Communicable Diseases

716.1 PURPOSE AND SCOPE

This policy supplements the Yolo County Exposure Plan by providing guidelines for Department personnel to assist in minimizing the risk of contracting and/or spreading communicable diseases and the incidence of illness and injury. The policy supports the following goals:

- (a) To manage the risks associated with blood borne pathogens (BBP), aerosol transmissible diseases, and other potentially infectious substances.
- (b) To assist Department personnel in making decisions concerning the selection, use, maintenance, limitations, storage, and disposal of personal protective equipment (PPE).
- (c) To protect the privacy rights of all Department personnel who may be exposed to or contract a communicable disease during the course of their duties.
- (d) To provide appropriate treatment and counseling should an employee be exposed to a communicable disease.

716.1.1 DEFINITIONS

Definitions related to this policy include:

Communicable disease - A human disease caused by microorganisms that are present in and transmissible through human blood, bodily fluid, tissue, or by breathing or coughing. These diseases commonly include, but are not limited to, hepatitis B virus (HBV), HIV and tuberculosis.

Exposure - When an eye, mouth, mucous membrane or non-intact skin comes into contact with blood or other potentially infectious materials, or when these substances are injected or infused under the skin; when an individual is exposed to a person who has a disease that can be passed through the air by talking, sneezing or coughing (e.g., tuberculosis), or when the individual is in an area that was occupied by such a person. Exposure only includes those instances that occur due to an employee's position at the Yolo County Probation Department. (See the exposure control plan for further details to assist in identifying whether an exposure has occurred.)

716.2 DESCRIPTION OF EXPOSURE TO BLOOD, BODILY FLUIDS OR AEROSOL TRANSMISSIBLE DISEASES

All Department personnel who are exposed to another person's blood, bodily fluids or an aerosol transmissible disease (e.g., during an altercation or while attending to an injured person) shall follow these procedures and guidelines.

Exposure to blood or other potentially infectious materials includes, but is not limited to, the contact of such substances with the eye, mouth, other mucous membranes, non-intact skin, needle sticks, human bites, cuts or abrasions or any exposure that otherwise qualifies under Health and Safety Code section 121060.1 or 8 CCR section 5193.

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Exposure to an aerosol transmissible disease is any event in which all of the following have occurred (8 CCR § 5199):

- (a) An employee has been exposed to an individual who has a case or a suspected case of a reportable aerosol transmissible disease, or to a work area or equipment that is reasonably expected to contain aerosol transmissible pathogens associated with a reportable aerosol transmissible disease;
- (b) The exposure occurred without the benefit of applicable exposure controls required by this policy; and
- (c) It reasonably appears from the circumstances of the exposure that transmission of disease is sufficiently likely as to require medical evaluation.

716.2.1 SAFETY COORDINATOR

The Chief Probation Officer will assign a person as the Department's Safety Coordinator. The Safety Coordinator shall be responsible for the following:

- (a) Working with the Yolo County Designated Infection Control Officer (DICO) and the County Risk Manager to assist in coordinating Department management of the County Bloodborne Pathogen Exposure Control Plan (ECP).
- (b) Working with the DICO and County Risk Manager to develop and administer any additional related policies and practices necessary to support the effective Department implementation of the County ECP.
- (c) Acting as a liaison with the DICO and County Risk Manager during Cal-OSHA inspections and ensuring exposure report forms are available and adequate for employees to properly report incidents of exposure.
- (d) Maintaining an up-to-date list of Department staff requiring training. Working in conjunction with Supervisors to ensure staff are trained pursuant to County mandates.

Department Supervisors are responsible for exposure control in their respective areas. Supervisors will ensure that the proper exposure control procedures are followed for any affected employees.

716.2.2 UNIVERSAL PRECAUTIONS

All human blood and body fluids such as saliva, urine, semen, and vaginal secretions are to be treated as if they are known to be infectious. Where it is not possible to distinguish between body fluid types, all body fluids are to be presumed potentially infectious.

716.2.3 PERSONAL PROTECTIVE EQUIPMENT

Personal protective equipment is the last line of defense against communicable disease. Therefore, the following equipment is provided for all personnel to assist in the protection against such exposures:

- Not less than two pairs of disposable gloves. (Keeping a box in the probation vehicle recommended).
- Safety glasses or goggles.

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• Alcohol (or waterless hand sanitizer) to flush skin at emergency site. (Keeping several alcohol hand wipes in the probation vehicle recommended).

