WEST NORRITON TOWNSHIP POLICE DEPARTMENT

Subject: AIDS Policy		Policy # 5.1.14
Accreditation N/A		
Effective Date: January 1, 2008	Revised Date:	
By Authority Of: Chief A. Dale Mabry	Signature: ADMabry	

5.1.14 AIDS POLICY

A. PURPOSE

AIDS (Acquired Immune Deficiency Syndrome Infectious Disease) is a rapidly growing epidemic; however, prudent precautions can reduce the spread of the virus. This directive has been developed so that this agency may manage those things that we can reasonably predict will occur in the performance of our duties, and protect departmental personnel from unnecessary exposure to the virus.

B. DISCUSSION

Police personnel routinely come into contact with members of the public. At some point it is predictable that police officers will come into contact with a person who has an infectious disease such as AIDS, hepatitis and other infectious diseases.

As a result, extreme caution should be exercised by police personnel, and the following procedures shall be utilized when dealing with blood, items stained with blood or other bodily fluids, and persons of high-risk groups.

C. POLICY

1. Infectious Disease

   a. Discretion should be used by officers to limit their exposure to contagious diseases.
   b. Protective disposable gloves and other infectious disease control materials should be used by officers to prevent transmission of contagious diseases. Direct contact with blood and other bodily fluids should be avoided whenever possible.
   c. Officers shall not eat, drink or smoke at crime scenes where bodily fluids are present or other contagious factors exist.
   d. Officers should be aware that certain prescribed medications, suppress their immune system and make them more susceptible to infectious disease. Officers should consult with their private physician if they are taking prescription drugs.

D. PROCEDURES

1. Supplies

    a. Patrol sergeants shall ensure that adequate supplies are available for infectious disease control within their respective units.
    b. Patrol sergeants will be responsible for dissemination of supplies for infectious disease control, within their respective units.
    c. Protective gloves, other first aid supplies and disinfecting materials will be readily available at all times. These items will be kept in patrol office and marked "Contagious Disease Supplies."
    d. Supply case will contain:

        i. Three pairs of coveralls - one each size
        ii. Protective disposable gloves
        iii. Plastic bags and sealing ties, or sealable plastic bags
        iv. Spray bottles
        v. Liquid and aerosol germicidal cleaner
        vi. Disposable handwipes (70% isopropyl alcohol);
        vii. Absorbent Chux
        viii. Other absorbent materials, such as sponges, etc.
        ix. "Isolation Area - Do Not Enter" signs

E. CUSTODY PROCEDURES

1. Persons of high-risk groups, including homosexuals, intravenous drug users, prostitutes and others should be treated with caution. Where violence or an altercation is likely, protective disposable gloves should be worn. Extreme caution should be used during the search of suspected drug users or dealers to prevent accidental skin punctures by needles. Extreme caution must also be used when reaching into areas, such as under car seats, that are not visible.

2. After the completion of the task or search where protective disposable gloves were utilized, they should be removed with caution, placed in a plastic bag and securely sealed.

3. Whenever it is necessary to transport to a health care facility, a subject who, as a result of an accident or altercation, has blood or bodily fluids present on his person or clothing, an ambulance should be summoned.

4. Officers have an obligation to inform other support personnel (firefighters, paramedics, prison hospital personnel, etc.) whenever change or transfer of custody occurs and the subject has blood or bodily fluids present on his person, or if the subject has made a voluntary statement that he has a contagious disease.

5. Subjects taken into custody with blood or bodily fluids on their persons or suspected of having a contagious disease, shall:

a. Be transported separately from other subjects, when possible, and
b. Be placed in the designated holding area for processing. An "Isolated Area - Do Not Enter" sign shall be posted.

6. Officers should indicate on the appropriate arrest forms when a subject taken into custody makes a voluntary statement that he has an infectious disease. Additionally, a notation should be made when a subject has blood or bodily fluids present on his person or clothing (i.e., "Bodily Fluids Present").

7. Officers responding to a call where a complainant is alleging that he has been intentionally infected with an infectious disease shall summon a supervisor to respond to the scene. A report to the investigative division outlining the details of the alleged occurrence shall be made.

F. VEHICLE MAINTENANCE

1. Disinfection procedures shall be effected when a police vehicle requires maintenance after blood or other bodily fluid discharges.

