

EXPOSURE – COMMUNICABLE DISEASE/HAZARDOUS MATERIAL

1. GENERAL

- A. This policy pertains to the potential exposure to communicable diseases and hazardous materials members may encounter while performing the duties of their investigations, and the best practices to ensure safety of members prior to and post exposure.
- B. This policy outlines the requirement for members to follow the Nova Scotia Mandatory Testing and Physicians Report if there is a potential exposure to biological bodily fluids.

2. POLICY

- A. Everyone should be considered a potential carrier of a communicable disease even though they may exhibit no symptoms.
- B. Sharp items (i.e., syringes with needles, knives, razor blades, etc.) should be considered as potentially infectious and handled with extraordinary care.
 - i. Sharp items contaminated with blood or other bodily fluids should be placed in provided Sharps containers as soon as possible for proper disposal.
 - ii. Items should not be recapped, bent, broken, or manipulated
- C. A disposable airway or resuscitation bag shall be used when performing resuscitation rather than direct mouth-to-mouth contact.
- D. To avoid needle sticks or other puncture wounds, subjects should be frisked and searched with caution. Whenever possible, prisoners should empty their own pockets. Leather or other commercial puncture-proof gloves should be worn when searching prisoners. For related policy see SEARCHES OF PERSONS POLICY.
- E. Police officers or employees who have skin rashes or open wounds should, whenever possible, refrain from contact with blood or other body fluids and, at the very least cover any skin rashes or open wounds as contact with blood or body fluids cannot be totally avoided but reduces the potential for exposure to communicable diseases and hazardous products.
- F. All incidents involving a member being exposed to a known/suspected infectious disease/hazardous product shall require the member to:

- i. Report the incident immediately to their supervisor.
 - ii. Seek medical treatment at the nearest medical facility (QEII, Dartmouth General, Cobequid) as soon as possible following the exposure and identify the nature of the exposure to medical personnel. Based on the individual circumstances involved with the exposure by the member, the member may be classified as injured on duty until medically cleared to return to full operational duties. As per Article 44 of the HRPA Contract, no time shall be deducted from the member's sick leave bank.
 - iii. Complete and submit an HRM Accident/Investigation Report as required by policy. See OCCUPATIONAL HEALTH AND SAFETY - REPORTING OF INJURIES ON DUTY.
- G. Members are likely to encounter a mixture of illicit drugs during routine duties, in the form of powder, pill, or liquid forms.
- H. All incidents involving a member being exposed to a bodily substance/hazardous product shall be assigned as an active investigation by the Office of the Chief of Police to the HRP Human Resources Section.
- I. Any exhibits seized in relation to a member's exposure to potentially infectious/hazardous materials shall be handled and stored in accordance with established policy on BIOLOGICAL EVIDENCE.
- J. Items such as disposable gloves, airways, sponges, and cloths contaminated with blood or other body fluids shall be placed in approved double yellow plastic bags and tied up for proper disposal. Refer to BIOLOGICAL EVIDENCE.
- K. Individuals who have been bitten by person or animal should:
 - i. Wash area thoroughly as recommended in Section O below.
 - ii. Seek medical attention as soon as possible.
- L. Any item that may be contaminated and is to be stored as evidence shall be placed in plastic bags and labeled appropriately (i.e., blood contaminated) as per established policy on BIOLOGICAL EVIDENCE.
- M. When individuals are known or suspected to be carriers of an infectious disease(s), they shall be transferred as per established policy on TRANSPORTATION OF PRISONERS and in accordance with the following precautions:

- i. Whenever persons are transported in a police vehicle and are known or suspected to be a carrier of any infectious disease, or to be a parasitic host for pathogenic organisms (i.e., lice, scabies etc.), that person shall be kept isolated and apart from other persons.
- ii. Unless otherwise stated, should a vehicle become contaminated (i.e., blood, vomit, etc.) either inside or out, the vehicle shall be cleaned or taken out of service until the cleaning is complete. See related policy on POLICE VEHICLES.

RECOMMENDATIONS FOR POST EXPOSURE TREATMENT OF BLOOD/BODY FLUIDS

- N. The Mandatory Testing and Disclosure Act is designed to provide an avenue to police officers, to obtain a testing order for subjects whose bodily fluids they have come into contact with and as a result there has been a risk of transmission of Hepatitis B, Hepatitis C, or HIV. (Appendix A)
 - i. Members shall ensure that a schedule A – Physicians Report is completed by attending physician and copy shall be provided to the Inspector i/c of Human Resources. (Appendix B)

Procedure

- O. When any member has been or believes they have been exposed to a POTENTIALLY INFECTIOUS bodily substance/hazardous product, the following procedure shall apply:
 - i. The exposed member shall immediately report the incident to their NCO (or another NCO when the latter is unavailable), perform a decontamination procedure, if appropriate (i.e., thoroughly washing and disinfecting the area with soap and hot water and/or allow a puncture to bleed then scrub for 2-4 minutes with Povidine-Iodine) and ensure all related duties outlined in F above are performed.
 - ii. Upon receiving notification of an exposure, an NCO shall:
 1. Immediately notify the Watch commander;
 2. Ensure the exposed member receives medical treatment as soon as possible and all required reports related to the incident are completed by the end of the current shift;
 3. Immediately conduct a full investigation of the incident and in doing so:
 - a. Fully investigate the exposure incident and attempt to identify the source person if not already known
 - b. If the source person can be identified, attempt to secure voluntary consent for medical testing and written consent for

