



**SYKESVILLE POLICE DEPARTMENT**  
COMMUNICABLE DISEASES AND DANGEROUS SUBSTANCES  
GENERAL ORDER 2-9 EFFECTIVE: 07/12/17  
AUTHORIZED BY: *Michael A. Spaulding* CHIEF OF POLICE

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**I. PURPOSE**

To provide guidance to employees in an effort to prevent exposures to communicable diseases and dangerous substances as well as the procedures for treatment and reporting of potential exposure incidents.

**II. POLICY**

It is the policy of the Sykesville Police Department to consider the health of all its employees to be of paramount importance, and to take all necessary steps and precautions to prevent the exposure of its employees to communicable diseases or dangerous substances, and to treat all potential exposures quickly and thoroughly.

**III. PROCEDURES**

A. Communicable Diseases/Blood-Body Fluid

1. If, during treatment or transport of a person to a medical facility, or while acting in the performance of duty, an employee comes into contact with a patient who is subsequently diagnosed as having a contagious disease or virus, and the employee is notified of the same, the employee shall notify their supervisor immediately. The supervisor, shall in turn, notify the Chief of Police immediately of the employee's possible exposure to the contagious disease or virus.
2. The types of diseases and viruses referenced above include:
  - a. Human immunodeficiency virus (HIV)
  - b. Hepatitis B
  - c. Meningococcal meningitis
  - d. Tuberculosis
  - e. Malaria
  - f. Rabies
  - g. Mononucleosis
  - h. Any other contagious disease or virus

3. The notification to the employee by the medical facility or licensed physician/health care worker shall be verified by written confirmation to the involved employee.
4. Notified employees shall
  - a. File a "First Report of Injury" with the Town
  - b. Go to the Carroll County Health Department and/or their Primary Care provider for testing and confirmation of the diagnosis, as well as treatment options.
5. Hepatitis B Vaccination
  - a. The Police Department shall provide the Hepatitis B Vaccine and vaccination series to all Category I and Category II employees.
  - b. The Hepatitis B Vaccination shall be provided after the employees receive the orientation and training through the Departments Training Program regarding blood borne pathogens.
  - c. The Hepatitis B Vaccination shall be provided to Category I and II employees within ten (10) days of initial assignment unless the employee has previously received the complete Hepatitis B Vaccination Series, antibody testing (pre-screening) has revealed the employee is immune or the vaccine is contraindicated for medical reasons. Participation in the pre-screening program shall be a prerequisite for receiving the Hepatitis B Vaccination.
  - d. The Police Department shall ensure the Hepatitis B Vaccine and Vaccination Series are:
    - (1) Made available at no cost to the employee.
    - (2) Made available to the employee at a reasonable time and place.
    - (3) Performed by or under the supervision of a Licensed Physician or by or under the supervision of Licensed Medical Personnel.
6. Hepatitis B Vaccination Declination
  - a. The employee providing the training shall request any member who declines the vaccination to complete a Hepatitis B Vaccine Declination.

- b. The completed Hepatitis B Vaccine Declination shall be maintained in the employee's personnel record.
- c. The Police Department shall make the vaccination available to an employee at no charge, who initially declines the Hepatitis B Vaccination but at a later date, while still covered by the standard, decides to accept the vaccination.

7. Post Exposure Evaluation

The Police Department shall ensure all medical evaluations and procedures, including post exposure evaluation and follow up are:

- a. Made available to the employee at a reasonable time and place.
- b. Performed by or under the supervision of a Licensed Physician or by or under the supervision of another Licensed Health Care Professional.

8. Medical Records

The employee's medical records regarding the exposure incident shall be provided to the following upon request for examination and copying:

- Affected employee
- Anyone having written consent of the affected employee.

B. Auto Immune Deficiency Syndrome (AIDS)

1. AIDS is a serious disease, caused by a virus, which changes the body's immune system. AIDS patients are unable to fight off infections and so become repeatedly ill with many common infections.
2. The virus which causes AIDS is called HIV. This virus can be found in the blood, semen and other body fluids of infected persons. The virus can be passed by a pregnant woman to her unborn child, by sharing hypodermic needles or by unprotected sexual contact. At present, it appears that the virus is NOT passed to another person through other body fluids.
3. The virus can be destroyed by heat, by soap, by bleach, and by any of the usual cleaning methods and products.
4. AIDS cannot be contracted by casual contact. You cannot contract AIDS by being in the same room, sitting at the same table, touching, or talking with a person with the AIDS virus.

