




WINCHESTER POLICE DEPARTMENT OPERATION ORDER

NOTE: This directive is for internal use only, and does not enlarge an employee's civil liability in any way. It should not be construed as the creation of a higher standard of safety or case in an evidentiary sense, with respect to third party claims. Violation of this directive, if proven, can only form the basis of a complaint by this department, and then only in a non-judicial administrative setting.

Number 2-44		Effective Date February 28, 2024	Review Date February 26, 2024	Reviewing Division Administration
Subject COMMUNICABLE DISEASES		<input checked="" type="checkbox"/> New Directive <input type="checkbox"/> Amends <input type="checkbox"/> Replaces		This directive shall apply to personnel assigned to the following divisions: <input checked="" type="checkbox"/> All Personnel <input type="checkbox"/> Patrol Division <input type="checkbox"/> Administration Division <input type="checkbox"/> Investigation Division
References: CEMS 8.3 VLEPSC: PER.10.01, OPR.08.02 CALEA				
 <hr/> Chief of Police or Designee		<hr/> March 23, 2023 Date		

I. PURPOSE

The purpose of this directive is to establish guidelines and procedures to be followed when a member of the department is exposed to a communicable disease with a risk of major illness or death, and for handling of evidence or property that may be contaminated.

II. POLICY

The Winchester Police Department bears an obligation to the public and to its own personnel to increase awareness about risks, modes of transmission, and procedures for handling communicable diseases such as hepatitis B, tuberculosis, HIV (Human Immunodeficiency Virus), AIDS (Acquired Immune Deficiency Syndrome), and AIDS related infections.

All personnel must understand that the focus on AIDS has dealt with so-called "high risk" groups such as homosexual men, intravenous drug users, and prostitutes. As a matter of practice, the department does not recognize high risk groups since health and legal experts maintain that the actual risk of contagion comes from high-risk behavior. Anyone, including department personnel, might conceivably behave in a way that promotes risk of infection. Further, the long incubation periods associated with diseases such as HIV render testing difficult. Accordingly, officers should act responsibly in minimizing the risk of infection when dealing with any person, male or female, child or adult, or with any body fluids. Appendix A to this order details common AIDS concerns of personnel.

Personnel cannot refuse to work with or serve anyone (victim, complainant, or suspect), because of the fear of possible infection. Personnel should not refuse to arrest or otherwise refuse to serve any person in a legitimate law enforcement context, provided that appropriate protective equipment is available. The most likely danger from contact with HIV or other communicable diseases comes from handling blood or other body fluids as evidence or at the scene of an injury or death. The department does expect officers to exercise caution when handling evidence, to which end the procedures in this directive are established. One point bears repeating, however, personnel have no way to determine with certainty if a citizen is infected with a communicable disease. The measures provided herein will assist personnel in carrying out their duties while simultaneously minimizing health risks.

The department should provide personnel, continuously, with communicable disease information and education on prevention as well as safety equipment and procedures to minimize their risks of exposure. The department has instituted post-exposure reporting, evaluation, and treatment for all personnel exposed to communicable diseases. The department informs all personnel that they should not receive discriminatory treatment, nor bear any stigma if they contract a communicable disease which becomes known to the department. Legally, a communicable disease is a handicap under federal law so discrimination against infected persons is illegal. The department expects personnel to become educators in their law enforcement work. Personnel can educate children, drug users, or prostitutes of the risks of infection and can further distribute educational literature. Additionally, personnel may refer citizens to health agencies such as the American Red Cross and the local health department. Department personnel should set an example in demonstrating rationality and confidence in dealing with communicable diseases.

III. DEFINITIONS

A. Communicable Disease

An infectious disease capable of being passed to another by contact with an infected person or his/her body fluids or on an object.

B. HIV (Human Immunodeficiency Virus)

The virus that causes AIDS. HIV (also named HTLV-III or LAV) infects and destroys certain white blood cells, undermining the body's ability to combat infection. This order aims to reduce the chance of HIV transmission, the virus that causes AIDS. HIV is transmitted through very specific body fluids, including blood, semen, vaginal fluids, and breast milk.

