

Truro Police Department

INFECTIOUS DISEASES

Policy Number: OPS-8.06

Effective Date: June 1, 2000

REFERENCE:

Accreditation Standards:

Mass. Gen. Law: Chap. 111, Sec. 51 & Sec. 70

Other:

POLICY:

Members of the department frequently respond to calls for service that involve the handling, transportation, and care of sick or injured persons. Associated with the care of the sick and injured is the possibility of exposure to infectious diseases.

It shall be the policy of the Truro Police Department to follow the regulations promulgated by the Commonwealth of Massachusetts, Department of Public Health (105 Commonwealth of Massachusetts Regulations 172.000) and the Federally mandated Ryan White Act, to provide and promote a safe and healthful work environment for our employees.

These regulations were developed to protect pre-hospital care providers by providing them with certain information vital to their self-protection, without compromising the right to privacy of patients, and to provide procedures to protect, advise, and treat those officers exposed.

DEFINITIONS:

CARE PROVIDER: Shall mean any person including, without limitation, a police officer, fire fighter, emergency medical technician, corrections officer, ambulance operator, or attendant who, while acting in his professional capacity, attends, assists, or transports a person to a health care facility.

INFECTIOUS DISEASE DANGEROUS TO THE PUBLIC HEALTH: For the purpose of these regulations, shall mean but is not limited to the following:

1. Diagnosis or laboratory evidence of hepatitis B virus infection.
2. Diagnosis or laboratory evidence of Human Immunodeficiency Virus (HIV) infection.
3. Meningocele infections.

4. Invasive Hemophilus Influenza B (HIB) disease.
5. Tuberculosis.

UNPROTECTED EXPOSURE: Shall mean an exposure capable of transmitting an infectious disease dangerous to the public health and is limited to the following:

1. Puncture wounds - including punctures resulting from: (a) used needles, (b) glass and other sharp objects contaminated with blood, or (c) human bites.
2. Blood to blood contact through open wounds which includes: open cuts, sores, rashes, abrasions, or conditions which interrupt skin integrity.
3. Mucous membrane contact - including such contact as would occur with mouth to mouth resuscitation or eye splashing with infected fluids. Such fluids would include: blood, sputum, oral, and nasal secretions.

DESIGNATED INFECTION CONTROL OFFICER (DICO): Mandated by the Ryan White Act, an individual, designated by the Chief of Police shall:

1. Develop and coordinate procedures with the local hospital, fire department, and ambulance service regarding infectious disease control.
2. Assist the training division with an on-going program of health maintenance, infection control training, station environment, personal protection equipment, scene operation, post-response, post-exposure, and compliance/quality monitoring and program evaluation.
3. Coordinate the distribution and completion of the Unprotected Exposure Trip Forms with officers and medical facilities. He shall also assure the confidentiality of those records and how they are maintained. He shall advise officers and/or refer officers to those who may provide answers to pertinent questions regarding possible exposures and risks.
4. Be a liaison with the local medical facility and its Infection Control Practitioner and Specialist team. Through this liaison he shall develop training, garner new information, and negotiate the medical costs of treatments for the department.

PROCEDURES:

The Commonwealth of Massachusetts has developed a Standardized Trip Form, which shall be submitted to and maintained by the health care facility to which the patient was transported. A copy of this form will be obtained if/when departmental personnel assist in the direct handling of patients suspected of the particularized infectious diseases. In most cases, this Standardized Trip Form will be completed and submitted to the care facility by medical/ambulance personnel. A copy of this form will be obtained by the officer(s) assigned to the transport/incident, and such copy will be attached to the officer's incident report. A copy of the Standardized Trip Form can be obtained from the Designated Infection Control Officer of the Truro Fire Department and Rescue Squad, and shall

be available in the Squad Room of the Truro Police Department.

In those cases where a person is transported to the police station or elsewhere and officers subsequently discover that the individual has one of the aforementioned diseases, a Standardized Trip Form shall be submitted by the transporting officers to the health care facility. Within 24 hours, a copy of this form and an "Injury Report" shall be submitted to the Chief of Police.

The Chief of Police shall authorize all treatment as needed. In the Chief's absence, the chain of command shall be followed. After attempts to locate a command officer have been exhausted, the Town Administrator shall be contacted.

ANYTIME AN OFFICER COMES IN CONTACT WITH AN INDIVIDUAL WHO HAS A SUSPECTED INFECTIOUS DISEASE, OR A WILD ANIMAL SUSPECTED AS RABID, THE INFECTIOUS CONTROL OFFICER WILL BE CALLED.