5. Confidentiality

- a. It is extremely important from a legal standpoint that all information concerning AIDS be kept strictly confidential and not disclosed to anyone outside the Department.

6. Officer Safety Precautions

- a. Exercise care in searching all prisoners and their belongings in the event that a needle, razor, knife, or other sharp instrument may be concealed in their clothing or on their person.
- b. Exercise care in the use of restraints so that skin breakage does not occur.
- c. Take personal care to properly bandage any open cuts on your own person before reporting for duty.
- d. Be careful when wearing gloves not to puncture the gloves with fingernails, rings, etc.
- e. Wear protective rubber gloves when conducting routine duties such as, but not limited to, searches, pat downs, etc.
- f. Always wear protective gloves when handling prisoners who have visible unhealed wounds, rashes, or other skin lesions. If the officer has open wounds, the officer should wear protective rubber gloves while performing duties.
- g. Always dispose of each pair of gloves after each use. Always use a new pair of protective gloves for each prisoner.
- h. ALWAYS WASH HANDS WITH SOAP AND HOT WATER AFTER REMOVING GLOVES.

7. Suspected Contamination

- a. Any member of this Department who suspects that he/she has been exposed to possible infectious contamination shall immediately notify his/her immediate supervisor of the incident.
- b. A first report of injury or illness shall be filled out and submitted to the Chief's Office within 48 hours of any occurrence.
- c. This information shall be maintained strictly confidential.

- d. The affected member shall be authorized to proceed to the Carroll County Health Department for screening.
- e. This screening process will be conducted at no cost to the employee.
- f. Results of the screening shall remain strictly confidential between the affected member and the Carroll County Health Department.

8. Training

- a. Training will be provided on a regular basis as part of the annual in service training program.
- b. Information, updates and materials will be made available to all staff as it is received by the Office.

C. Blood Borne Pathogens Exposure Control Plan

- 1. The Sykesville Police Department shall provide exposure controls, protective equipment and training for utilization by personnel to isolate or remove blood borne pathogens and potentially infectious materials hazard from the workplace and to educate employees in how to minimize and/or eliminate exposure.
- 2. Definitions
  - a. Medical Waste Container: A red puncture resistant plastic container which is pre-printed with "Biohazard (Symbol) Danger Infectious Waste."
  - b. Blood borne Pathogens: Micro-organisms 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).
  - c. Category I Employees: Staff members routinely exposed to blood borne pathogens or potentially infectious materials on a regular basis.
  - d. Category II Employees: Staff members exposed to blood borne pathogens or potentially infectious materials under certain conditions, including those seldom at injury scenes or involving individuals where blood or body fluid exposures are less likely to occur.

- e. Contaminated: The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- f. Contaminated Laundry: Laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.
- g. Contaminated Sharps: Any contaminated object that can penetrate skin including, but not limited to sharp metal scalpels, broken glass, exposed ends of dental wires, etc.
- h. Decontamination: The use of physical or chemical means to remove 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.
- i. Exposure Incident: A specific eye, mouth or other mucous membrane, or non-intact skin contact or parenteral contact with blood or other potentially infectious materials that results from the performance of a Staff member's job related duties.
- j. Occupational Exposure: Reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of a member's duties.
- k. Parenteral Contact: Piercing skin or mucous membrane through such events as needle sticks, human bites, cuts and abrasions.
- l. Potentially Infectious Material: Human body fluids including semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva, any body fluid visibly contaminated with blood, all body fluids in situations where it is difficult to differentiate between body fluids, and any unfixed tissue on organ from a living or dead human.
- m. Universal Precautions: Approach to infection control by which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other blood borne pathogens.

### 3. Procedures/Guidelines

- a. The Chief shall ensure that Blood Borne Pathogens Exposure Control Policy is distributed to all employees as part of the PowerDMS system.
- b. The Chief shall make the plan available to the Assistant Secretary of Labor for Occupational Safety and Health and Director of the National Institute for Occupational Safety and Health, upon request for examination and/or copying.
- c. As part of the Annual Review Process, this policy shall be reviewed and updated and more frequently, as required, to reflect new or modified tasks and procedures which affect occupational exposure.