C. ARC (AIDS Related Complex)

A condition caused by the AIDS virus which has a specific set of symptoms. Such symptoms include persistent fever, weight loss, skin rashes, diarrhea, and swollen lymph nodes. Although these symptoms may be debilitating, they are generally not life threatening.

D. AIDS (Acquired Immune Deficiency Syndrome)

A blood borne and sexually transmitted disease that attacks and destroys the body's immune system. AIDS makes people susceptible to infections, malignancies, and diseases not generally life threatening to persons with normal immune systems. AIDS also causes disorders of the central nervous system. There is no vaccine against the AIDS virus. According to the Centers for Disease Control (CDC), AIDS is not transmitted through any of the following:

1. Sneezing, coughing, spitting;
2. Handshakes, hugging, or other nonsexual physical contact;
3. Toilet seats, bathtubs, or showers;
4. Various utensils, dishes, or linens used by persons with AIDS;
5. Articles worn or handled by persons with AIDS such as doorknobs, pens, or cups;
6. Being near someone with AIDS frequently or over a long period of time;
7. Using the same transportation as someone with AIDS;
8. Eating in the same public place with an AIDS infected person; and
9. Working in a common area with an AIDS infected person.

E. Seropositivity

Refers to a person having antibodies to HIV, meaning that infection has occurred at some time in the past. A seropositive person can be infected with HIV for years without ever developing symptoms of AIDS. Infected persons can transmit the virus even though they may not have symptoms of AIDS.

F. Hepatitis B (HBV)

A viral infection that can result in jaundice, cirrhosis, and sometimes cancer of the liver. The virus is transmitted through exposure to blood, semen, vaginal secretions, breast milk, and possibly saliva.

G. Tuberculosis

A bacterial disease that can be transmitted through saliva, urine, blood, and other body fluids. Tuberculosis is spread primarily by inhaling airborne droplets from infected coughing people. It can enter the body through infected mucous on the skin (as from coughing or sneezing) or from droplets that are inhaled. Tuberculosis is an airborne, opportunistic disease and primarily causes lung infection. Although no vaccine against tuberculosis exists, medications are available to treat the disease.

H. Exposure Control Program

A written department plan available to all personnel, which details the steps taken to eliminate or minimize exposure incidents and identifies at risk tasks and assignments.

I. Personal Protective Equipment (PPE)

Specialized clothing or equipment worn or used by personnel for protection against infection. PPE does not include uniforms or work clothes without special protective qualities.

J. Universal Precautions

Controls or procedures established by the CDC that emphasize precautions based on the assumption that blood and body fluids are potentially infectious.

IV. RESPONSIBILITIES

A. Policy

1. The department should develop a written exposure control plan which provides the overall strategy for limiting exposure to HIV and HBV viruses and for handling exposure incidents. The plan should be available to all personnel and may be reviewed upon request by their immediate supervisor.
2. The exposure control plan adheres to the principles and procedures for the prevention of HIV and HBV exposure as detailed in the universal precautions prescribed by the CDC, plus other federal agencies.
3. All personnel and particularly supervisors, are responsible for the maintenance of a clean, sanitary workplace, and should inspect workplaces daily to ensure that these conditions are met.

B. Supplies

1. The department should ensure that adequate supplies are available for communicable disease control within the department. Supervisors are responsible for continuously maintaining an adequate supply of disease control supplies for all affected personnel within their purview. Further, supervisors must ensure that:
 - a. PPE can be found in sufficient quantities at designated locations;
 - b. Hypoallergenic gloves and other materials are available for personnel allergic to standard issue gear;
 - c. Supplies are routinely inspected, replaced, and cleaned; and
 - d. First aid supplies and disinfectants are always available.

