

Communicable Diseases

1008.1 PURPOSE AND SCOPE

This policy provides general guidelines to assist in minimizing the risk of members of the Sahuarita Police Department (SPD) from contracting and/or spreading communicable diseases. The policy also establishes procedures for when a member is exposed to or contracts a communicable disease while working in an official capacity.

1008.2 POLICY

The SPD is committed to providing a safe work environment for its members. Members should be aware that they are ultimately responsible for their own health and should follow appropriate safety precautions.

1008.3 DEFINITIONS

Communicable Disease - A human disease caused by microorganisms that are present in and transmissible through human blood, bodily fluid, tissue (to include bare skin touch), or by breathing or coughing. These diseases commonly include, but are not limited to, hepatitis B or C viruses, HIV, Covid variants, 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 the individual is in an area that was occupied by such a person. Exposure, related to this policy, only includes those instances that occur due to a member's position at the SPD. See the exposure control plan for further details to assist in identifying whether an exposure has occurred.

1008.4 EXPOSURE CONTROL OFFICERS

- A. All members of the SPD command staff serve as Exposure Control Officers (ECOs).
- B. The ECOs shall develop and update as necessary an exposure control plan that includes:
 1. Exposure-prevention and decontamination procedures.
 2. Procedures for when and how to obtain medical attention in the event of an exposure or suspected exposure.
 3. The provision that SPD members will have no-cost access to the appropriate personal protective equipment (PPE) (e.g., gloves, face masks, eye protection, pocket masks) for each member's position and risk of exposure.
 4. Evaluation of persons in custody for any exposure risk and measures to separate them.

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5. Compliance with all relevant laws or regulations related to communicable diseases, including:
 - (a) Procedures for post exposure reporting, testing and investigation (AAC R20-5-164).
 - (b) Responding to requests and notifications regarding exposures covered under the Ryan White law (42 USC 300ff-133; 42 USC 300ff-136).
 - (c) Exposure control mandates in 29 CFR 1910.1030 (AAC R20-5-602).
 - (d) Reporting contagious diseases to the appropriate board of health or health department (ARS 36-621).
- C. The ECOs should also act as the liaison with the Arizona Division of Occupational Safety and Health (ADOSH) and may request voluntary compliance inspections. The ECOs shall annually review and update the exposure control plan and review implementation of the plan (AAC R20-5-602).

1008.5 EXPOSURE PREVENTION AND MITIGATION

- A. All members are expected to use good judgment and follow training and procedures related to mitigating the risks associated with communicable disease. This includes, but is not limited to (29 CFR 1910.1030; AAC R20-5-602):
 1. Stocking disposable gloves, antiseptic hand cleanser, CPR "Ambu bags" or other specialized equipment in the work area or assigned vehicles, as applicable.
 2. Wearing department-approved PPE such as, but not limited to disposable gloves when in contact with blood, other potentially infectious materials, mucous membranes and non-intact skin can be reasonably anticipated.
 3. Washing hands immediately or as soon as feasible after removal of gloves or other PPE.
 4. Treating all human blood and bodily fluids/tissue as if it is known to be infectious for a communicable disease.
 5. Using a face mask or shield if it is reasonable to anticipate an exposure to an airborne transmissible disease.
 6. Decontaminating non-disposable equipment (e.g., flashlight, control devices, clothing and portable radio) as soon as possible if the equipment is a potential source of exposure.
 - (a) Clothing and/or non-disposable equipment that has been contaminated by blood or other potentially infectious materials shall be removed immediately or as soon as feasible and stored/decontaminated appropriately.
 - (b) Contaminated clothing or uniforms shall be placed in a hazardous material bag.

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- (c) A member of command staff shall be notified of any clothing and/or non-disposable equipment that has been contaminated and is unable to be easily decontaminated by SPD members or other allied agencies (RMFD/GVFD). A member of command staff will then determine if the item(s) can be appropriately decontaminated or if the item(s) needs to be disposed of.
If the item(s) is going to be disposed of, the command staff member shall assure the item(s) is disposed of in an appropriate manner in regards to the type of exposure/contamination.
 - (d) If the backseat of a vehicle, piece of equipment or large area (sally port, TDF, etc.) is exposed to a possible communicable disease, the area or piece of equipment shall be removed from service if members are unable to appropriately sanitize the equipment or area. A member of command staff shall be advised of the contaminated area(s) so they can work to have the area appropriately decontaminated prior to the area or equipment being put back in service.
- 7. Handling all sharps and items that cut or puncture (e.g., needles, broken glass, razors, knives) cautiously and using puncture-resistant containers for their storage and/or transportation.
 - 8. Avoid eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses where there is a reasonable likelihood of exposure.
 - 9. Disposing of biohazardous waste appropriately or labeling biohazardous material properly when it is stored.
- B. Members who could be exposed to a Hepatitis Virus (HBV) due to their positions may receive the HBV vaccine and any routine booster at no cost (29 CFR 1910.1030; AAC R20-5-602).

