



HOWARD COUNTY SHERIFF'S OFFICE

## GENERAL ORDER OPS-04

### COMMUNICABLE DISEASES & BLOOD-BORNE PATHOGENS

EFFECTIVE MARCH 23, 2012

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#### I. POLICY

The Howard County Sheriff's Office (HCSO) will conform with the standards set forth in the Occupational Safety and Health Administration (OSHA) regulations pertaining to disease exposure, most specifically Occupational Exposure to Tuberculosis (TB [29 CFR Part 1904.11 and 1910.139]) and Blood-borne Pathogens (29 CFR Part 1910.1030).

#### II. DEFINITIONS

- A. **AIDS:** *Acquired Immune Deficiency Syndrome*. A communicable disease caused by the Human Immunodeficiency Virus (HIV).
- B. **Biohazard Container:** A red, puncture resistant plastic liner or container that's pre-printed with "BIOHAZARD" (symbol) indicating Danger Infectious Waste.
- C. **Blood-borne 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).
- D. **Body Fluids:** Fluids that have been recognized by the Centers for Disease Control (CDC) as directly linked to the transmission 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 exposure]).
- E. **Contaminated:** The presence, or the reasonably anticipated presence, of blood or other potentially infectious materials on an item or surface.
- F. **Contact:** Contact without regard to the use of any personal protective equipment (PPE) between an employee's skin or mucous membranes and another person's blood, body fluids, and/or tissues.
- G. **Decontamination:** The use of physical or chemical means to remove, inactivate, or destroy blood-borne 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.

- H. **Exposure:** A specific eye, mouth, or other mucous membrane or non-intact skin contact with blood or other potentially infectious material that results from the performance of a member's job-related duties.
- I. **HBV:** Abbreviation for *Hepatitis B Virus*.
- J. **Hepatitis C (HCO):** A viral form of Hepatitis spread through blood contact and sexual transmission.
- K. **HEPA Respirator:** A High Efficiency Particulate Air Respirator and the minimum level of respiratory protection for the employee who enters isolation rooms housing individuals who may have tuberculosis or transports such individuals in a closed vehicle. Whenever respirator use is indicated, a complete respirator program must be in place.
- L. **HIV:** Abbreviation for *Human Immunodeficiency Virus*.
- M. **Immunization:** The process of rendering a person immune or highly resistant to a specific disease or diseases.
- N. **Infectious Waste:** Blood and blood products, pathological wastes, contaminated gloves, contaminated sharps (needles) and other non-reusable items which are potentially contaminated.
- O. **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. PPD skin testing is required to confirm inactive infection. Medication prevents possible progression to active disease. Discussion about the benefits and risks of treatment should occur with the exposed person's healthcare provider.
- P. **Meningitis:** An infection of the spinal fluid and fluid surrounding the brain. Meningitis is caused by a viral or bacterial infection. Viral meningitis is generally less severe and often resolves itself without specific treatment. Bacterial meningitis can be quite severe and may result in brain damage, hearing loss, learning disabilities, or death.
- Q. **MOSHA:** *Maryland Occupational Safety and Health Administration*.
- R. **MRSA:** Methicillin-Resistant *Staphylococcus Aureus*. An infection caused by a strain of *Staphylococcus aureus* bacterial that is highly resistant to antibiotics. MRSA is spread through contact with individuals who are already infected.
- S. **Non-Occupational Exposure:** Exposure of unknown or undocumented origin which results in a positive TB test.
- T. **Occupational Exposure:** Close contact during the course of employment with a person who has been conclusively diagnosed with active Tuberculosis (TB) disease.
- U. **Personal Protective Spray:** A non-alcohol, non-aerosol spray that is safe to spray directly into the eyes, ears, nose, and mouth of an individual, as well as on minor cuts and abrasions. It must be used immediately following exposure to blood, saliva, vomit, mucous, feces, urine, and other bodily fluids.
- V. **PPD Test (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.
- W. **PPE:** *Personal Protective Equipment*. Specialized clothing or equipment worn by an employee to protect him/her from a potential exposure.
- X. **SARS:** Abbreviation for *Severe Acute Respiratory Syndrome*. A viral respiratory illness caused by a corona virus and spread by close person-to-person contact.