2. The department, through the direction of designated department exposure control officers, should ensure that department vehicles will each contain the following PPE supplies at all times:
 - a. Three (3) pair of disposable latex gloves;
 - b. One (1) pair leather gloves;
 - c. One (1) disposable face mask;
 - d. Six (6) absorbent disposable towels;
 - e. Three (3) disposable biohazard plastic bags with seals;
 - f. One (1) bottle of alcohol-based cleanser;
 - g. One (1) CPR shield with a one-way valve to prevent the patient's saliva from entering the caregiver's mouth;
 - h. One (1) pair of wrap around safety goggles or face shield;
 - i. One (1) carrying bag with zipper closure;
 - j. One (1) pair disposable shoe coverings;
 - k. One (1) disposable "sharps" container for securing needles or other small sharp objects;
 - l. Six (6) waterproof bandages; and
 - m. "Isolation Area Do Not Enter" signs.
3. Officers using supplies in their department vehicles should replace the supplies or arrange to have them replaced as soon as possible. Officers should maintain disposable gloves readily accessible at all times.
4. The following items should be available for personnel at the department at all times:
 - a. Three (3) pair coveralls (different sizes);
 - b. Supply of disposable latex gloves;
 - c. Plastic biohazard bags and tape or plastic bags and sealing ties;
 - d. Liquid household bleach;
 - e. Disposable towels or towelettes;
 - f. "Isolation Area Do Not Enter" signs; and

- g. Buckets and mops.

V. PRECAUTIONS

A. General

1. All personnel whose skin comes into contact with body fluids of another should begin disinfection procedures as soon as possible. These procedures range from simple soap and water washing to the use of alcohol or antiseptic towelettes. All open cuts and abrasions should be covered with waterproof bandages before personnel report for duty.
2. Personnel should use protective equipment under all appropriate circumstances unless otherwise justifiable. Personnel who for whatever reason do not use protective gear when appropriate, should document the incident as soon as practicable for department review.
3. Whenever possible, personnel should wear disposable latex gloves when doing any of the following:
 - a. Handling persons or items with any blood or body fluid products (hypodermic needles, syringes, or surfaces soiled with blood or body fluids, gun or knife wounds);
 - b. Packaging and handling such items as evidence; and
 - c. Cleaning up blood or other secretions which appear on floors, seats, equipment, handcuffs, shoes, clothing, pens, pencils, etc.

B. Specialized Devices

1. Masks should be worn whenever splashes, spray, spatter, or droplets of potentially infectious fluids endanger contamination through the eyes, nose, or mouth. Masks may be worn with other protective devices such as goggles.
2. Gowns, jackets, coats, and aprons should be worn as determined by the degree of exposure anticipated.

C. Handling People

1. When handling evidence or after contact with a person bleeding or vomiting, personnel should wash hands thoroughly for thirty (30) seconds with warm water and soap after removing gloves. If water is unavailable, pre-moistened towelettes should be used to decontaminate the skin.
2. When transporting prisoners, officers should:
 - a. Avoid placing fingers in or near any person's mouth;

- b. Transport persons with body fluids on their persons in separate vehicles from other persons. A person who is bleeding or producing a fluid may be required to wear a protective covering; and
 - c. Notify other personnel or officers during a transfer of custody that the suspect has fluids on his or her person, or that the suspect has stated that he or she has a communicable disease. The person's status should be documented on any processing forms
 3. Leather gloves or their equivalent should be worn when searching persons or working in environments such as accident scenes or where sharp objects and body fluids may reasonably be encountered. Search techniques should be used that require persons to empty their own pockets or purses and remove sharp objects. Never put your hands where your eyes cannot see.

D. Handling Objects

1. Objects contaminated with body fluids should be completely dried, double bagged, and marked to identify possible contamination.
2. Contaminated items to be disposed of should be autoclaved.
 - a. To autoclave, items must be treated in special biohazard bags at a high temperature. Local laboratories or medical facilities can assist with this process.
 - b. Before burning, biohazard bags must be closed with autoclave tape, which turns purple when the microbes are destroyed.
3. Personnel should use extra care when handling any sharp objects. If personnel find syringes, they should not bend, recap, or otherwise manipulate the needle in any way, but should place the object in puncture resistant containers provided by the department.

E. Handling Fluids

1. Blood spills or other body fluids should be cleaned up with regular household bleach diluted one (1) part bleach to ten (10) parts water or undiluted bleach. Bleach dilutions should be prepared at least every twenty-four (24) hours to retain effectiveness. Latex gloves should be worn during this procedure.
2. A uniform soiled by blood or body fluids should be changed as soon as possible and washed in hot water and detergent or disposed of after autoclaving.
3. All police vehicles should be cleaned with disinfectant as part of a routine, scheduled washing and maintenance check.

