Series	Effective Date	Review Date	Directive Number
400 Personnel	05/23/2018	Annually	403.2
Chapter 403 – Employee Wellness			
Reviewing Office *Human Resources/Resource Management*			☐ New Directive ☒ Revised Revisions in *italics*
References			

INFECTIOUS DISEASE CONTROL

403.2 - 1 PURPOSE

The purpose of this policy is to provide procedures and guidelines to ensure that all members of the Detroit Police Department (DPD) adhere to the Michigan Occupational Safety and Health Administration (MIOSHA) standards regarding infectious diseases to safeguard themselves, detainees, and the community against health hazards that may cause serious or permanent injury/illness*, and* to limit the spread of infectious disease between detainees.

403.2 - 2 POLICY

During the course of their duties, members may be exposed to blood and other potentially infectious materials. As this exposure places the member at risk of contracting disease, it is the policy of the DPD to:

a. Identify *members* who can reasonably be expected to be exposed to blood or other potentially infectious material as part of their job duties and develop appropriate policies and procedures to protect these *members* against exposure;
b. Provide the identified members with personal protective equipment and offer, at no cost, vaccination against the Hepatitis B Virus;
c. Provide the appropriate preventive education on contemporary infectious diseases;
d. Require all members to adhere to all MIOSHA requirements, federal and state law, and local ordinances pertaining to infectious diseases; *and*
e. Establish an appropriate standardized Department-wide course of action should an occupational exposure occur.
f. *The Director of Human Resources shall contact* the Detroit Department of Health and Wellness Promotion (DDHWP) for approval by qualified medical/mental health professionals prior to any revisions being made to the program.

403.2 - 3 Definitions

403.2 - 3.1 AIDS (Acquired Immune Deficiency Syndrome)

A bloodborne and sexually transmitted disease that attacks and destroys the body's immune system. It makes people susceptible to infections, malignancies, and diseases not generally life-threatening to persons with normal immune systems. There is no

vaccine against the virus. Members are advised that AIDS is not transmitted through any of the following [according to the Centers for Disease Control (CDC)]:

a. Sneezing, coughing, spitting;
b. Handshakes, hugging, or other nonsexual physical contact;
c. Toilet seats, bathtubs, or showers;
d. Various utensils, dishes, or linens used by persons with AIDS;
e. Articles worn or handled by persons with AIDS (e.g. doorknobs, cups);
f. Being near someone with AIDS frequently or over a long period of time;
g. Riding the same transportation or working in the same office; or
h. Eating in the same public place with an AIDS infected person.

403.2 - 3.2 Bloodborne Pathogens

Pathogenic micro-organisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B (HBV) and Human Immunodeficiency Virus (HIV).

403.2 - 3.3 Bloodborne Pathogen Standard

The OSHA Bloodborne Pathogen Standard prescribes safeguards to protect *members* against health hazards from occupational exposure to any pathogenic micro-organism that is present in human blood or other potentially infectious materials (OPIM) and everything contaminated with them. The standard defines bloodborne pathogens to include the Human Immunodeficiency Virus (HIV), *Hepatitis A Virus (HAV),* Hepatitis B Virus (HBV), and other disease causing pathogens such as the Hepatitis C Virus (HCV) and syphilis.

403.2 - 3.4 Body Fluids

Semen, vaginal secretions, cerebrospinal (spine) fluid, synovial (joint) fluid, pleural (chest cavity) fluid, pericardial (heart) fluid, peritoneal (stomach) fluid, amniotic (womb) fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids**.**

403.2 - 3.5 Contaminated

The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

403.2 - 3.6 Contemporary Infectious Disease

Present day infectious diseases of concern as noted by the *Detroit* Department of Health and Wellness Promotion (DDHWP), with which the Department should be familiar.

403.2 - 3.7 Decontamination

The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item, and render the item or surface safe for handling, use, or disposal.