- Y. **Significant Exposure:** Any needle stick, puncture, or cut with a sharp object; contact with skin that is chapped, abraded, or has dermatitis; contact that is prolonged or covers an extensive area with blood or body fluids; contact with saliva (Hepatitis B); spraying blood or body fluids into mucous membranes.
- Z. **TB Disease (Active):** Active disease causes symptoms including cough that lasts more than three (3) weeks, coughing up blood, fatigue, fever, loss of appetite, weight loss, and night sweats. This state is contagious and requires medication to control and cure.
- AA. **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, singing, or speaking. If the droplets are inhaled by another person, infection can occur. TB is not transmitted by shaking hands, touching surfaces or touching dishes. It is most commonly spread to people in confined, poorly ventilated spaces. Although many people are infected with TB, very few develop TB disease.

### III. EQUIPMENT & SUPPLIES<sup>1</sup>

The following equipment shall be utilized for the protection of HCSO members and the public:

- A. **Disposable Containers:** These containers shall be red and shall have a lid to prevent spilling. These containers shall display the biohazard symbol.
- B. **Syringe Transport Tubes:** shall be issued to all affected members and shall be used to contain used or recovered syringes until they can be turned over to the Property & Evidence Supervisor or disposed of.
- C. **Disposable Gloves:** shall be issued to all personnel.
- D. **Disposable CPR Masks** (with one-way valve): shall be issued to all affected members.
- E. **Disposable Face & Eye Protection:** shall be available to all affected members.
- F. **Waterless Hand Cleaner** (antimicrobial): shall be available to all affected members along with hand towels. This hand cleaner shall be used in situations where it is not feasible to wash with soap and water. Antimicrobial towelettes that meet OSHA standards are also acceptable.
- G. **Disposable Gown & Shoe Covers:** shall be available and worn when appropriate.
- H. **Red Bags & Ties:** shall be available to all affected members for disposal of infectious waste and containment of evidence contaminated with bodily fluids.
- 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 shall be clearly marked as containing biohazard.
- J. **Waste Containers:** shall be placed in designated areas for the disposal of infectious waste. These containers shall identify their contents as biohazard and shall be designed in such a fashion to prevent spilling.

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<sup>1</sup> CALEA 46.1.6 d

**IV. PERSONAL PROTECTIVE EQUIPMENT KIT<sup>2</sup>**

- A. The following personal protective equipment shall be made available in the form of a kit.
1. Disposable latex, vinyl, or rubber gloves (two [2] pairs) for patient care and equipment disinfection.
  2. Disposable eye and face masks to minimize the possibility of mucosal contamination.
  3. Disposable CPR masks with one-way valve.
  4. Disposable gowns and shoe covers for personnel when dealing with gross amounts of blood at the incident scene.
  5. Disposable suits.
  6. Syringe transport tube.
  7. Towelettes designed to clean hands and face until access to soap and water is available. These towelettes will meet OSHA standards.
  8. Hand towels for drying of hands and face.
  9. Red bags for disposal of used items and contaminated evidence items.
- B. Personal Protective Equipment kits, as well as disposable gowns and shoe covers, will be placed at the following locations:
1. Circuit Court Lock-up – two (2) kits
  2. Circuit Court Duty Officer – one (1) kit
  3. District Court Lock-up – two (2) kits
  4. Dorsey Building
    - a. Domestic Violence Supervisor – one (1) kit
    - b. Administrative Services Commander – one (1) kit
    - c. Landlord/Tenant Supervisor – one (1) kit
    - d. Warrant Supervisor – one (1) kit
    - e. Prisoner Transport Wagon – one (1) kit
- C. The following procedures will be followed when utilizing Personal Protective Equipment:
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.
  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 will 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.

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<sup>2</sup> CALEA 46.1.6 d

4. Disposable gloves will not be re-used.
5. Eye and face protection should be used whenever splashes or spray of blood or bodily fluids are reasonably anticipated.
6. CPR masks with one-way valves should be used when performing mouth-to-mouth breathing.
7. If an employee is required to be in close proximity to a known or suspected TB patient in a poorly ventilated space, the use of a National Institutes for Occupational Safety & Health (NIOSH) approved high efficiency particulate air (HEPA) respirator is approved.