4. Body fluids spilled in department vehicles require immediate disinfection procedures. Personnel who have vehicles assigned to them should notify their supervisor of the spill and arrange for a thorough cleaning as soon as possible. Affected vehicles should bear an infectious disease contamination sign upon arrival at a service center and while awaiting disinfection.

F. Precautions When Bitten

The danger of infection through a bite is low. The bitten person cannot be infected with HIV through the blood of the biting person, unless that person has blood in their mouth which comes into contact with the bitten person's blood. HIV cannot be transmitted through saliva. With HBV however, transmission takes place through infected blood or blood derived body fluids. Infection takes place by exposure of the eyes, mouth, or mucous membranes to the virus. Precautionary procedures to minimize the risk of infection include:

1. Encourage the wound to bleed by applying pressure and gently milking the wound;
2. Wash the area thoroughly with soap and hot running water;
3. Seek medical attention at the nearest medical facility if the skin is broken; and
4. Notify the on-duty supervisor and follow all procedures for reporting injuries.

G. Precautions When Punctured by Needles or Knives

Any personnel cut by a knife or punctured by a needle or other instrument while searching a suspect or handling contaminated evidence, should follow these guidelines:

1. Allow the wound to bleed (unless severe bleeding occurs) until all blood flow ceases. Then cleanse the wound with alcohol based cleanser or pre-moistened towelettes and then with soap and water. Do not rely exclusively on towelettes. Always wash wounds thoroughly with soap and water.
2. Seek medical attention as soon as possible after the injury. A physician will decide on the proper treatment.
3. Notify the on-duty supervisor and follow all procedures for reporting injuries.

H. Precautions at Crime Scenes

1. At a crime scene, officers and crime scene technicians confront unusual hazards, especially when the crime scene involves violent behavior such as homicides where large amounts of blood have been shed. No person at any crime scene should eat, drink, smoke, or apply make-up.

2. The best protection at a crime scene is to wear disposable latex gloves. Any person with a cut, abrasion, or any other break in the skin should never handle blood or other body fluids without protection.
3. Latex gloves should be changed when they become torn or heavily soiled, if personnel leave the crime scene (even temporarily), or after each piece of evidence is collected.
4. If cotton gloves are worn when working with items having potential latent fingerprint value, the cotton gloves should be worn over latex gloves.
5. Hands should be washed after gloves are removed, even if the gloves appear to be intact. Personnel should avoid contact between skin and soiled gloves.
6. Always keep a plastic bag in the communicable disease control kit, to be used only to collect contaminated items such as gloves, masks, etc., until they can be disposed of properly. The bag should be clearly labeled "Contaminated Material."
7. Wash shoes and boots with soap and water when leaving the crime scene or use protective disposable shoe coverings.
8. Wrap around eye safety goggles and face masks should be worn when the possibility exists that dried or liquid particles of body fluids may strike the face. Particles of dried blood, when scraped, fly in many directions, so goggles and masks should be worn when removing the stain for laboratory analysis.
9. When processing a crime scene, personnel should be constantly on alert for sharp objects such as hypodermic needles, razors, knives, broken glass, nails, etc. The use of mirrors may be appropriate while looking under car seats, beds, etc.
10. Use tape, never metal staples when packaging evidence.
11. If practicable, use only disposable items at a crime scene where blood or other body fluids are present. Even gloves, masks, shoe coverings, pens, pencils, etc. must be decontaminated before disposal. If autoclaving is not possible, contaminated items must be covered with a bleach solution of one (1) part bleach to ten (10) parts water, or undiluted bleach.
12. Before releasing the crime scene, personnel should notify the property owner or occupant of the potential infection risk and suggest that the owner or occupant contact the local health department for advice on clean up.
13. Warning labels for hazardous substances must be placed on all evidence bags that may contain contaminated material.

