



SAN ANTONIO POLICE DEPARTMENT GENERAL MANUAL



Procedure 615 – Exposure To Communicable Diseases and Other Public Health Risks

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.01 INTRODUCTION

- A. This procedure establishes guidelines for members to follow in the event they are exposed to blood-borne pathogens, infectious materials, communicable diseases, or WMD/Hazardous Materials.
- B. This procedure also establishes guidelines for officers on how to limit unnecessary contact with persons suspected of having contagious diseases or parasites, the proper methods for disposal of contaminated items, the decontamination of clothing and vehicles, and the handling of suspected contaminated crime scenes. In the event of deployment of the Personal Protective Equipment (PPE) Kit, this procedure will supplement the applicable procedures established in Section 800 (Emergency Operations Guidelines) of the General Manual.

.02 POLICY

- A. All officers, while exercising extreme caution when handling individuals having or suspected of having contagious diseases or parasites, will not intentionally ignore or avoid contact with those individuals when such contact is necessary in the performance of a lawful objective.
- B. Where reasonable care and precautions have been taken, officers shall not refuse to transport or communicate with individuals having or suspected of having contagious diseases or parasites, or investigate situations or scenes where contaminated body fluids or evidence is present.
- C. Supervisory officers shall strive to ensure the safety of all officers in situations involving the possible presence of contagious diseases, parasites, or infectious materials and evidence through the utilization of all available precautions and barriers prior to ordering officers into such situations.

.03 DISCUSSION

Contagious diseases such as acquired immune deficiency syndrome (AIDS), viral hepatitis, tuberculosis, and others are spreading through our society at an alarming rate. With the increase and spread of these diseases and the continued presence of various parasites comes the increased possibility officers will contact individuals suspected of or infected with a contagious disease or parasite while in the performance of their duties. Therefore, officers should remain aware any citizen can be infected with a contagious disease or parasite and should follow the provisions of this procedure to minimize the possibility of being infected with a contagious disease or parasite.

.04 TERMINOLOGY *(For specific use within this procedure, see Glossary)*

Blood-borne Pathogens	Communicable Disease	Exposure Incident	HIV
Infectious Materials	Occupational Exposure	Viral Hepatitis	

.05 RESPONDING TO INITIAL REQUESTS FOR SERVICE

- A. Officers responding to requests for police services who come into contact with individuals showing outward signs or manifestations of disease or parasites, or individuals suspected of having a contagious disease or parasite, should avoid unnecessary physical contact with the persons, other than for the following reasons:
 1. The rendering of emergency first aid;
 2. To stabilize a life-threatening situation; or



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3. To effect an arrest.
- B. Members forewarned of, or who suspect, the presence of a contagious disease or parasite take appropriate precautions to prevent unnecessary skin contact by using the various equipment provided in an Infection Barrier Kit.
- C. Members unable to avoid close personal contact with a person believed to have a contagious disease or parasite should decontaminate themselves and their vehicle as soon as possible in accordance with Sections .13 and .14 of this procedure.

.06 PRISONERS EXHIBITING SYMPTOMS OF CONTAGIOUS DISEASES OR PARASITES

- A. Officers arresting persons with outward signs of contagious diseases or parasites, or persons suspected of having contagious diseases or parasites isolate those prisoners from other prisoners.
- B. Prisoners who require medical treatment as the result of highly contagious diseases are transported by an E.M.S. unit.
- C. Prisoners exhibiting symptoms of having contagious diseases or parasites who are to be treated or admitted into a hospital are handled in accordance with Subsection .09D of this procedure and Procedure 601, *Prisoners*.
- D. Prisoners who are suspected of having contagious diseases or parasites, but have been cleared from the need of medical attention are processed for the alleged offense with the nature of the suspected contagious disease or parasite noted in the officer's report and on the booking slip. The City of San Antonio Detention Center supervisor is advised of the prisoner's suspected condition at the time of booking.
- E. Prisoners exhibiting symptoms of contagious diseases or parasites are not transported with other prisoners.
- F. When transporting prisoners exhibiting symptoms of contagious diseases or parasites, officers should operate the police vehicle in the following manner:
 1. Drive with the window glass in the down position; or
 2. Place the air-conditioning or heating controls in the fresh air mode instead of the recycle air mode.