## V. UNIVERSAL PRECAUTIONS

Universal precautions should be exercised at all times by all affected HCSO members. **All bodily 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 oral protection should be performed as a "last resort" in the management of a non-breathing patient.
- B. Disposable pocket masks with one-way valves will be used and carried in all Sheriff vehicles. These masks are also available in the PPE Kits assigned throughout the HCSO offices and Circuit Court.
- C. Disposable latex/vinyl/rubber gloves will be worn when there is the likelihood of exposure to a contaminant and will be removed before handling any equipment and then disposed of properly. It is recommended personnel double glove (one set of gloves worn over another) when there is a possibility of exposure. Every reasonable effort should be made to minimize exposure to bodily fluids. Members should cover all open wounds with a band-aid prior to reporting for work.
- D. Personnel will wash their hands immediately after any contact or possible contact with any infectious waste, even if gloves were used. Waterless hand cleaners will be available throughout the HCSO offices and the Courthouse.
- E. Syringe transport tubes will be available to employees and will be used to reduce the risk of needle sticks. The syringe or needle will be placed in the transport tube using the one-handed technique:
  1. Place tube next to needle.
  2. Pick up needle and insert into tube.
  3. **DO NOT HOLD THE TUBE IN YOUR HAND WHILE INSERTING THE NEEDLE.**
  4. Seal the tube and cover with tape.
- F. Puncture proof, leak proof and self-contained disposable containers will be placed in the Property Section. These containers will have a lid to prevent spilling and will display the biohazard symbol.
- G. Containers lined with red hazardous waste bags will be used for the disposal of infectious material, and will be located in the Circuit and District court lock ups. These waste containers will have tight fitting lids to prevent spilling. Separate waste baskets will be used for non-contaminated items.
- H. Eating, drinking, smoking or the application of cosmetics and handling of contact lenses is prohibited in areas where potentially infectious waste is present. Food will not be stored in refrigerators with blood or other infectious materials.
- I. Personnel must wash skin with soap and warm water or flush mucous membranes as soon as possible after contact with blood or other potentially infectious materials. Mucous membranes should be flushed for at least two minutes. Personnel shall then report to either Concentra or the Hospital for further evaluation.

- J. Any HCSO equipment that is contaminated must be decontaminated prior to reuse.
- K. A Supervisor must be contacted in the event of a HCSO issued firearm contamination.
- L. If an item is of evidentiary value and is to be examined or analyzed, information regarding the contamination must be conveyed to the law enforcement agency conducting the examination. Evidence containers will display the biohazard symbol.
- M. All individuals with body fluids on their persons shall be transported in separate vehicles from other individuals. See Section V below for Prisoner Handling & Transport procedures.
- N. Hepatitis B vaccinations will be made available, free of charge, to all affected personnel. This will be done within ten (10) days of employment, if possible. All affected employees are strongly encouraged to participate. The employee, after being educated regarding HBV, may refuse the vaccination. In such cases, a waiver must be signed by the employee. If the employee changes his/her mind and requests the vaccination, the HCSO will fulfill this request.

**VI. PRISONER HANDLING & TRANSPORT<sup>3</sup>**

- A. When transporting by vehicle a prisoner suspected of having a communicable or infectious disease, the following procedures will be followed:
  - 1. Use of a prisoner van is recommended whenever possible.
  - 2. Persons having direct contact with a prisoner suspected of having an airborne infectious disease should wear an N-100 respirator for the duration of the detention.
  - 3. The prisoner should be provided with and requested to wear a disposable surgical mask while they are in direct contact with others.
  - 4. Vehicle windows should be open to the greatest possible extent for the duration of the transport.
  - 5. The vehicle is not to be operated for one (1) hour following the transport and will be disinfected during that period.
- B. Prisoners requesting medical assistance will be transported to the hospital for evaluation and treatment, consistent with *General Order OPS-17, Medical Prisoner Transport*.<sup>4</sup>
- C. Prisoners suspected of having any communicable or infectious diseases will be processed in accordance with established HCSO policies. Except as outlined in this General Order, for purposes of protection, those prisoners will not be treated differently.
- D. Prisoners diagnosed with a communicable or infectious disease will be immediately isolated from the prisoner population. Efforts should be made to minimize the number of employees and prisoners having contact with the subject.
- E. The cell housing the prisoner will be deemed "Out of Service" after the prisoner is removed and will remain out of service until it has been disinfected.
- F. When transferring a prisoner from the Howard County Detention Center to another detention facility, jurisdiction or lockup who is suspected of having an infectious disease, written notification (if available) will accompany the prisoner to alert the receiving agency of the medical condition. If possible the receiving agency shall be notified in advance to alert them of the medical condition.