4. Training

- a. All Category I and II Employees shall participate in a training program which is provided at no cost to the employees. All employees shall receive training through the Departments Orientation Programs and In Service Training Program.
- b. The training shall include general information regarding Hepatitis B (HBV), Human Immunodeficiency Virus (HIV), and other life threatening diseases.
- c. Training shall also be provided to the employee during the initial orientation process and through annual in service training. Additional training may be provided when modifications of the policy and procedures may affect the employee's occupational exposure. This additional training may be limited to addressing the new exposures created and policy modification only.
- d. The instructor(s) conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the policy.
- e. The training program shall minimally contain the following information:
  - (1) A copy of Occupational Safety and Health Administration, 29 CFR Part 1910.1030, Occupational Exposure to Blood borne Pathogens.
  - (2) Training will cover an explanation of the modes of transmission of blood borne pathogens.

- (3) Training will cover an explanation of the appropriate methods for recognizing duties and other activities that may involve exposure to blood and other potentially infectious materials.
- (4) Training will cover an explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate work practices and protective equipment available.
- (5) Information on the types, proper use, location, removal, handling, decontamination and disposal of protective equipment available.
- (6) Training will cover an explanation of the basis for selection of protective equipment available.
- (7) Information on the Hepatitis B Vaccine, including information on its effect, safety, method of administration, benefits of being vaccinated and that the vaccine and vaccination will be offered at no charge/cost to the employee.
- (8) Information will be given on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- (9) An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident, and the medical follow up that will be made available.
- (10) Information on the post exposure evaluation and follow up that the Detention Center is required to provide for the member following an exposure incident.

f. Training Records

- (1) All training records shall be maintained by the Training Supervisor.
- (2) Training Lesson Plans and Summary shall be prepared and maintained on file for review.
- (3) Training records shall be made available upon request to:



- Assistant Secretary
- Director
- Employees and/or their Representative

g. Exposure Determination

(1) Category I Occupational Exposure Level

Category I Occupational Exposure Level personnel are those routinely exposed to blood borne pathogens or potentially infectious materials on a regular basis (i.e., arresting Officers, first responders in medical emergencies, etc.). Employees assigned to the following job classification meet the criteria for a Category I Occupational Exposure Level: Sworn Officers

(2) Category II Occupational Exposure Level

Category II Occupational Exposure Level employees are those exposed to blood borne pathogens or potentially infectious materials under certain conditions, those seldom at injury scenes or involving individuals where blood or body fluid are less likely to occur. Employees assigned to the following job classifications meet the criteria for a Category II Occupational Exposure Level: Clerical Staff/Administrative Staff

h. Work Practices

(1) Universal Precautions

- i. All employees shall utilize universal precautions to prevent contact with blood or other potentially infectious materials in the performance of job related duties.
- ii. All employees shall consider body fluids to be potentially infectious materials under circumstances in which differentiation between body fluid types is difficult or impossible to identify.

i. Controls

- (1) Employees are prohibited from eating, drinking, applying cosmetics or lip balm and handling contact lenses in work areas where there is a reasonable likelihood of occupational exposure.

- (2) Employees are prohibited from keeping food and drink in refrigerators, freezers, shelves, cabinets or on counter tops where blood or other potentially infectious materials are present. Potential areas of concern would be the kitchen areas, and Prisoner Processing areas.
- (3) Employees shall perform all procedures carefully when involving blood or potentially infectious materials in such a manner as to minimize splashing, spraying, spattering and generation of droplets of these substances.

j. Storage Containers

- (1) Blood or other potentially infectious materials shall be placed in the Evidence Locker and secured in a bio hazard container which prevents leakage during collection, handling, processing, storage, transport or shipping.
- (2) Labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials and other containers used to store, transport or ship blood or other potentially infectious materials. The container for storage, transport or shipping shall be color coded, labeled and secured prior to being stored, transported or shipped.
- (3) The orange/red signs shall be posted at the entrance to areas where potentially infectious materials may be present or stored i.e., Evidence Locker, etc.

k. Hand Washing

- (1) Hand washing facilities shall be readily accessible to all employees.
- (2) Employees shall wash hands immediately or as soon as feasible after removal of disposable gloves or other protective equipment.
- (3) Employees shall wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact with blood or other potentially infectious materials.

l. Contaminated Equipment

Equipment which may become contaminated with blood or other potentially infectious materials shall be decontaminated as necessary.