VI. OCCUPATIONAL EXPOSURE TO COMMUNICABLE DISEASES

A. Vaccination

The department affords all personnel who have occupational exposure to hepatitis B, the opportunity to take the HBV vaccination series at no cost, within ten (10) working days of assignment to an occupationally exposed duty. The vaccination should be provided only after the employee has received department training in communicable diseases, is medically fit for the vaccination, and has not previously received the vaccination.

B. Notification

1. As soon as practicable, all personnel should document possible exposure to infectious fluids or materials and notify their supervisor of the possible exposure. Public safety personnel are required by Virginia Code to immediately notify their agencies of any "possible exposure prone incident."
2. Examples of an exposure prone incident include:
 - a. Direct contact with body fluids on chapped or open areas such as cuts or scratches on the skin or on mucous membranes of the eyes or mouth;
 - b. Direct mouth to mouth resuscitation (CPR) without use of a one-way valve; and
 - c. Receiving a cut or puncture wound as a result of searching or arresting a suspect or handling contaminated evidence.

C. Testing

1. Any personnel exposed to the body fluids of a person who has or is suspected to have a communicable disease, must be evaluated for evidence of infection by a department approved physician.
2. The person whose body fluids came into contact with department personnel may state that they have AIDS. Often, a person may try to prevent police from withdrawing blood for screening, as in a driving under the influence arrest, although, in fact they are not infected at all. While the department cannot coerce a person to be tested for infection, personnel should try to convince the person who may have a transmitted infection to do so.
3. Virginia Code states that if any person or employee has been exposed to body fluids, the person or employee whose fluids were involved will be requested by the department to consent to HBV or HIV testing and disclosure of results. The general district court can order a person to be tested after an exposure incident.

4. Virginia Code provides measures whereby a person charged with any crime involving sexual assault or particular offenses against children, may be ordered to submit to HIV testing.
5. After an incident involving the possible transfer of blood or other body fluids, testing for the presence of infection should be conducted if indicated by a medical assessment. The department should ensure that qualified counseling is provided during the testing period. The following information details testing methods and their reliability.
 - a. Information regarding testing for AIDS, ARC, and HIV include:
 - (1) Blood tests can detect HIV antibodies produced by the body's immune system. A person must be tested immediately following the incident for a baseline and then six (6) and twelve (12) months later.
 - (2) The two common tests for HIV antibodies are the ELISA (Enzyme-Linked Immunosorbent Assay) and the Western Blot. Since the ELISA is less expensive and easier to perform, it is usually used as a first screen for HIV. If the ELISA identifies the person as seropositive, a second ELISA is performed. If the second test is also positive, a Western Blot is usually performed to confirm the results.
 - (3) Since HIV antibodies may not develop for some months after a person has been infected, an initial negative result may not mean freedom from infection. Typically, three (3) to six (6) months elapse following an infection for a positive reaction to occur. High false positive rates also occur with the use of only an ELISA test.
 - (4) The Virginia Public Health Department provides free confidential or anonymous testing for both ELISA and Western Blot in every health district. The results are given only to the person tested. Virginia Code provides confidentiality.
 - b. For hepatitis B, a blood test can confirm the presence of the virus six (6) to eight (8) weeks after exposure. Different tests exist for hepatitis B depending on the reason for testing.
 - c. For tuberculosis, the disease is detected first by a skin test, then confirmed by an x-ray. A department approved physician can order this test for department personnel. Some local health departments may provide testing for tuberculosis.
6. The department should ensure continued testing, if necessary, of personnel for evidence of infection and should provide psychological counseling if necessary.

7. Any person who tests positive for HIV or hepatitis B should not be summarily removed from duty. The department should make no restrictions simply because of diagnosis. These diseases are not spread by casual contact. The department should alter an employee's assignment only when they can no longer perform the required duties.
8. Any person who tests positive for tuberculosis may be restricted from working for a period of time. The medical evaluation will determine the stage and type of disease the person has contracted and if they are contagious. A tuberculosis infected person requires medication and should not return to work until a physician certifies that they are non-communicable. After exposure to tuberculosis, a person may, after a medical evaluation, take medication to help prevent the disease.