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<sup>3</sup> CALEA 70.3.1

<sup>4</sup> CALEA 70.3.2

- G. To ensure privacy and confidentiality rights of the patient/prisoner notification shall be made only to those who need to know. (Records, Intake or Supervisory Personnel).<sup>5</sup>
- H. The interior of the transport vehicle that has 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.

## **VII. DISPOSAL PROCEDURES**

- A. All disposable personal protective equipment will be placed in a red bag, which will then be secured and turned over to the Quartermaster for disposal. If applicable, HCSO personnel may elect to dispose of used PPE either at the hospital or inside an ambulance in the provided red bags.
- B. All evidence items which may be contaminated will be submitted in a red bag to the Property Custodian using the established property control procedures.
- C. Found needles will be placed in syringe transport tubes and submitted to the Property Custodian for disposal.
- D. Personnel whose clothing or uniform is contaminated will remove said items as soon as possible and wash or shower the affected area. The clothing or uniform will be placed in a red bag and turned over to the Quartermaster for cleaning or disposal.
- E. Personnel whose issued service equipment is contaminated (handcuffs, leather belt, etc.) will, as soon as possible, clean the contaminated equipment using the disinfectant kit located in the cell area.
  - 1. Disposable gloves are available and must be used for cleaning.
  - 2. These items should first be cleaned with a soap and water solution and then placed in an appropriate disinfection solution to be disinfected.
  - 3. The Quartermaster shall be notified upon use of any content within the PPE kit and the disinfectant kit. The Quartermaster is responsible to ensure the contents/supplies are replaced.
- F. Duty Weapon Contamination
  - 1. When a duty weapon is contaminated, a supervisor shall be contacted and will determine the following actions:
    - a. If only exterior contamination occurs, the exterior of the weapon will be cleaned twice using a disinfectant. After cleaning and drying the exterior of the weapon, Break-Free will be applied to recondition the exterior of the weapon.
    - b. If extensive interior contamination of the duty weapon occurs (which would require the weapon to be completely broken down), the weapon will be unloaded, placed in a red bag, and turned over to the HCSO Armorer for disassembly and cleaning. The magazine and street rounds that were in the weapon shall be included for inspection by the Armorer.
- G. HCSO Vehicle Contamination
  - 1. If a HCSO vehicle is contaminated with a small amount of body fluids, it will be cleaned and disinfected by the operator. Cleaning supplies and red biohazard bags can be

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<sup>5</sup> CALEA 70.1.6 d

obtained from the HCSO offices at the Courthouse and Dorsey Building. The vehicle operator must notify the Fleet Coordinator for disposal of red biohazard bags.

2. Deputies will wear disposable masks, gloves, and eye protection (available in the PPE Kits assigned throughout the HCSO offices and Courthouse) at all times while cleaning.
3. If a HCSO vehicle is contaminated with a large quantity of body fluids or body fluid has permeated the upholstery, the vehicle should be dead lined. The operator will place prominent signs on the vehicle indicating it is dead lined and the reason. The operator will notify the Fleet Coordinator of the contamination and vehicle's location.

H. Lock-Up Cell Contamination

1. Any personnel observing blood or other body fluids within the lock-up cell areas or Courthouse will immediately isolate the affected area, contact a supervisor and contact Howard County Facilities. After-hours notification of clean-up will be made by contacting Howard County Facilities through Central Communications and the on-call supervisor. The employee will also attempt to determine the source of the spilled blood or body fluids.
2. Cell areas will be cleaned on a daily basis by Howard County Facilities Personnel.
3. Personnel are prohibited from picking up broken glass that may be potentially infectious without the use of a broom and dust pan.
4. Infectious waste containers will be located in the cell area, as provided by the Quartermaster. Personnel will wear appropriate equipment when handling or transporting red bags for disposal.