1. NOTICE TO OFFICERS WHO MAY HAVE SUSTAINED AN UNPROTECTED EXPOSURE:

- A. Any health care facility which diagnosis a patient as having an infectious disease dangerous to the public health, as defined in these regulations, shall notify orally and in writing the care provider listed on the Standardized Trip Form who has sustained an unprotected exposure which, in the opinion of the health care facility, is capable of transmitting such disease.

Oral notification shall occur within forty-eight (48) hours of diagnosis. Written notice of such exposure shall occur within seventy-two (72) hours of diagnosis.

- B. The notice shall include, but need not be limited to: the appropriate precautions and actions which should be taken by the care provider who has sustained the unprotected exposure, the identity of the disease to which the individual has been exposed, instructions to the care provider to contact his personal physician for medical follow-up, and information regarding immediate precautions necessary to prevent transmission of the disease to others. The notice shall clearly indicate that such unprotected exposure does not constitute a diagnosis of an infectious disease dangerous to the public health.
- C. Notice to the officer(s) who has sustained an unprotected exposure shall be made in a manner so as to assure that such notice is conveyed only to the individual(s). Delivery of the written notice by common carrier such as first class mail to the name and address listed on the Standardized Trip Form shall satisfy these terms.
- D. The identity of the patient diagnosed as having an infectious disease dangerous to the public health as defined in these regulations shall not be released either orally or in writing by the health care facility to the care provider who has sustained the unprotected exposure, and the patient's name shall be kept confidential in accordance with Mass. Gen. Law, Chap. 111, Sec. 70.
- E. The health care facility shall notify only those care providers as identified on a Standardized Trip Form for whom the facility has determined that an unprotected

exposure capable of transmitting the disease has occurred

2. RECORD OF THE NOTICE: The health care facility shall clearly document notice to care providers and patients as required by 105 Commonwealth of Massachusetts Regulations 172.000 as defined under Mass.Gen. Law, Chap. 111, Sec. 51. A copy of the form shall be maintained by the department and the Designated Infection Control Officer.

3. HUMAN CONTACT SITUATIONS INVOLVING SUSPECTED DISEASED ANIMALS: (ALSO REFER TO TRURO POLICE DEPARTMENT MANUAL "INJURED DOMESTIC ANIMALS/WILDLIFE")

DEFINITION:

HUMAN CONTACT SITUATIONS: Defined as bites, scratches, including blood or saliva on skin or mucous membranes, or if pet is bitten by wild animal and a person has contact with open wound.

A. CONTACT AREA: Contact area should be washed immediately with soap and water, then flushed with clean water for several minutes. Apply disinfectant, if available, and seek medical .

B. HUMAN CONTACT: All animal contact will require an injury report by the officer and follow-up procedures outlined in paragraph 2 of page 92-3, this chapter. The following information must be in the report:

1. Names
2. Addresses
3. Telephone Numbers
4. Location of contact with animal
5. Types of animals involved, and
6. Name of doctor caring for individual.

Procedures for isolating suspected animal carriers are outlined in the Truro Police Department Manual Chapter, "Injured Domestic Animals/Wildlife."



**MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH**

UNPROTECTED EXPOSURE FORM

(Please print or type)

Today's Date / / / / /	Incident Date / / / / /	Receiving Facility
Transporting Ambulance Service		Ambulance Trip Report #
Address		Designated Infection Control Officer (DICO)
Telephone # for DICO		It is recommended the prehospital emergency care agencies <i>type or print</i> in the name <i>and telephone number</i> of the current DICO before blank forms are provided to their personnel.

Patient Information		Rescuer Information	
Name		Name	
Incident Location		Address	
Incident Type <input type="checkbox"/> Medical <input type="checkbox"/> Trauma		City/State/Zip	
Transportation <input type="checkbox"/> Emergency <input type="checkbox"/> Routine		Day Phone	Evening Phone
Check box(es) which best indicate your exposure. <i>Explain in detail in the spaces provided below.</i>		Profession	Department/Employer
Exposure Route: <input type="checkbox"/> Needlestick <input type="checkbox"/> Open cut <input type="checkbox"/> Bite <input type="checkbox"/> Puncture <input type="checkbox"/> Mouth <input type="checkbox"/> Eye <input type="checkbox"/> Other:			
Exposure Type: <input type="checkbox"/> Blood <input type="checkbox"/> Sputum <input type="checkbox"/> Saliva <input type="checkbox"/> Other:			
Precautions: <input type="checkbox"/> Mask <input type="checkbox"/> Eye Wear <input type="checkbox"/> Gown <input type="checkbox"/> Exam gloves <input type="checkbox"/> Gloves <input type="checkbox"/> Other: (latex, nitrile, vinyl) (work type)			
Cleaning: <input type="checkbox"/> Hand Washing <input type="checkbox"/> Washing Contaminated Skin <input type="checkbox"/> Other:			

Describe the nature of the unprotected exposure *in detail*: (attach additional pages if needed)

Describe the steps taken by the rescuer to minimize the exposure:

I understand that in the case of certain exposures (e.g. needlestick with a bloody needle) it is crucial for the exposed rescuer to seek immediate medical evaluation for treatment that might reduce the risk of infection. Completion of the Unprotected Exposure Form may be done during or after the medical evaluation.