D. Confidentiality

1. Confidentiality of information concerning test results is paramount. The tested person has a right to privacy in employer maintained information about their health. No need exists for a supervisor routinely to know that a person tests positive for HIV or hepatitis B. The department views a breach of confidentiality as a serious disciplinary problem which may result in suspension or termination of employment.
2. Under most circumstances, medical authorities will retain confidential records unless the person tested requests, or Virginia Code requires disclosure.

E. Job Performance and Discrimination

1. Personnel infected with a communicable disease should continue working as long as they maintain acceptable performance and do not pose a safety or health threat to themselves or other department personnel.
2. When feasible, personnel who have medical complications from a communicable disease will either be reassigned to another job or have their job restructured so they can remain employed. As necessary, medical documentation should support requests for job restructure or reassignment. All personnel should treat such personnel fairly, courteously, and with dignity in the same manner as personnel who suffer from other serious diseases or handicaps.
3. The department may require personnel to be examined by a department approved physician to determine if they are able to perform their duties without hazard to themselves or others.
4. The department expects all personnel to continue working relationships with anyone recognized as having AIDS, ARC, hepatitis B, or non-communicable tuberculosis. The department will consider appropriate corrective or disciplinary action against any personnel who threatens or refuses to work with an infected person or who disrupts the department's mission.

5. Employees infected by communicable diseases are generally protected by the Federal Rehabilitation Act of 1973. A medical standard that is not job related constitutes a prohibited personnel practice.

F. Records

The department maintains a record for all personnel detailing incidents of occupational exposure, including information on vaccination status, the results of examinations and tests, health care professionals' written opinions, and any other relevant information. These records are retained by the Chief of Police, his/her designee or the infectious disease control officers in secure storage for the duration of the employee's employment plus thirty (30) years, and should not be disclosed or reported without the express written consent of the employee.

G. Training

1. Education on communicable diseases should be continuous in the department. The training officer should ensure that all department personnel with occupational exposure should receive a course of instruction on blood borne diseases. Further, all affected personnel will receive annual refresher training, plus any additional training appropriate to their particular assignments.
2. The training officer should retain complete records on instruction of personnel to include dates of training, content of sessions, names and qualifications of trainers, and names and job titles of attending personnel.
3. The training officer is responsible for dissemination of updated information to all personnel and for appropriate educational programs about communicable diseases. These programs should include at a minimum:
 - a. Written information concerning AIDS, ARC, HIV, hepatitis B, and tuberculosis in the form of brochures, bulletins, memorandums, or fact sheets;
 - b. Local resources for further medical and law enforcement information; and
 - c. Group and/or individual presentations and discussions provided by adequately trained personnel or experts from outside the department.
4. For more information on communicable diseases, personnel may at any time contact the following:
 - a. National Hotline for AIDS;
 - b. Virginia AIDS Information Hotline;
 - c. AIDS Update from the Department of Health and Human Services;

- d. National Institute of Justice AIDS Clearinghouse;
- e. State and local public health department;
- f. Local American Red Cross; and
- g. Forensic laboratories.

AIDS RELATED CONCERNS OF PERSONNEL

ISSUE	INFORMATION
Human Bites	A person who bites is typically the one who gets the blood. Viral transmission through saliva is highly unlikely. If bitten by anyone, gently milk the wound to make it bleed, wash the area, and seek medical attention.
Spitting	Viral transmission through saliva is highly unlikely.
Urine or Feces	The AIDS virus is isolated in only very low concentrations in urine and not at all in feces. There are no cases of AIDS or HIV infection associated with either urine or feces.
CPR and First Aid	To eliminate the already minimal risk associated with CPR, use masks or airways. Avoid blood to blood contact by keeping open wounds covered and by wearing gloves when in contact with bleeding wounds.
Body Removal	Observe this crime scene rule: Do not touch anything. Those who must come into contact with blood or other body fluids should wear gloves.
Casual Contact	No cases of AIDS or HIV infection are attributed to casual contact.
Contact With Blood or Body Fluids	Wash thoroughly with soap and water and clean up spills with household bleach diluted one (1) part bleach to ten (10) parts water or undiluted bleach.

*Source: Adapted from: AIDS and the Law Enforcement Officer: Concerns and Policy Responses by Theodore M. Hammett, Ph.D., National Institute of Justice, U.S. Department of Justice, June, 1987.