**VIII. ARREST, SEARCHES, BOOKING & LOCKUP PROCEDURES**

- A. Operational activities may result in a high risk of exposure to communicable diseases and blood-borne pathogens. Examples of high-risk exposure are:
  1. The handling of bloody or wet items where scratches, cuts, or open sores are noticed on the area of contact;
  2. Direct contact with bodily fluids from a subject in an area where there is an open sore/cut;
  3. Direct mouth-to-mouth resuscitation (CPR);
  4. Receiving a cut or puncture wound as a result of searching or arresting a subject;
  5. Other high-risk exposure.
- B. Extreme caution shall be used during searches to prevent accidental skin punctures by needles. Extreme caution must also be used when reaching into areas that are not visible (such as under car seats).
- C. Remove protective / disposable gloves with caution and securely seal them in a red bag. Place the red bag in the appropriate waste container.
- D. Deputies shall inform support personnel of the presence of blood or other bodily fluids. Support personnel include firefighters, paramedics, other HCSO personnel, police officers, etc.
- E. Subjects taken into custody with blood or bodily fluids on their person shall be taken directly to and placed in the designated holding area for processing.
- F. Deputies shall document, in their reports and verbatim, any voluntary statements made with regard to infectious disease and shall note the presence of bodily fluids, if any.



- G. Deputies responding to a complaint of alleged, intentional exposure by any person infected or possibly infected with a contagious disease shall notify a supervisor and shall advise the victim to seek immediate medical attention.

## **IX. EXPOSURE PROCEDURES**

The following guidelines shall apply to HCSO sworn members, Security Officers, and civilian personnel when an exposure or suspected exposure occurs:

- A. If there is a possible exposure to a communicable or infectious disease while at work, follow the recommendations below. Contact County Risk Management at **410-313-6390** with any questions during any part of this process.

1. **Exposure Incident:** A specific eye, mouth, other mucous membrane, non-intact skin or parenteral (taken into the body or administered in a manner other than through the digestive tract, as by intravenous or intramuscular injection) contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
2. **Intact Skin:** Determine if the source material is blood, bloody fluid, other potentially infectious material (OPIM), or an instrument contaminated with one of these substances. If intact skin only, follow-up care may not be necessary if the exposure is a small amount (a few drops, short duration). Contact with intact skin is not normally considered a risk for disease transmission.

- B. If the exposure was to blood and the circumstances suggest a higher volume exposure (an extensive area of skin was exposed or there was prolonged contact with blood), the risk of disease transmission must be considered. Skin integrity is considered compromised if there is evidence of chapped skin, dermatitis, abrasions, or an open wound.

### **C. BLOOD-BORNE PATHOGEN EXPOSURE**

1. If exposed, thoroughly flush affected eyes, nose, mouth, or skin with water as soon as possible for at least fifteen (15) seconds. Waterless cleaner shall be used until soap and water are available.
2. Allow wounds to bleed freely at first, then clean thoroughly, apply disinfectant, and follow with dressing and bandage.
3. Notify a supervisor personally, or through another employee, 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 Central Communications. The supervisor shall complete a detailed report which shall be sealed and submitted to the Major.
5. Where there is an exposure or suspected exposure and the **source person is not hospitalized**, phone one of the below Concentra Medical Centers and advise them that you are enroute with an exposure or possible exposure. This will allow the Concentra Medical Center to make arrangements for your arrival. **It is essential that a medical evaluation take place within two (2) hours of the exposure whenever possible.**

- a. Concentra Medical Center (*Columbia*)  
6656 Dobbin Road  
Columbia, Maryland 21045  
**PHONE: (410) 381-1330**
- b. Concentra Medical Center (*Arbutus*)  
1419 Knecht Avenue  
Arbutus, Maryland 21227  
**PHONE: (410) 247-9595**