- the release of such tests thereafter. Consent for the release of medical test results shall be secured via the source person's written consent on a completed Authorization to Release of Health Information. Retain a copy of the latter for the masterfile;
- c. If consent is obtained, facilitate the taking of the required tests as soon as possible thereafter and promptly update the Watch Commander and GO Report of same.
- iii. Where a source person is in custody, attempt to obtain consent from them as soon as practical and, if possible, prior to their release from custody.
 - iv. Where consent is not immediately obtained but the person is in custody, ensure a second attempt is made to obtain consent. If necessary, advise the Watch Commander who shall ensure the task is assigned to the next shift.
 - v. Ensure the GO Report is updated with all pertinent documentation prior to the end of the shift and all Accident/Injury Reports and related Capital Health Reports are forwarded to HRP Human Resources prior to the end of the shift in which they were obtained.
- P. If consent is not voluntarily provided by the source person:
- i. The NCO shall then promptly advise the HRP Human Resources Section who shall assume responsibility for the file.
 - ii. The HRP Human Resources Section shall assign a Lead Investigator whose responsibility it shall be to consult with the Public Prosecution Service (PPS). If deemed appropriate, the lead investigator shall facilitate a Testing Order as per Section 3(1) Mandatory Testing and Disclosure Act.
 - iii. If an order is issued, HRP Human Resources Section shall then facilitate the taking of the bodily substance and testing process as soon as practical following the exposure and update the GO to reflect all activity taken on same.
- Q. Once testing results have been secured, Human Resources personnel shall be responsible to notify involved members.
- R. When the possibility of exposure to blood or other body fluids exists, a member shall:
- i. Wear:
 1. Protective clothing whenever possible.

2. Rubber gloves when handling items soiled with blood or equipment contaminated with blood or other body fluids.
 3. Gowns, masks, and eye coverings when extensive contact with potentially infected blood or body fluids is anticipated or when there is a risk of splashing.
 4. Gloves to clean up spills with commercial disinfectants. The areas should then be wiped with household bleach mixed with water (1:10).
- ii. Ensure hands and areas exposed should be washed immediately as per N above after an accidental exposure to blood or body fluids.
 - iii. As a precautionary measure when performing Cardiopulmonary Resuscitation (CPR), use disposable mouthpieces with protective guards.
- S. Uniforms which become soiled with blood or other body fluids other than one's own should be removed as soon as possible and then any contaminated area of the body washed thoroughly and disinfected. The member in possession of the affected uniform shall advise their NCO who shall ensure the uniform is double-bagged in the appropriate yellow plastic bag and facilitate the transport of the uniform to the designated company for cleaning of the contaminated clothing. Disposable latex gloves shall be worn at all times while handling the uniform to prevent contamination.
- T. EXPOSURE TO ILLICIT DRUGS
- i. When arriving at a scene, responders should:
 1. Analyze the incident
 2. Determine if illicit drugs and/or other hazards may be present.
 - a. If scene suggests presence of hazardous material, officer must exit scene and secure scene with a safety perimeter, wear personal protection equipment (PPE) which includes P100 mask, gloves/gowns and have Narcan kit available.
 3. Do not eat, drink, smoke, or use the bathroom while working in an area with known or suspected illicit drugs.
 4. Do not touch the eyes, mouth, or nose after touching any potentially contaminated surface. Always wear nitrile gloves when illicit drugs may be present.
 - ii. Avoid performing tasks or operations that may cause illicit drugs to enter the air. Only trained emergency responders wearing proper PPE should conduct activities that could cause illicit drugs to enter the air.

1. Avoid direct skin contact with illicit drugs. If this occurs, immediately wash the area with soap and water and notify dispatch and/or your supervisor.
- iii. Develop an incident-specific plan to perform field-testing. Personnel specifically trained to perform field-testing should do so while wearing proper PPE.
 1. Wash hands (or other unprotected skin) with soap and water immediately after coming into contact with illicit drugs or after leaving an area where illicit drugs may have been present. Avoid breaking the skin while cleaning and cover all open wounds.
 2. Do not use hand sanitizer (or any alcohol based cleaner) or bleach
 3. Be aware that the use of illicit drugs in bathrooms is reportedly a common practice. Individuals might hide or try to get rid of illicit substances by dumping them into the toilet and flushing repeatedly. This process can increase the chances of responders inhaling harmful substances. This process may also cause bathroom surfaces and materials to be unsafe.

3. DEFINITIONS

A. **Infection control**, includes:

- i. Minimizing exposure to blood or other bodily fluids.
- ii. Proper use of latex gloves when contact with blood is likely.
- iii. Eye and mouth protection if blood splashes are likely.
- iv. Hand washing.
- v. Effective use of disinfectant.
- vi. Good personal hygiene practices.
- vii. Avoiding needle sticks and other puncture wounds. And
- viii. Seeking immediate medical attention if you think you have been exposed to a communicable disease.

B. **Potentially hazardous exposures** to the infectious diseases noted above and others not included, involve:

- i. Needle stick.
- ii. Knife wound.
- iii. Skin exposure involving:
 1. large amounts of blood (or other body fluids containing visible blood) or
 2. prolonged contact with blood such as when the exposed skin is burned, abraded, or lacerated.
- iv. Mucous membrane (eyes, nose, mouth) exposure, for example, splashes of blood, vitreous humour (eyes) or other bodily fluids.
- v. Bites.

- C. **Source individual:** a person who is a known or suspected carrier of a communicable disease and from whom a bodily substance is emitted and to which a member is exposed is sought for the purposes of testing is responsible.

- D. **Personal protective equipment (PPE):** is equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses. These injuries and illnesses may result from contact with chemical, radiological, physical, electrical, mechanical, or other workplace hazards

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By Order Of:



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Chief of Police