.07 SCENES INVOLVING SUSPECTS/VICTIMS WITH CONTAGIOUS DISEASES OR PARASITES

- A. Officers at scenes where body fluids are present or where contagious diseases or parasites are suspected do not deviate from established procedures for securing the scene from tampering or intrusion.
- B. Officers should use Infection Barrier Kits at any scene where body fluids are present or where contagious diseases or parasites are suspected.
- C. Victims believed to have contagious diseases or parasites are not handled by officers, unless necessary, without protective gloves or other precautionary measures.
- D. Officers shall not eat, drink, or smoke at scenes where body fluids are present or other contagious factors exist.
- E. The Crime Scene Unit is notified in cases where evidence is believed to be contaminated with infectious material, contagious diseases, or parasites and needs to be recovered/transported to the Property Room or the Medical Examiner's Office. Officers shall notify members of the Crime Scene Unit the evidence may be contaminated with infectious material, contagious diseases, or parasites prior to the Crime Scene Unit member entering the scene and collecting the evidence.



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- F. Evidence recovered at crime scenes involving infectious material or contagious diseases is properly packaged and clearly marked in accordance with Crime Scene Unit procedures before being placed in the Property Room or taken to the Medical Examiner's Office.
- G. The owner or person in charge of the premises where an incident occurred is advised to contact the Metropolitan Health District to obtain the proper procedure for decontaminating the premises if infectious material, contagious diseases, or parasites are present or suspected.

.08 SEARCHES OF PERSONS AND VEHICLES

- A. Officers are to exercise extreme caution while conducting searches of all persons suspected of having communicable diseases. Care should be taken to prevent the accidental skin puncture by needles or sharp objects which may be carried in pockets or purses.
- B. Officers are to use caution while searching vehicles. Hypodermic needles, knives, and other sharp objects are frequently hidden beneath front seats or behind the back seats of vehicles.

.09 OCCUPATIONAL EXPOSURES TO COMMUNICABLE DISEASES

If a member of the Department believes he has experienced an occupational exposure, the following procedures must be adhered to:

A. Members Potentially Exposed to Communicable Diseases:

1. Members shall ensure the area of exposure is immediately washed and sanitized.
2. Members shall immediately notify their supervisor of the exposure incident. Supervisors will arrange for the person who exposed the member to be tested/booked while the member, who was exposed to the communicable disease, is treated at the hospital, in accordance with Subsection 615.09 C.
3. Members, who believe they have been exposed to a communicable disease, must go immediately to University Hospital, located at 4502 Medical Drive, to be treated and tested. In order to qualify for workers' compensation benefits, a member who claims a possible work-related exposure must be tested for Viral Hepatitis and HIV within 10 days of the exposure.
4. Members are encouraged to immediately take the medications prescribed by physicians. If taken within 2 hours of the exposure, some medications are believed to reduce the risk of contracting HIV by 80%.
5. Members must write a supplement report detailing how the exposure incident occurred and the treatment received at the hospital.
6. Members, who believe they have experienced an occupational exposure by a prisoner who is refusing to be tested for communicable diseases, will complete an Affidavit in Support of Mandatory Testing for Communicable Diseases, SAPD Form #CD-2. Follow-up unit Detectives or the Night CID Unit Detectives will assist the officer in completing the affidavit in accordance with Subsection .09B.
7. If members are accidentally exposed by a person other than a prisoner,
 - a. Members will comply with Subsections 615.09 A1-5.
 - b. The person, who exposed the member, is asked to voluntarily submit to a test for communicable diseases at the City's expense.
 - c. If the person consents to the test, a supervisor will arrange for the transportation of this person to University Hospital.