I further understand that I will be informed of an unprotected exposure, only if the patient is diagnosed as having a bloodborne infectious disease dangerous to the public health, as defined in 105 CMR 172.001 and if, in the view of medical personnel, my documented exposure is capable of transmitting that disease.

Rescuer's Signature: _____ Date: _____

Form Received By: _____ Date: _____

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(Side 1 of 2)

**(Instructions and Information on Reverse)
(COPY BOTH SIDES!)**

Massachusetts Department of Public Health
Unprotected Exposure Form

An Unprotected Exposure Form should be completed for any prehospital emergency care worker (e. g. an EMT, firefighter, police officer, or corrections officer) who believes he/she may have had an unprotected exposure to a patient's blood or *other contaminated* body fluid(s) in the course of attending, assisting or transporting a person to a health care facility as part of his/her professional duties. It is the responsibility of each care provider to complete and file a form with the receiving facility.

If you believe you may have had an unprotected exposure, *you should seek immediate medical evaluation for possible prophylactic immunization and/or treatment, as indicated.* You must provide the information on this form to the facility, which received the patient *from whom you received the exposure.* Ambulance *personnel* or other emergency care providers having an unprotected exposure must complete a form on arrival and leave it at the health care facility with the patient. Other individuals shall file their own forms with the receiving facility within 24 hours of the unprotected exposure.

The health care facility will review the information, which you provide and will determine if you have sustained an unprotected exposure as defined in DPH regulations. If the patient to whom you were exposed is diagnosed as having a bloodborne infectious disease dangerous to the public health, and if you sustained an unprotected exposure which, in the opinion of the health care facility, is capable of transmitting such a disease, the facility shall provide oral notification within forty-eight (48) hours of the diagnosis and written notification within seventy-two (72) hours of the diagnosis. This notice shall be given to the designated infection control officer for your agency who *must* be listed on the unprotected exposure form. Upon notification, the designated infection control officer shall notify you. The notice shall include the appropriate precautions and actions which you should take, the identity of the disease to which you were exposed, necessary precautions to prevent the transmission of the disease to others, and instructions to contact a physician for medical follow-up. **NOTE: The health care facility's determination that you have had an unprotected exposure does NOT necessarily indicate that you have contracted an infectious disease.** The report from the health care facility to the designated infection control officer to you is confidential and is governed by M.G. L. c.111, §111C and DPH regulations 105 CMR 170.000, 171.000 and 172.000.

N.B. – Due to the time it may take to diagnose a patient with an infectious disease, or the possibility that a patient may never be diagnosed, and the time it may take to notify you of the exposure, the Department recommends that anyone who believes they have suffered an unprotected exposure, such as a needlestick with a bloody needle, should see a physician immediately. Certain prophylactic regimens should be started within hours of an unprotected exposure.

INSTRUCTIONS:

PLEASE PRINT CLEARLY

- ◆ Complete all information on the form.
- ◆ In the shaded areas, check all boxes that apply:
 - ⇒ the exposure route to you of a patient's blood or bodily fluid(s).
 - ⇒ the type of the patient's bodily fluid(s) to which you were exposed.
 - ⇒ *body substance isolation* precautions you used (even if they were breached).
 - ⇒ post incident cleaning you performed.
 - ⇒ if you checked any "Other" box(es), explain in the space(s) *provided*.
- ◆ In the blank narrative sections explain fully the exposure and any treatment you have obtained. Use additional blank sheets, if necessary, and staple *them* to the form. The more accurately you explain the circumstances, the easier it will be for the facility personnel to evaluate your exposure.
- ◆ EMT's must also leave a copy of the ambulance trip record at the receiving facility.
- ◆ Each EMT and other prehospital emergency medical health care *providers who have* sustained an unprotected exposure must file his/her own form. The form(s) shall be submitted to the receiving health care facility upon patient arrival or within 24 hours.
- ◆ Transportation or treatment of the patient(s) must not be delayed in order to complete the form(s).
- ◆ *Make a copy for your own records and/or for your designated infection control officer, in accordance with your employer's policies and procedures.*

DO NOT SEND THE ORIGINAL FORM OR A COPY TO THE DEPARTMENT OF PUBLIC HEALTH!

(Side 2 of 2)

11/6/2000