403.2 Infectious Disease Control

403.2 - 3.8 Exposure Determination

Evaluating routine and reasonably anticipated tasks and procedures to determine whether there is an actual or reasonably anticipated exposure to blood or other potentially infectious material. Based on this evaluation, the Department categorizes all *members* into *the following categories*:

a. Category A: Involves exposure or reasonably anticipated exposure to blood or other potentially infectious material or a likelihood for spills or splashes of blood or other potentially infectious material. This includes procedures or tasks conducted in nonroutine situations as a condition of employment; and
b. Category B: Does not involve exposure to blood or other potentially infectious material on a routine or nonroutine basis as a condition of employment. Employees in occupations in this category do not perform or assist in emergency medical care or first aid and are not reasonably anticipated to be exposed in any other way.

403.2 - 3.9 Exposure Incident

A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral (needle stick) contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

403.2 - 3.10 *Hepatitis A (HAV)*

A liver disease caused by the Hepatitis A virus (HAV) which multiplies in the liver and is shed in feces. HAV is a vaccine-preventable illness.

403.2 - 3.11 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. Two vaccines are currently available against Hepatitis B.

403.2 - 3.12 Hepatitis C (HCV)

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. Two vaccines are currently available against Hepatitis B.

403.2 - 3.13 Human Immunodeficiency Virus (HIV)

The virus that causes AIDS. HIV infects and destroys certain white blood cells, undermining the body's ability to control infection (also named HTLV-III or LAV). HIV is transmitted through very specific body fluids, including blood, semen, vaginal fluids and breast milk and cannot survive outside of these environments.

403.2 - 3.14 Infectious Disease
A disease or illness (caused by bacteria or viruses) that can be transmitted from person to person (e.g. TB, HIV, AIDS, STD, hepatitis, pneumonia, meningitis, parasitic infections, etc.).

403.2 - 3.15 Latent Tuberculosis Infection (LTBI)
Tuberculosis (TB) is a bacterium that remains inactive or dormant in the body and is usually evidenced by a positive tuberculin skin test and a negative chest x-ray. Individual(s) will not feel sick or have any TB symptoms. Individual(s) may develop TB disease at some point in their lifetime.

403.2 - 3.16 Personal Protective Equipment (PPE)
Specialized clothing or equipment worn or used by members for protection against infection. Personal Protective Equipment (PPE) does not include regular or non-protective uniforms or work clothes.

403.2 - 3.17 Significant Exposure to Infectious Disease
Any situation, in which a detainee or DPD member is likely to have come in contact with an infectious agent in such a way that the probability of infection is likely to occur. The probability of infection is contingent on many factors, which the layperson cannot accurately determine (e.g. amount of exposure, infectiousness of the agent, transmissibility of the agent, susceptibility of exposed individual, medical counter measures taken, etc.).

403.2 - 3.18 Tuberculosis (TB)
A bacterial disease that is transmitted through the air. Tuberculosis is spread primarily by inhaling airborne droplets from infected coughing people. It is an airborne, opportunistic disease and it primarily causes lung infection. Although no vaccine against tuberculosis exists, medications are available to treat the disease.

403.2 - 3.19 Universal Precautions
Controls or procedures advised by the Centers for Disease Control (CDC) that emphasize precautions based on the assumption that blood and body fluids are potentially infectious.

403.2 - 4 Exposure Determination

The following is a list of all job classifications in the Department that have been determined to be Category A:

Job Title	Department/Location
Non-Sworn Personnel	Detroit Police Department/All Locations
Reserve Officer	Detroit Police Department/All Locations
Detention Facility *Members*	Detroit Police Department/*Detroit Detention Center (DDC)*

All other Sworn Department Members	Detroit Police Department/All Locations

403.2 - 5 General

403.2 - 5.1 Bloodborne Pathogens Exposure

1. Pathogens can enter the body by direct contact with an infected person or by indirect contact with objects that have touched the blood or the body fluids or an infected person *(Reference Section 403.2 – 3.9 "Exposure Incident")*. This contact may occur as the result of *the following instances:*

    a. Being stuck with an infected needle or sharp object;
    b. Having infected blood or certain other body fluid splashed into the mouth, eyes, or other mucous membrane;
    c. Having infected blood or other potentially infectious material (body fluids) splashed on non-intact skin (e.g. skin that is cut, scratched or has open wounds, rashes, freshly shaven skin, or other skin condition); and
    d. Being bitten by a human (saliva carrying the HBV virus may be infectious).