716.2.4 WORK PRACTICES

All personnel shall use the appropriate barrier precautions to prevent skin and mucous membrane exposure whenever contact with blood or body fluid is anticipated.

Disposable gloves shall be worn on all medical emergency responses and before making physical contact with any person who may require medical treatment and/or when handling items (e.g., evidence, transportation vehicle) soiled with blood or other body fluids. Should an employee's disposable gloves become contaminated with blood or other body fluids, the gloves shall be disposed of as contaminated waste. Care should be taken to avoid touching other items (e.g., pens, books, personal items) while wearing the disposable gloves in a potentially contaminated environment.

All procedures involving blood or other potentially infectious materials shall be performed in a way to minimize splashing, spraying, or otherwise generating droplets of those materials.

Eating, drinking, smoking, applying lip balm, and handling contact lenses shall be prohibited in areas where a potential for exposure exists.

716.3 DISPOSAL AND DECONTAMINATION

The following procedures apply to disposal and decontamination after an event that involved contact with a person's blood or body fluids:

716.3.1 USE OF WASTE CONTAINERS

Officers shall dispose of biohazards with the on-scene emergency response personnel, or at the attending clinic/hospital with their approval, or in an appropriately marked biohazard waste container at the Department immediately upon arrival.

The biohazard waste container located at the office and/or facility shall be collapsible, leak-proof, red in color and labeled with a biohazard warning and routinely emptied.

716.3.2 DECONTAMINATION OF SKIN AND MUCOUS MEMBRANES

Personnel shall wash their hands immediately (on-scene if possible) or as soon as possible following the removal of potentially contaminated gloves. Antibacterial soap and warm water or an approved disinfectant shall be used to wash one's hands, paying particular attention to the fingernails.

If an employee's intact skin contacts someone else's blood or bodily fluids or other potentially infectious materials, the employee shall immediately wash the exposed part of his or her body with soap and warm water and/or an approved disinfectant as soon as possible. If the skin becomes grossly contaminated, body washing shall be followed by an approved hospital-strength disinfectant. If large areas of the employee's skin are contaminated, the employee shall shower as

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soon as possible, using warm water and soap and/or an approved disinfectant. Medical treatment should be obtained.

Contaminated non-intact skin (e.g., injured skin, open wound) shall be cleaned using an approved disinfectant and then dressed or bandaged as required. Medical treatment is required.

All hand, skin, and mucous membrane washing that takes place in the Department shall be done in a bathroom designated as a temporary cleaning or decontamination area. The bathroom will be decontaminated before use by any other non-exposed employee.

716.3.3 SHARPS AND ITEMS THAT CUT OR PUNCTURE

All personnel shall avoid using or holding sharps (needles) unless necessary while assisting a paramedic or for collection. Unless required for evidence preservation, employees are not to recap sharps. Disposal of sharps shall be into a puncture-proof biohazard container.

All sharps and items that cut or puncture (e.g., broken glass, razors, and knives) shall be treated cautiously to avoid cutting, stabbing or puncturing one's self or any other person. In addition, if a sharp object contains known or suspected blood or other bodily fluids, that item is to be treated as a contaminated item.. Use a device such as tongs or a broom and a dustpan to cleanup sharps debris. If the material must be hand-held, protective gloves must be worn.

716.3.4 DISPOSABLE PROTECTIVE EQUIPMENT

Contaminated disposable supplies (gloves, gowns, boot covers) shall be transported with the person needing medical treatment in the ambulance, paramedic truck or probation vehicle. The waste material shall be disposed of in a biohazard waste container at the hospital or police station. Disposable gloves are to be worn while placing the waste into the waste biohazard container, placing the gloves in with the waste.

716.3.5 DECONTAMINATION OF PERSONAL PROTECTIVE EQUIPMENT

After using any reusable personal protective equipment, the employee shall wash disinfect and stor the equipment appropriately. If the personal protective equipment is non-reusable (e.g., disposable gloves), the employee shall discard it in a biohazard waste container.

Any personal protective equipment that becomes punctured, torn or loses its integrity shall be removed as soon as feasible..

Contaminated reusable personal protective equipment that must be transported before cleaning shall be placed into a biohazard waste bag and transported in the ambulance, paramedic truck or probation vehicle. Gloves shall be worn by Department employees while handling and disposing of the biohazard waste bag, and then included in with the waste.

716.3.6 DECONTAMINATION OF NON-DISPOSABLE EQUIPMENT

Contaminated non-disposable equipment (e.g., flashlight, gun, phone, clothing, portable radio) shall be decontaminated as soon as possible. If it is to be transported, it shall be done by first placing it into a biohazard waste bag.