6. Concentra is open 24 hours a day, Monday at 7:00 AM to Saturday at 12:00 PM. The centers close from 12:00 PM Saturday until 7:00 AM Monday.
  7. The member will follow-up as soon as possible with completion of the Howard County Employee Incident/Injury Form (RM-1).
  8. The employee's supervisor will contact County Risk Management (**410-313-6389**) to advise them of the exposure by telephone or fax (**410-313-6399**) by the end of the shift on the day when the exposure occurs. This is important so that proper treatment can be authorized for the exposed employee without undue delay.
- D. The following guidelines shall apply to the HCSO member when an exposure or suspected exposure occurs and an HCSO member reports to Howard County General Hospital (HCGH) for treatment. Pre-approval for treatment is not required for blood-borne exposure incidents under Worker's 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.
      - 1) The source patient will be tested for HIV using the Rapid HIV Test and for Hepatitis B and C using standard testing.
      - 2) The member will be tested for Hepatitis B and C and, with consent, HIV in order to rule out pre-existing diseases.
      - 3) In order for the source patient to be tested, the member must also agree to be tested.
    - d. Treatment options will be determined.
      - 1) The physician will evaluate the exposure risk using the CDC's 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.
      - 2) If treatment with medication is required, medications will be administered by the HCGH in sufficient quantities to last until the member can see follow-up care at Concentra Medical Center.
      - 3) The member will follow-up with Concentra Medical Center for additional medication and/or monitoring.
      - 4) A member may see his/her personal physician in lieu of Concentra Medical Center.
        - i. However, the Worker's Compensation claim process can be more efficiently processed, with medical bills and prescriptions paid out directly by Howard County, if treatment is rendered by and medical bills are generated by Concentra.

- ii. In addition, all medical records will be kept confidential.
  - iii. However, if the member files a Worker's Compensation claim and uses a personal physician, all medical records would have to be made available to the County for examination.
- e. Test Results:
- 1) Employee Health will receive the Exposure Packet from the Emergency Department and will follow-up to receive any outstanding test results.
  - 2) Follow-up communication about test results will be between Employee Health and the member and/or through the County DFRS Medical Duty Officer.
  - 3) Numbered test results for the source patient will be sent to Concentra Medical Center upon request.
  - 4) Employee Health can direct the bill for services to Howard County Risk Management.
2. If source patient blood IS NOT available:
- a. The member can register as a patient.
  - b. The member will be tested for baseline using standard testing.
  - c. The Emergency Department physician will evaluate the exposure risk using the CDC's 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 Worker's 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 read PATIENT UNAVAILABLE TO CONSENT.
  - b. Follow-up communications regarding test results will be between Employee Health and the member and/or the County DRFS Medical Duty Officer.
  - c. Employee Health will direct the bill for services to Howard County Risk Management.
4. If the source patient or suspect refuses to be tested for blood-borne pathogens, the member's Supervisor will coordinate with the State's Attorney's Office to determine the best course of action to have the source patient's or suspect'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. If the exposure was incidental during a criminal offense or delinquent act, the State's Attorney's Office must file an indictment or informational charges (petition alleging a delinquent act if the suspect is a juvenile). The suspect will NOT be

charged through the Commissioner's Office process, as it will not allow for the suspect's blood to be tested.

- c. The member's supervisor will ensure that the member completes an affidavit citing the exposure and requesting the source be tested for infectious diseases.
  - d. If the member is exposed incidental to his/her 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.
5. The Supervisor will contact County Risk Management by telephone (**410-313-6390**) or fax (**410-313-6399**) and the Howard County Human Resources Office to advise them of the exposure by the completion 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, he/she may contact that 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 that allow him/her to provide immediate feedback.
- E. Concentra has staff trained in infections disease protocol and maintains a supply of the required medications on-hand. Follow-up and/or initial treatment with Concentra Medical Center is recommended under the following circumstances:
1. Neither the member nor the suspect (source patient) is taken to the hospital for treatment or 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 Department physician (which can be difficult because the drugs often prescribed in blood-borne pathogen incidents 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 (in such an instance, call ahead to one of the two Concentra Medical Center locations listed above in Section VII.C.5.
  5. A member may see his/her personal physician in lieu of Concentra Medical Center.
    - a. However, the Worker's Compensation claim process can be more efficiently processed, with medical bills and prescriptions paid out directly by Howard County, if treatment is rendered by and medical bills are generated by Concentra.
    - b. In addition, all medical records will be kept confidential.
    - c. However, if the member files a Worker's Compensation claim and uses a personal physician, all medical records would have to be made available to the County for examination.
- F. TUBERCULOSIS EXPOSURE – OCCUPATIONAL
1. Report the incident to a supervisor immediately.
  2. Complete an Employee Incident/Injury Report (Form RM-1) and forward to Risk Management.