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- d. If the person does not consent to be tested for communicable diseases, the person will be identified and allowed to leave.
 - e. Members will immediately contact the Homicide Unit or the Night CID Unit and complete SAPD Form #CD-2, *Affidavit in Support of Mandatory Testing for Communicable Diseases*.
 - f. After the affidavit is signed, it will immediately be delivered in person to the Accounting and Personnel Office.
 - g. The Accounting and Personnel Office will hand deliver it, no later than the next business day, to the Health Department's Epidemiologist.
 - h. The Health Department will arrange court proceedings to determine if the person who exposed the officer will undergo testing for communicable diseases.
8. If members are accidentally exposed to infectious material, other than by a person, the members will comply with Subsections .09A1 - 5.
 9. If the members are accidentally exposed to a patient's blood or body fluids while rendering assistance at the scene of an emergency or while transporting the patient to the hospital,
 - a. The hospital may test for Hepatitis B or Hepatitis C without the patient's consent.
 - b. Members should, however, first ask the patient to voluntarily submit to a test for communicable diseases.

B. Duties of Assisting Officers / Detective Investigators

1. The assisting officer who is guarding the prisoner will ask the prisoner if he would voluntarily consent to a test for communicable diseases.
 - a. Regardless of whether the person consents or refuses, the prisoner is asked to sign SAPD Form #CD-1, *Consent/Refusal to Draw Blood for the Testing of Communicable Diseases*.
 - b. If the person refuses to sign the form, the officer writes "Refused to Sign" on the portion of the form where the prisoner is supposed to sign. The officer then dates and signs the form as the witness.
 - c. If the prisoner consents, the assisting officer will notify hospital personnel and the tests for communicable diseases will be conducted immediately.
 - d. If the prisoner refuses to be tested for communicable diseases, the assisting officer will notify the follow-up unit/Night CID Unit and his supervisor.
2. The follow-up unit, which has investigative responsibility for the criminal offense committed, will assist the officer in completing the proper paperwork to have the prisoner tested for communicable diseases when the prisoner has refused to be tested for communicable diseases.
 - a. The follow-up unit Detectives, during normal business hours, or the Night CID Unit Detectives, between the hours of 1900 and 0500, will assist the exposed officer in completing SAPD Form #CD-2, *Affidavit in Support of Mandatory Testing for Communicable Diseases*. This process should be completed at the hospital.
 - b. After the officer has signed the affidavit, the follow-up unit Detectives or Night CID Unit Detectives will notarize it.



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- c. The follow-up unit Detectives or Night CID Unit Detectives will then complete SAPD Form #CD-3, *Order for Testing*, and present it as well as copies of completed SAPD Forms #CD-1 and #CD-2 to a magistrate having jurisdiction over the prisoner.
 - (1) After the magistrate signs the order, a copy is made and given to the personnel at University Hospital, so the prisoner can be immediately tested for communicable diseases.
 - (2) SAPD Forms #CD-1, #CD-2, and #CD-3 are then attached to the original offense/incident report and forwarded to the Records Office.
- d. In the event the exposed officer is unable to sign the affidavit, the follow-up unit Detectives or Night CID Unit Detectives will contact a magistrate for assistance in having the prisoner tested on the magistrate's own motion in accordance with Article 18.22(a) of the Code of Criminal Procedures.

C. Duties of Supervisors

1. Once a supervisor is notified of a potential exposure incident, he will ensure the exposed officer and the prisoner are transported to University Hospital for testing.
2. If members are accidentally exposed to infectious material by a person other than a prisoner and the person consents to the test, a supervisor will arrange for the transportation of this person to University Hospital.
3. The supervisor should go the hospital where the officer is located and remind the officer who has been exposed of the proper follow-up procedures.
4. The supervisor will properly complete all Workers' Compensation forms and ensure all forms are delivered to the Accounting and Personnel Office in accordance with Procedure 916, *Workers' Compensation*.

D. Medical Testing of Prisoners for Communicable Diseases

Prisoners who have potentially exposed officers to communicable diseases are transported to University Hospital in accordance with Section .06 of this procedure. The assisting officer will inform the medical staff of the details surrounding the exposure incident and follow the guidelines listed in Subsection .09B.