1008.6 POST EXPOSURE STEPS AND REPORTING REQUIREMENTS

- A. Members who experience an exposure or suspected exposure shall:
 - 1. Begin decontamination procedures immediately, as appropriate (e.g. wash hands and any other skin with soap and water, flush mucous membranes with water).
 - 2. Obtain medical attention as appropriate.
 - 3. Notify an on-duty supervisor or superior officer as soon as practicable.
- B. The on-duty supervisor or superior officer shall investigate every exposure or suspected exposure that occurs as soon as possible following the incident. The supervisor or superior officer shall ensure the following information is documented:
 - 1. Name of the member exposed
 - 2. Date and time of the incident
 - 3. Location of the incident

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4. Potentially infectious materials involved and the source of exposure (e.g., identification of the person who may have been the source)
 5. Work being done during exposure
 6. How the incident occurred or was caused
 7. PPE in use at the time of the incident or immediately afterwards
 8. Actions taken post-event (e.g., clean-up, notifications)
- C. The supervisor or superior officer shall advise the member that disclosing the identity and/or infectious status of a source to the public or to anyone who is not involved in the follow-up process is prohibited. The supervisor or superior officer should complete the incident documentation in conjunction with other reporting requirements that may apply.

1008.7 POST EXPOSURE MEDICAL CONSULTATION, EVALUATION, TREATMENT AND COUNSELING

- A. SPD members shall have the opportunity to have a confidential medical evaluation immediately after an exposure and follow-up evaluations as necessary.
- B. This examination shall be scheduled through the employee health plan/provider at the time of the initial reporting of the incident or through the Town's Human Resources (HR) Department.
- C. The SPD/Town shall provide the member, and his/her family if necessary, the opportunity for counseling and consultation regarding the exposure.

1008.8 POST EXPOSURE SOURCE TESTING

- A. Testing a person for communicable diseases when that person was the source of an exposure should be done when it is desired by the exposed member or when it is otherwise appropriate.
- B. Source testing is the responsibility of an ECO. If an ECO is unavailable to seek timely testing of the source, it is the responsibility of the exposed member's supervisor or a superior officer to ensure testing is sought.
- C. Since there is the potential for overlap between the different manners in which source testing may occur, an ECO is responsible for coordinating the testing to prevent unnecessary or duplicate testing.
- D. An ECO should seek the consent of the individual for testing and consult the Town of Sahuarita Department of Law and HR to discuss other options when no statute exists for compelling the source of an exposure to undergo testing if he/she refuses.
- E. Source testing may be achieved by:
 1. Obtaining consent from the individual.
 2. Seeking a court order pursuant to ARS 13-1210.

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3. Disclosure from a health care provider with communicable disease information under ARS 36-665
- F. Members shall not use the blood draw tubes in the DUI kits, as the tubes for these draws have specific preservatives. An ECO or member obtaining the source testing shall work with command staff, HR and employee health (provider/occupational health) to ensure they have the correct tube(s) for the blood draw prior to the source testing.

1008.9 CONFIDENTIALITY OF REPORTS

- A. Medical information shall remain in confidential files and shall not be disclosed to anyone without the member's written consent (except as required by law).
- B. Test results from persons who may have been the source of an exposure are to be kept confidential as well (ARS 36-664).
- C. These files will be maintained by the Town's HR department and shall not be shared with any member of the SPD, including the member's supervisor or superior officer. If a supervisor or superior officer needs access to the information they shall consult with HR.

1008.10 TRAINING

- A. All members shall participate in training regarding communicable diseases commensurate with the requirements of their position and in accordance with law, SPD, and Town policy. The training (29 CFR 1910.1030; AAC R20-5-602):
 1. Shall be provided at the time of initial assignment to tasks where an occupational exposure may take place and at least annually after the initial training.
 2. Shall be provided whenever the member is assigned new tasks or procedures affecting his/her potential exposure to communicable disease.
 3. Should provide guidance on what constitutes an exposure, what steps can be taken to avoid an exposure and what steps should be taken if a suspected exposure occurs.

1008.11 POLICY ISSUANCE OR REVIEW

03/25/2024 - Reviewed by Lt. Renee Carlson - SP328

04/10/2025 - Reviewed by Lt. Scott Nied - SP260