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Porous surfaces such as nylon bags and straps shall be brushed and scrubbed with a detergent and hot water, laundered and allowed to dry. Non-porous surfaces (e.g., plastic or metal) shall be brushed and scrubbed with detergent and hot water, sprayed with aerosolized bleach solution or sporicidin (wipes, if available), rinsed, and allowed to dry. Delicate equipment (e.g., radios) should be brushed and scrubbed very carefully using a minimal amount of a type of germicide that is approved by the Environmental Protection Agency (EPA).

While cleaning equipment, pay close attention to handles, controls, portable radios, and corners (tight spots). Equipment cleaning shall not be done in the kitchen, bathrooms, or other areas not designated as the cleaning/decontamination area.

Contaminated equipment should be cleaned using an approved EPA germicide or a 1:100 solution of chlorine bleach (one-quarter-cup of bleach per one gallon of water) while wearing disposable gloves and goggles. Large particles of contaminants such as, vomit, feces, blood clots, etc. should first be removed with absorbents and properly disposed of.

716.3.7 DECONTAMINATION OF CLOTHING

Contaminated clothing such as uniforms and undergarments shall be removed as soon as feasible and rinsed in cold water to prevent the setting of bloodstains. If the clothing may be washed in soap and hot water, do so as soon as possible. If the clothing must be dry cleaned, place it into a biohazard waste bag and contact the Safety Coordinator . The Safety Coordinator will secure a dry cleaner that is capable of cleaning contaminated clothing, and inform them of the potential contamination. This dry cleaning will be done at the Department's expense.

Contaminated leather boots shall be brushed and scrubbed with detergent and hot water. If the contaminant soaked through the boot, the boot shall be discarded.

716.3.8 DECONTAMINATION OF VEHICLES

Contaminated vehicles and components such as the seats, radios, and doors shall be washed with soap and warm water and disinfected with an approved germicide as soon as feasible. Said vehicles will be taken out of commission until decontaminated.

716.4 POST-EXPOSURE REPORTING AND FOLLOW-UP REQUIREMENTS

In actual or suspected exposure incidents, proper documentation and follow-up action must occur to limit potential liabilities and to ensure the best protection and care for the employee(s).

716.4.1 EMPLOYEE RESPONSIBILITY TO REPORT EXPOSURE

To provide appropriate and timely treatment should exposure occur, all employees shall verbally report the exposure to their immediate Supervisor and complete a written exposure report as soon as possible following the exposure or suspected exposure. That report shall be submitted to the employee's immediate Supervisor. Additionally, employees should document in the exposure report whether they would like the person who was the source of the exposure to be tested for communicable diseases.

716.4.2 SUPERVISOR REPORTING REQUIREMENTS

The Supervisor on-duty shall investigate every exposure that occurs as soon as possible following the incident, while gathering the following information:

- (a) Name and necessary Personal Identifying Information of the employee(s) exposed.
- (b) Date and time of incident.
- (c) Location of incident.
- (d) What potentially infectious materials were involved.
- (e) Source of material or person.
- (f) Current location of material or person.
- (g) Work being done during exposure.
- (h) How the incident occurred or was caused.
- (i) Actions taken post-event (e.g., clean-up, notifications).

The Supervisor shall advise the employee of the laws and regulations concerning disclosure of the identity and infectious status of a source.

The Supervisor will work with the Safety Coordinator to seek testing of the person who was the source of the exposure.

716.4.3 MEDICAL CONSULTATION, EVALUATION AND TREATMENT

Any employee who was exposed or who suspects he or she was exposed to any communicable disease should be seen by a physician or qualified health care provider as soon as possible. The doctor or qualified health care provider should be provided with the Supervisor's report and the employee's medical records relevant to the visit and examination. The health care provider will determine any necessary tests or procedures that need to be taken.

The health care professional will provide the County's Risk Manager with a written opinion/ evaluation of the exposed employee's medical condition. This opinion should contain only the following information:

- Whether a post-exposure treatment is indicated for the employee
- Whether the employee received a post-exposure treatment
- Confirmation that the employee received the evaluation results
- Confirmation that the employee was informed of any medical condition resulting from the exposure incident and whether further treatment or evaluation will be required
- Whether communicable disease testing from the source is warranted, and if so, which diseases should the testing include
- Any precautionary or actual work limitations due to exposure

All other findings or diagnosis shall remain confidential and are not to be included in the written report.