E. Follow-up Procedures

Members who would like to know the results of the communicable diseases exams will call the Epidemiologist with the Health Department at 207-8876.

.10 DOCUMENTING THE PRESENCE OF CONTAGIOUS DISEASES OR PARASITES

- A. Supervisory officers complete all required Workers' Compensation forms for members who receive medical attention as a result of exposure to contagious diseases or parasites.
- B. Members document in a supplemental report their personal involvement in any case in which they have been exposed to the possible presence of contagious diseases, parasites, or infectious material. Supervisory officers acknowledge receipt of the supplemental report, authenticate the incident, and make the reports a part of the officer's departmental personnel file.
- C. Members recognizing the presence of a contagious disease or parasite at a particular location will, in addition to the necessary reports for any offense observed, direct a supplemental report describing the nature of the public health risk and the location to the Health Department.
- D. Information regarding individuals exhibiting signs of communicable disease is confidential and not released other than through official police correspondence.



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.11 ISSUANCE AND USE OF PROTECTIVE EQUIPMENT / SUPPLIES

- A. A supply of Infection Barrier Kits and replacement items shall be available to all supervisors by the Fleet Services Management Office.
- B. Supervisors shall ensure Infection Barrier Kits are supplied in each marked police vehicle. Issuance of Infection Barrier Kits and replacement items shall be documented in a written log by members of the Fleet Services Management Office assigned to each substation.
- C. Members of the Department who need replacement items for their Infection Barrier Kits shall notify their supervisor in writing. Supervisors shall replace these items and then forward the report to the member of the Fleet Services Management Office assigned to his substation.
- D. An adequate supply of Infection Barrier Kits and replacement items shall also be kept in stock at every substation for issuance to members by supervisors in emergency situations.
- E. Infection Barrier Kits (packaged in 12" x 15" clear, re-sealable bags) consist of Infection Barrier Items and a Clean-Up Kit.

.12 DISPOSAL OF CONTAMINATED PROTECTIVE EQUIPMENT / SUPPLIES

- A. The presence of an infectious disease or parasite is presumed anytime disposable equipment or supplies are utilized. Such supplies or equipment are not indiscriminately discarded at the scene or disposed of in a way which may cause casual contact by another person.
- B. After being used, all Infection Barrier Kit items and any other items or supplies used as an infection barrier are to be disposed of properly. The only acceptable method of disposal is to seal the items in one of the red disposable bags marked "Biohazard Infectious Waste" contained in the Infection Barrier Kits. After being sealed, the biohazard infectious waste is taken to the Fleet Services Management Office, which is located at 329 S. Frio. A large trash can marked "Biohazard Infectious Waste" will be placed directly outside of the Fleet Services Management Office, so officer may properly dispose of the biohazard infectious waste. Officers disposing of biohazard infectious waste shall document in a written report the method used for disposal. Copies of the report are routed to the officer's supervisor and the Fleet Services Management Office.
- C. After the trash can labeled "Biohazard Infectious Waste" is full, a member of the Fleet Services Management Office will deliver the Biohazard Waste to the Health Department Lab located at 332 W. Commerce on the 2nd floor. Members of the Fleet Services Management Office will call in advance to schedule the delivery. The telephone number to the Health Department Lab is 207- 8747.

.13 DECONTAMINATION OF POLICE VEHICLES

- A. At no time will an officer drive or place another person in a police vehicle containing visible blood or body fluid or in a police vehicle thought or presumed to contain the presence of a contagious disease or parasite. This is for the protection of both the officer and any other person being placed in or riding in the vehicle.
- B. Police vehicles containing small amounts of blood or body fluids are cleaned using the hospital grade disinfectant by the member operating the vehicle immediately after the departure of a prisoner or contagious person. The hospital grade disinfectant can be obtained through the Fleet Services Management Office.
- C. Police vehicles containing large amounts of blood or body fluids or police vehicles thought or presumed to contain the presence of a contagious disease or parasite are sealed and immediately returned to the assigned substation by contract wrecker for decontamination by the Fleet Services Management Office.
 - 1. Police vehicles are sealed by placing yellow police tape around the vehicle and placing a notice with the word "Contaminated" on the driver's side window.