3. Seek telephone advice or medical treatment at the **Howard County Health Department, Communicable Disease Program (410-313-7500)** as soon as possible. At the time of initial exposure, even if infected, the employee is not contagious.
4. If PPD testing was initiated, follow instructions for returning to the clinic for reading of the skin test and additional testing, to include chest X-rays, if warranted. The exposed person and the health care provider must decide what course of treatment is best for that person.
5. The most common medicine used for treatment of latent TB infection is an oral medication, *Isoniazid* (INH), which is taken for nine (9) months. People who have a TB infection but do not receive treatment for latent infection need to know the symptoms of TB. If they develop symptoms later on, they should seek medical treatment immediately.
6. If no symptoms of active TB disease are present, the employee is NOT contagious.
7. Time spent at the County Health Department following a documented occupational exposure will be covered under Worker's 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 Worker's Compensation Leave.

G. TUBERCULOSIS EXPOSURE – NON-OCCUPATIONAL

1. Seek treatment at the **Howard County Health Department, Communicable Disease Program**. Call **410-313-7500** to schedule an appointment. Testing and treatment is provided free of charge.
2. Time spent for diagnostic testing, medical treatment, and time away from work may be charged to the employee's accrued leave.

H. Follow-up Procedures for HCSO Members

1. The Supervisor will follow-up with the employee to assure that follow-up care, if warranted, has been completed to their satisfaction.
2. Post-exposure counseling for the employee, spouse, or significant other may be obtained directly and confidentially by the employee through the County's Employee Assistance Plan (EAP). The EAP's has a 24-hour hotline, **800-448-4434**.

I. Occupational exposures that do not result in a positive test are not recordable.

X. **VICTIM'S RIGHTS TO HAVE A CHARGED INDIVIDUAL TESTED**

- A. 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 an offense be tested for HIV. The request must be made in writing and sent to the Howard County State's Attorney's Office, who will determine if the case meets the criteria to have the individual tested.
- B. The following definitions apply under this general order:
  1. **Charged** – the filing of an indictment, information, or petition alleging a delinquent act.
  2. **Victim** – includes a law enforcement agent acting in the performance of the law enforcement agent's official duties.
- C. All affected office personnel shall complete a detailed report. This report shall be sealed as Confidential and submitted to the Major.

**XI. EDUCATION & TRAINING<sup>6</sup>**

- A. HCSO sworn members and Security Officers must participate in Blood-borne Pathogen & Infectious Disease Training.
- B. The Education & Training Coordinator shall develop training on blood-borne pathogens and infectious disease exposure control which must be completed by all affected members annually.
- C. Blood-borne Pathogen & Infectious Disease Training shall contain elements of the following:
  - 1. Explanation and applicability of OSHA and MOSHA standards.
  - 2. Epidemiology and symptoms of blood-borne diseases.
  - 3. Methods of disease transmission.
  - 4. Explanation of the Exposure Control Plan.
  - 5. How to recognize tasks that may involve exposure to blood-borne pathogens.
  - 6. Methods of preventing exposures.
  - 7. Limitations of prevention measures.
  - 8. Preventative procedures to minimize exposure.
  - 9. Personal Protective Equipment (PPE) usage.
  - 10. Hepatitis B vaccination.
  - 11. Exposure procedures and required documentation.
  - 12. Post-exposure procedures.
  - 13. Records to be maintained by the HCSO.
  - 14. Signs or color coding used to identify potentially infectious items.
  - 15. Question and answer period.

**XII. RECORD KEEPING<sup>7</sup>**

- A. Specific records will be maintained on all affected personnel by the HCSO for timeframe set by the State of Maryland.
- B. Training records to indicate initial and annual trainings must be maintained for a period of at least three (3) years.
- C. Medical Exposure records that indicate vaccinations, exposures, and follow-up medical evaluation and treatment of exposures must be kept the duration of the employee's time, plus thirty (30) years.

**XIII. CANCELLATION**

This General Order cancels and replaces *General Order OPS-04, Communicable Diseases and Blood-Borne Pathogens*, dated July 28, 2009.

Authority:

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James F. Fitzgerald  
Sheriff

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<sup>6</sup> CALEA 46.1.9

<sup>7</sup> CALEA 46.1.9