2. Protective disposable gloves will be worn during all phases of disinfection:

   a. Officer should be aware that rings, jewelry or long fingernails may compromise the structural integrity of the gloves. They should make certain the gloves are not torn before they attempt to begin any phase of the maintenance process. Officers shall be careful not to contaminate themselves during this cleaning regimen or when taking off their disposable protective gloves.

3. Any excess of blood or bodily fluids should first be wiped up with a disposable absorbent Chux or other approved absorbent materials. Afterwards, the absorbent materials should be immediately placed in a plastic bag and securely sealed.

4. The affected area shall be cleaned with the virucidal-germicidal solution and allowed to air dry for ten minutes.

5. All disposable contaminated cleaning items shall be placed in plastic bags and securely sealed.

G. CELL CONTAMINATION

1. An "Isolated Area - Do Not Enter" sign shall be immediately posted on the cell.

2. The supervisor will be responsible for ensuring that the cell will be properly disinfected or sealed off.

3. Recommended disinfection procedures to be followed are the same as for vehicle disinfection procedures above.

H. HANDLING AND STORAGE OF PROPERTY AND EVIDENCE

1. Evidence containing suspected blood or other bodily fluids should be handled with gloves. If the stain or sample is dry, it should be placed in a paper bag. A proper evidence tag, an evidence processing request and a special label should be affixed to the outside of the package. If the evidence consists of a syringe and needle, the needle portion should be made safe by wrapping with tape so that the sharp point is covered and is blunt. The needle/syringe should be placed in a plastic bag so that it can be seen by persons handling the evidence. The bag should be tagged with an evidence tag, a processing request and a special label. It should be noted that if the needle/syringe is to be processed for latent fingerprints, the plastic bag may hinder the obtaining of latents. Remember, the safety of police personnel is of utmost importance. Liquid samples either should be collected as a liquid and stored in a bottle, or, if located on clothing or similar materials, should be air-dried and packaged as described above.

2. Always wash thoroughly with soap and water after handling any item suspected of being contaminated with blood or other bodily fluids. Wash even if you have worn gloves.

3. Persons working in areas for extended periods of time where blood or other bodily fluids have been shed, for example, crime scene personnel working for protracted periods of time at homicide scenes, should wear anti-contamination clothing such as suits, masks, boot covers and gloves.

4. Officers will adhere to a precise regimen when handling, processing and storing potentially infectious disease-contaminated evidence/property.

5. Any clothing or evidence known to be contaminated with suspected AIDS, Hepatitis B or other contagious diseases will be placed in a specified area and clearly labeled. Label in this manner: “Known AIDS” “Possible Hepatitis B,” etc.

6. All bloody clothing will be treated as if it is contaminated.

7. All bloody clothing or evidence, and sacks containing the clothing or evidence, will be handled with protective disposable gloves.

8. Any clothing known or suspected to be contaminated with any contagious disease, bloody or not, will be handled by personnel only after those persons glove with protective disposable gloves.

9. All personnel shall was their hands thoroughly with germicidal soap after handling any possibly contaminated clothing or evidence.

10. All property for disposal shall be kept in sealed plastic bags.

I. PROPERTY CONTAMINATION

1. When department-issued or personal property is contaminated by blood or bodily fluids in the line of duty, officers will place the items in a sealed plastic bag. The officer will verbally inform supervisory personnel when possible infectious disease-contaminated items are in their custody.

2. If supervisory personnel determine that effective disinfection procedures are not practical, officers will place the property in a sealed plastic bag for disposal and direct a memo through the chain of command to the Chief for replacement.

3. The memo should include:

   a. The circumstances by which the property became contaminated.
   b. Whether any person was charged with destruction of public or private property, due to the circumstances by which it became contaminated.
   c. Coveralls will be available when uniforms become contaminated and officers require a change of clothing.

J. LINE of DUTY EXPOSURE to INFECTION DISEASE or CONTAMINATED MATERIALS

1. Documentation will be prepared when officers have cause to believe they have had high-risk exposure during line of duty activity.

2. Examples of high-risk exposure are:

   a. The handling of bloody or wet items, where scratches, cuts or open sores are noticed on the area of contact.
   b. Direct contact with bodily fluids from a subject on an area where there is an open sore or cut.
   c. Direct mouth-to-mouth resuscitation (CPR).
   d. The receiving of a cut or puncture wound as a result of searching or arresting a subject.
   e. Other high-risk exposure.

3. A supervisor will be notified and see that the report detailing the extent of exposure is completed.

4. Officers will be evaluated clinically and serologically for evidence of infection, after the exposure. This will be done through the township's health care plan.