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2. The officer sealing the police vehicle shall send a written report detailing the reason for sealing the vehicle to his Unit/Shift Director and the Fleet Services Management Office.
- D. Police vehicles requiring decontamination are processed by the Fleet Services Management Office in accordance with its standard operating procedures.
- E. Prisoner transport wagons, as a precautionary measure against contagious diseases or parasites, shall be sprayed with a hospital grade disinfectant by the assigned officer upon completion of each tour of duty. The hospital grade disinfectant shall be supplied by the Fleet Services Management Office and kept in stock at any unit assigned a prisoner transport wagon.

.14 DECONTAMINATION OF PERSONNEL AND CLOTHING

- A. All officers are encouraged to have a change of clothing, uniform or civilian attire, readily available to them at their respective units of assignment for use if they come in contact with infectious diseases or parasites.
- B. Members unable to avoid close personal contact or direct contact with a person believed to have a contagious disease or parasite, or members getting blood or other body fluids on their clothing should return to their assigned substation or unit, with supervisory approval, to shower and change uniforms or civilian clothes.
 1. Prior to showering, contaminated clothing should be placed in a plastic bag and sprayed with a hospital grade disinfectant available at all substations. All directions on the disinfectant container should be followed before washing the clothes in soap and water.
 2. All non-washable items, including equipment belt, accessories, badge, headgear, and shoes should also be placed in a plastic bag and sprayed with a hospital grade disinfectant.
 3. Officers, upon request, shall be provided with a soap and shampoo which will kill parasites. The soap and shampoo shall be supplied by the Fleet Services Management Office and kept in stock at every police substation.

.15 PERSONAL PROTECTIVE EQUIPMENT (PPE) KIT

- A. As WMD/Hazardous Events (i.e. fires, chemical spills, etc.) cover a wide variety of hazards, it is difficult to describe one set of facts or circumstances which would result in the need for the PPE Kit. Therefore, officers are encouraged to use their discretion when deploying the PPE Kits to accomplish their duties.
- B. The PPE Kit will be provided to all officers in a sealed backpack style bag. All officers should have their assigned PPE Kits readily available while on-duty and shall refer to their Unit/Detail SOP for the carrying and storage of these kits.
- C. The PPE Kit will contain the following:

Quantity	Item Description
1	Full face APR (Air Purifying Respirator)
1	Half face APR (Air Purifying Respirator)
1	HEPA (High Efficiency Particulate Air) Filter Canister
1	Tychem BR Protective Suit
3	Mark 1 NAAK (Nerve Agent Antidote Kits)
1	Pair of Nitrile Gloves
1	Pair of Butyl Gloves
1	Pair of Shoe Covers