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716.4.4 COUNSELING

The Department shall provide the exposed employee (and his or her family if necessary) the opportunity for counseling and consultation at County expense

716.4.5 CONFIDENTIALITY OF REPORTS

Most of the information involved in this process must remain confidential. The Safety Coordinator shall ensure that all records and reports are kept in the strictest confidence. The Safety Coordinator shall be responsible for maintaining such records.

This information is confidential and shall not be disclosed to anyone without the employee's written consent (except as required by law). Test results from persons who may have been the source of an exposure are to be kept confidential as well.

716.5 SOURCE TESTING

Testing for communicable diseases of a person who was the source of an exposure should be sought when it is desired by the exposed employee or when it is otherwise appropriate. There are five (5) methods to obtain such testing. It is the responsibility of the Safety Coordinator and the exposed employee's Supervisor to work with the County Risk Manager and the Designated Infection Control Officer to ensure that the proper testing and reporting occur. These methods are:

- (a) Obtaining voluntary consent from any person who may be the source of an exposure to cover testing for any communicable disease.
- (b) Filing a report with the county health officer when an employee is exposed to the bodily fluids of an arrestee. The county health officer may pursue testing for HIV or hepatitis B or C pursuant to <u>Penal Code</u> section 7510 et seq.
- (c) Applying for a court order for HIV, hepatitis B or hepatitis C testing pursuant to <u>Health</u> <u>and Safety Code</u> section 121060 et seq.
- (d) Seeking a court order when the person who may be the source of an exposure will not consent to testing and the exposure does not fall under the statutory schemes for testing. This covers testing for any communicable disease as deemed appropriate by a health care professional and documented in the request for the court order.
- (e) Under certain circumstances, pursuant to Penal Code section 1524.1, a court may issue a search warrant for the purpose of HIV testing of an adult or juvenile when an employee of the Department qualifies as a crime victim.

716.5.1 EXPOSURE FROM A NON-ARRESTEE

Upon notification of an employee's exposure to a person who was not arrested, the Safety Coordinator/employee's Supervisor should attempt to determine if the person who was the source of the exposure will voluntarily consent to testing. If consent is indicated, the following steps should be taken:

(a) A licensed health care provider should notify the person to be tested and make a good faith effort to obtain voluntary informed consent from the person or his or her authorized legal representative to perform a test for HIV, hepatitis B, hepatitis C and other communicable diseases the health care provider deems appropriate. Policy Manual

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- (b) The voluntary informed consent obtained by the health care provider must be in writing and include consent for three (3) specimens of blood for testing. The Safety Coordinator/employee's Supervisor should document the consent as a supplement to the Exposure Control Report.
- (c) The results of the tests should be made available to the source and the exposed employee.

If consent is not obtained, the Safety Coordinator/employee's Supervisor should promptly consult with County Counsel and consider requesting that a court order be sought for appropriate testing.

716.5.2 EXPOSURE FROM AN ARRESTEE

Upon notification of an exposure to an employee by a person who was arrested, the Safety Coordinator/employee's Supervisor should work in conjunction with the DICO and take the following steps:

- (a) Comply with the statutory scheme of <u>Health and Safety Code</u> section 121060. This includes seeking consent from the person who was the source of the exposure and seeking a court order if consent is not given.
- (b) Take reasonable steps to immediately contact the County Health Officer and provide preliminary information regarding the circumstances of the exposure and the status of the involved individuals to determine whether the County Health Officer will order testing pursuant to <u>Penal Code</u> section 7510.
- (c) In all cases, comply with the reporting and testing scheme of <u>Penal Code</u> section 7510 et seq. This includes completing a State Department of Health Services Form CDPH 8479 and submitting it to the County Health Officer with a copy of the Exposure Control Report by the end of the employee's shift. If submission by the end of the shift is not practicable, it must occur as soon as possible but no later than two (2) days after the incident. The exposed employee's name should not appear on this form.
- (d) Remain in contact with the County Health Officer to determine whether testing of the arrestee will occur and whether the testing satisfies the medical needs of the employee.
- (e) The results of the tests should be made available to the source and the exposed employee.

Since there is potential for overlap between the two statutory schemes, the Safety Coordinator/ employee's Supervisor shall work with the DICO for coordinating the testing with the County Health Officer to prevent unnecessary or duplicate testing.

In the rare event the exposed employee is not covered by either statutory scheme, the Safety Coordinator/employee's Supervisor should work with County Counsel to seek consent or a court order in the same manner as for a non-arrestee.