- m. Any known or suspected exposure should be reported consistent with Workers Compensation policies.
- n. Syringe Recovery
  - (1) All employees should use the utmost caution when conducting searches of arrested individuals, new intakes and property. When conducting a search, the employee should proceed as if a syringe were present.
  - (2) Any syringe discovered during the course of duty shall be properly handled and safely disposed of by the discovering member. In this case securing of the evidence and chain of custody shall be followed.
  - (3) The discovering employee shall handle the syringe as carefully as possible. Employees shall document all information on an Incident Report.
  - (4) The Officer shall secure the contraband (syringe) and take appropriate action concerning the handling of evidence.
  - (5) All used syringes shall be disposed of properly by standard protocol.
  - (6) A certified handler shall be responsible for removal and disposal of all medical waste material.
- o. Disposition of Syringes
  - (1) All contaminated sharps shall be discarded immediately or as soon as feasible in the medical waste container that is closeable, puncture resistant and leak proof.
- p. Personal Protective Equipment
  - (1) The Police Department shall provide the following protective equipment for use by Category I and II Occupational Exposure Level Members:
    - Goggles
    - Latex gloves

- Red plastic bags with twist ties
  - Disposable face mask
- (2) All employees shall use protective equipment when blood or potentially infectious materials are present except under the following circumstances:
- i. In the employee's professional judgment that in the specific instance, the use of the protective equipment would prevent delivery of health care or public safety measures.
  - ii. In the employee's professional judgment that in the specific instance, the use of protective equipment would pose an increased hazard to the safety of the employee or others.
- (3) If the employee does not use the protective equipment due to his/her professional judgment, the circumstances shall be documented on an Incident Report and submitted to the employee's supervisor: the incident report and supervisor's endorsement shall be forwarded to the Chief of Police for review.

q. Hand Protection

- (1) Employees shall wear gloves in one (1) or more of the following instances:
- i. When it is reasonably anticipated that the employee may have contact with blood or other potentially infectious materials.
  - ii. When handling or touching contaminated items or surfaces, or items or surfaces suspected of being contaminated.
- (2) Disposable gloves shall be replaced as soon as practical, or as soon as feasible if torn, punctured or when the gloves ability to function as a barrier is compromised.
- (3) Disposable gloves shall not be washed or decontaminated for multiple usages.

- (4) Sharps which may be contaminated shall not be removed directly with the hands by the employee.

r. Eye Protection

- (1) Employees where applicable shall wear goggles when splashes, spray, spatter or droplets of blood or other potentially infectious materials may be generated and eye contamination is reasonably anticipated.
- (2) If the employee does not use disposable goggles, the goggles shall be washed and disinfected as soon as practical when contaminated.

s. Ventilation Protection

- (1) Employees shall wear a disposable facemask when splashes, spray, spatter or droplets of blood or other potentially infectious materials may be generated and nose or mouth contamination is reasonably anticipated.
- (2) The disposable facemask shall be replaced as soon as practical when contaminated or as soon as feasible if torn, punctured or when the masks ability to function as a barrier is compromised.
- (3) Disposable facemasks shall not be washed or decontaminated for multiple usages.

t. Garment Protection

- (1) The employees shall determine if a disposable (single use) apron should be worn during an occupational exposure situation dependent upon the task and degree of exposure anticipated.
- (2) The disposable apron shall be replaced as soon as practical when contaminated or as soon as feasible if torn, punctured or when the apron's ability to function as a barrier is compromised.
- (3) Disposable aprons shall not be washed or decontaminated for multiple usages.

u. Shoe Protection

- (1) Employees shall wear disposable (single use) shoe covers in instances when gross contamination can be reasonably anticipated.
  - (2) The disposable shoe covers shall be replaced as soon as practical when contaminated or as soon as feasible if torn, punctured or when the shoe cover's ability to function as a barrier is compromised.
  - (3) Disposable shoe covers shall not be washed or decontaminated for multiple usages.
- v. Protective Equipment and Cleaning Guidelines
- (1) The Department shall provide and maintain all protective equipment for personnel use.
  - (2) Request for protective equipment shall be made to the Chief of Police on a regular basis, if supplies are being exhausted.
- w. Cleaning and Disposal of Protective Equipment
- (1) If a garment is contaminated by blood or other potentially infectious materials, the employee shall remove the garment immediately or as soon as feasible.
  - (2) The employee shall remove all protective equipment prior to leaving an injury scene or work area.
- x. Housekeeping/Sanitation
- (1) Employees shall ensure that the work site is maintained in a clean and sanitary condition at all times.
  - (2) All equipment and work surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials. Procedures in this case shall be followed concerning the use of bleach solution.
- y. Work Surfaces/Protective Coverings
- (1) Contaminated work surfaces shall be decontaminated with disinfectant and/or bleach solution at the following times:

- i. After completion of procedures where exposure to blood or infectious materials is found.
  - ii. Immediately or as soon as feasible when surfaces are overtly contaminated or after any spillage of blood or other potentially infectious materials.
  - iii. At the end of the shift if the surface has become contaminated since the last cleaning.
- (2) All bins, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a weekly basis and cleaned and decontaminated immediately upon visible contamination by the responsible member.

D. Personal Protective Equipment Recommendations and Unknown Substance Precautions for First Responders

1. Personal Protective Equipment Recommendations

Both fentanyl and carfentanil can be absorbed through the skin and the airborne powder can be inhaled, therefore, first responders should not handle these substances bare-handed. Personnel should continue to use universal precautions in all circumstances, especially on overdose calls, even if direct patient care is not being provided.

2. Personal Protective Equipment (PPE) used today by first responders is adequate for overdose responses.

- a. Standard gloves are all that is essential
- b. Law enforcement officers conducting a pat-down should apply nitrile gloves over their leather gloves to reduce the risk of any agent binding to their leather gloves.
- c. If there is blood or other bodily fluids, use universal precautions – gloves, splash or face shield/standard mask.
- d. For active handling and processing fentanyl, which includes any time there has been aerosolization of the powder, such as a flash bang on raid, there is respiratory protection guidance from the National Institute for Occupational Safety and Health (NIOSH) as listed below. This is NOT for average response or overdose calls.

3. Respiratory protection applies only if handling and processing a high risk agent. While handling and processing fentanyl and its analogues, first responders should wear either a NIOSH approved:
  - Half-mask filtering facepiece respirator rated P100,
  - Elastomeric half-mask air-purifying respirator with multi-purpose P100 cartridges,
  - Elastomeric full facepiece air-purifying respirator with multi-purpose P100 cartridges, or
  - A powered air-purifying respirator (PAPR) with high-efficiency particulate air (HEPA) filters.
  - a. Both the filtering facepiece respirator and the half-mask respirator should be worn with appropriate eye and face protection.
  - b. Chemical, biological, radiological, and nuclear (CBRN) canisters provide P100 protection.
  - c. Respiratory protection should be worn in accordance with the respirator selection, medical clearance, fit-testing, and other requirements of the OSHA Respiratory Protection Standard. No facial hair is permitted when using any of these recommended respirators.
4. Management and transport of suspected or confirmed drug (Fentanyl or its analogues) to forensic laboratories.
  - a. Officers preparing the suspected drug samples for transport should use appropriate PPE, such as double-gloving to reduce the likelihood of contamination of the transport receptacles
  - b. Double or triple-pack all specimens in:
    - Leak-proof primary receptacle or transparent plastic bag. Multiple samples should be individually wrapped or separated.
    - The primary bag containing the sample should be clearly marked with an indication that the sample contained in the bag is either confirmed or suspected fentanyl.
    - Once the sample is placed in the bag, the officer should remove the outer pair of gloves and dispose of them appropriately.
    - The primary bag should now be placed into a secondary leak-proof receptacle or transparent bag.
    - The drug sample may then be placed into a rigid outer packaging (according to local law enforcement operating procedures) to prevent rupture of the primary and secondary bag during transit especially if it is a large sample.



- If the specimen is a liquid, place absorbent material between the primary and secondary receptacle.
- Appropriate documentation and chain of custody forms should be attached to the secondary bag or placed into the rigid container.
- Appropriate labeling as with the primary bag should be noted on the outside of the rigid container if one is used.
- Place sample in the trunk and should not be transported in the passenger compartment, if at all possible.

#### **IV. CANCELLATIONS**

This General Order cancels and replaces the following policies:

General Order 22.3.5, entitled Coordination with Carroll County Hospital for Possible Exposures to Communicable Disease/Blood-Body Fluid Exposures, dated October 29, 2002.