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- D. The seals on each PPE kit will be numbered and a report must be written when any of the seals are broken.
1. If any of the seals are broken, the officer will write his report and give it to his supervisor for accountability and replacement of the equipment/supplies. Supervisors will approve the officer's report to replace any equipment/supplies used.
 2. The officer will then take his approved report and his PPE Kit to the Armory and Supply Office for replacement of equipment and/or supplies. Officers are reminded the Armory and Supply Office is now located at the Police Training Academy.
- E. When the need arises, officers may use their half face air purifying respirators at anytime during their tour of duty. It is located in the unsealed portion of the PPE Kits. The Armorer will replace these half face air purifying respirators as needed, and a supply of these respirators will be kept in the ready room for officers to use when the Armory and Supply Office is closed. Supervisors will issue replacement equipment as needed.
- F. In the event an officer deploys his PPE Kit in a WMD/Hazardous Event, he shall contact the Fire Department's Haz-Mat Unit, prior to leaving his assignment at the scene, to determine if decontamination is necessary and to determine how to dispose of the contaminated equipment and/or supplies. Any contaminated equipment will be disposed of in accordance with the Fire Department's established procedures.
- G. If the PPE Kit is deployed at an incident which did not require the Fire Department and if the officer has any reservations on how to dispose of the equipment or supplies, he shall have the dispatcher contact the Fire Department's Haz-Mat Unit, prior to leaving his assignment at the scene, to determine the proper method of disposal of any used or contaminated equipment or supplies.
- H. Supervisors shall ensure annual inspections of the PPE Kits are conducted, and verify the identification seal is intact (indicating a complete kit) and document the serial numbers of the seals on the officer's monthly inspection form. Any new seals issued will be documented at the time of issuance and a copy of the new serial numbers will be kept in the officer's field file.
- I. In January of each year, Unit/Shift Directors will schedule and ensure each officer under his command is annually refitted and tested with his full face air purifying respirator.
1. The annual refitting and testing will be documented on the officer's monthly inspection report.
 2. The monthly inspection report will be kept on file in the officer's field file.
- J. If an officer's PPE Kit is lost, stolen, or otherwise rendered unusable because of negligence or carelessness, the officer shall immediately write a report and forward it to his supervisor.
1. The supervisor will forward the officer's report through his chain of command to the Labor Relations Committee.
 2. The Labor Relation Committee will make a determination as to the cause of the loss or damage and to what extent the officer is responsible for such loss and/or damage in accordance with the current Collective Bargaining Agreement by and between the City of San Antonio and the San Antonio Police Officers' Association.

.16 MARK 1 NAAK (NERVE AGENT ANTIDOTE KITS)

The PPE Kit contains three (3) Mark 1 Nerve Agent Antidote Kits. Each of the Mark 1 Nerve Agent Antidote Kits has two auto injectors. One injector is 2 mgs of Atropine and the other injector is 600 mgs of 2 Pam-Chloride.

- A. The Mark 1 Nerve Agent Antidote Kits can cause serious injury if not used correctly; therefore, officers shall treat these injectors with the same level of respect and security as firearms.



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- B. The Mark 1 Nerve Agent Antidote Kits are only to be used on the officer by himself or other first responders who are already in their protective equipment.
- C. The Mark 1 Nerve Agent Antidote Kits are to be used by an officer when he believes he has been exposed to a nerve agent and begins showing signs and symptoms.
 - 1. Symptoms of nerve agents include: Salivation, Lacrimation, Urination, Defecation, Gastrointestinal Distress, or Emesis (SLUDGE).
 - 2. If an officer believes he has been exposed to a nerve agent, the officer shall:
 - a. Immediately remove himself from the contaminated area;
 - b. Immediately notify the dispatcher to start EMS;
 - c. Remove any items he has in his front pants pockets which may break the needle to the injectors;
 - d. Measure a hand width above the knee and a hand width below the hip, and
 - e. Inject himself with the Mark 1 Nerve Agent Antidote auto injectors in the meaty portion of both of his thighs. (It is recommended both injectors be used simultaneously – one in each thigh.)
 - 3. After an officer injects himself, he shall place the bottom cap of each of the Mark 1 Nerve Agent Antidote Kits on his fingers. This will help EMS determine how many series of shots the officer has taken.
 - a. If an officer continues to feel the effects of the nerve agent (SLUDGE) after 10 minutes, he shall again inject himself with the Mark 1 Nerve Agent Antidote Kit. (It is recommended both injectors be used simultaneously – one in each thigh.)
 - b. After the second set of injections with the Mark 1 Nerve Agent Antidote Kit, if an officer continues to feel the effects of the nerve agent (SLUDGE) after 10 minutes, he shall again inject himself with the Mark 1 Nerve Agent Antidote Kit. (It is recommended both injectors be used simultaneously – one in each thigh.)
 - c. Officers shall not inject themselves with more than the three Mark 1 Nerve Agent Antidote Kits provided in their PPE Kits in a given day.