of respiratory protection. Whenever respirator use is indicated, a complete respirator protection program must be in place:

1. Any time an employee is going to be in close proximity to a known or suspected TB patient in a poorly ventilated space, or
2. Any time an employee is performing high hazard procedures, i.e., enters isolation rooms housing individuals who may have TB or transports such individuals in a closed vehicle.

B. ARRESTEE HANDLING PROCEDURES:<sup>8</sup>

1. When transporting a patient suspected of having TB in a vehicle, the following procedures will be followed:
  - a. Use of a prisoner van is recommended whenever possible.

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<sup>8</sup> CALEA 70.3.1

- b. Officers having direct contact with the arrestee should wear an N-95 respirator for the duration of the detention.
  - c. If the arrestee gives voluntary consent, the arrestee should be provided with and requested to wear a surgical mask while they are in direct contact with an officer.
  - d. Vehicle windows should be open to the extent possible for the duration of the transport.
  - e. The vehicle fan (fresh air setting) should be used to increase ventilation in the vehicle for the duration of the transport.
  - f. The vehicle is not to be operated for one hour following the transport, and will be aired out during that period.
2. Arrestee requesting medical assistance will be transported to the hospital for evaluation and treatment consistent with General Order OPS-57.
  3. Arrestees suspected of having any communicable or infectious disease will be housed in a manner which isolates them from the rest of the arrestee population. Arrestees diagnosed with active TB will be immediately isolated from the prisoner population. Efforts should be made to minimize the number of employees and arrestees having contact with the subject.
  4. Written notification must accompany any arrestee suspected of having any communicable or infectious disease to alert receiving staff of the medical condition. Advance contact should be made, with as much notice as possible, prior to arrival, to allow for appropriate arrangements. The officer shall check "Yes" for the "Alert" at the top of the Arrest Report (Form 1250) and complete a separate "Alert Form" (Form 1251) which must be given to Central Booking.
  5. The temporary cell housing the detainee will be placed "out of service" after the detainee is removed until it has aired out for at least one hour.

C. PROCEDURE FOLLOWING EXPOSURE

1. Following an Occupational Exposure or Suspected Occupational Exposure a member shall:
  - a. Report the incident to a supervisor immediately.
  - b. Complete an Employee Incident/Injury Report (Form RM-1) and forward to Risk Management.
  - c. Seek telephonic advice or medical treatment at the Howard County Health Department, Communicable Disease Control Program (410) 313-6110, as soon as possible. At the time of initial exposure, even if infected, the employee is not contagious.
  - d. If TST testing was initiated, follow instructions for returning to the clinic for reading of the skin test and additional testing including a chest x-ray if warranted. The exposed person and the HCHD health care provider must decide what course of treatment is best for that person.

- e. The most common treatment of latent TB infection is to take an oral medication, either Isoniazid (INH) which is taken for nine (9) months, or Rifampin (RIF) which is taken for four (4) months. People who have TB infection but do not receive treatment for latent infection need to know the symptoms of TB. If they develop symptoms later on, they shall seek medical treatment right away.
  - f. If symptoms of active pulmonary TB disease are not present, the employee is not considered to be contagious.
  - g. Lost Time following an Occupational Exposure including the time spent at the Health Department following a documented occupational exposure will be covered under Workers Compensation Leave. Following a documented occupational exposure, if the employee is found to be contagious by a physician and is ordered to stay away from the workplace, that time shall be covered under Workers Compensation Leave.
2. Following a Non-Occupational Exposure or Being Notified of a Positive Routine Skin Test With No Known Documented Source for Exposure:
- a. Treatment: Seek treatment at the Howard County Health Department, Communicable Disease Control Program. Call (410) 313-6110 to schedule an appointment. Testing and treatment is provided without charge.
  - b. Lost Time: Time spent for diagnostic testing, medical treatment and time away from work may be charged to the employee's accrued leave.

**XII. VICTIMS' RIGHTS TO HAVE A CHARGED INDIVIDUAL TESTED FOR HIV**

Under Maryland Law (Annotated Code of Maryland, Title II, §11-110) a victim of an offense has the right to request that the person charged with the offense be tested for HIV. The request must be made in writing and sent to the State's Attorney for Howard County, who will determine if the case meets the criteria to have the individual tested.

- A. Charged means the filing of an indictment, information or petition alleging a delinquent act.
- B. The term "victim" includes a law enforcement officer acting in the performance of the law enforcement officer's official duties.

**XIII. RECORD KEEPING**

The following records shall be maintained on all effected members by the employer for all time frames specified:

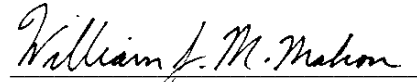
- A. Training records to indicate initial training and annual training must be maintained for a period of at least three (3) years. These records will be maintained by the Education and Training Division.
- B. Medical exposure records that indicate vaccinations, exposures and follow-up medical evaluation and treatment of exposures must be kept for the duration of the member's time plus thirty (30) years. These records will be maintained by County Human Resources.

GENERAL ORDER OPS-43  
MAY 29, 2009

**XIV. CANCELLATION**

The issuance of this General Order cancels and replaces OPS-43, Bloodborne Pathogens Exposure and Control dated October 20, 2008.

AUTHORITY:

A handwritten signature in cursive script that reads "William J. McMahon". The signature is written in black ink and is positioned above a horizontal line.

William J. McMahon  
Chief of Police