2. The risk of HIV or HBV infection through contact with feces, nasal secretions, saliva (except that HBV may be infectious through a human bite), sputum, sweat, tears, urine, and vomit is extremely low. However, since these substances may contain traces of blood, precautions against direct contact should be taken.
3. As first responders, law enforcement personnel face unpredictable circumstances which have the potential to place law enforcement personnel at risk. Remember that it is impossible to determine by appearance alone whether or not an individual is infected with HIV, *HAV,* HBV, or HCV. Therefore, it is vital that members recognize these risk situations and take appropriate protective measures when blood or other body fluids are present.
4. These procedures are intended to be implemented only under circumstances where there is a risk of exposure to blood, contaminated body fluids, or other potentially infectious material. The use of protective equipment is not required for routine contact with the public and shall not be utilized based solely upon the characteristics of an individual, perceived drug usage, or assumed medical condition(s).
5. All members are responsible for the maintenance of a clean, sanitary workplace, and shall inspect workplaces daily to ensure that these conditions are met.

403.2 - 5.2 Members Covered

The following Department members face the potential for significant exposure to infectious disease:

a. All sworn-members;
b. Non-sworn detention officers;
c. Non-sworn facilities management personnel;

d. Non-sworn fingerprint and forensic technicians;
e. Non-sworn photographers;
f. Non-sworn chemists and lab personnel;
g. Active Detroit Police Reserve Officers; and
h. Juvenile Service Cadets.

403.2 - 5.3 Personal Protective Equipment (PPE)

1. The equipment contained within the Personal Protective Equipment (PPE) Kit has been chosen based on the anticipated exposure to blood or other potentially infectious materials.
2. The equipment is intended for single use only. It will be supplied in a utility box that is designed to be carried in patrol vehicles, so as to be readily available to patrol or investigative *members*, and in *the Detroit Detention Center*, readily available for detention officers. In the event PPE is acquired for use and a utility box is not available, then any other suitable container or packaging shall be used to maintain the integrity of the PPE. All commands with patrol and/or investigative personnel will be issued *Series III, full body protection,* PPE kits consisting of the following equipment:

   a. Suntech Microporous Coverall (1 each);
   b. 15 mil Latex Gloves (2 pair);
   c. N95 TB Face Mask (1 each);
   d. Wrap around goggle or full face shield (1 pair);
   e. Antimicrobial Hand Wipes (3 each); and
   f. 10 gallon bio-disposal bag (1 each).

4. Members shall wear appropriate protective equipment to prevent direct contact with blood or other potentially infectious material. All body fluids shall be considered potentially infectious and universal precautions are required.

403.2 - 5.4 Care and Storage of PPE Kit

1. *The commanding officer of any Department entity that has been issued PPE Kit(s) shall be responsible for ensuring all issued equipment is accounted for and in working condition.*
2. Upon utilization of any of the contents within the PPE kit, the *commanding officer* shall document the depletion of the specific item utilized on the PPE Kit Inventory Checklist (*DPD732)*. A copy of the PPE Kit Inventory Checklist *(DPD732)* depicting the utilization of the specific item(s) shall be immediately forwarded to *Resource Management* for proper and prompt replacement of those items used.
3. The equipment may deteriorate when exposed to prolonged heat or cold. *A*ll PPE kits shall be stored in a police facility.
4. Commanding officers shall ensure the availability and accountability of this equipment.

403.2 - 6 Engineering/Work Practice Controls

403.2 - 6.1 General

1. *Members should u*tilize eye goggles and/or face mask to prevent contamination from splashed blood or other potentially infectious material.
2. *Members should u*se the coverall to protect against contamination by blood or other potentially infectious material.
3. At commands with locker facilities, members should keep a change of uniform or clothing available in case clothing becomes contaminated. (Refer to Section 6.2 of this directive).
4. *Members should r*emove all PPE immediately after use at the scene to avoid additional contamination of other persons, equipment, or the interior of a Department vehicle.
5. *Members should w*ear protective gloves while removing or handling used PPE.
6. *Members should d*ispose of contaminated PPE in the bio-disposal bag for transport to the command.
7. *Members should* not eat, drink, smoke, apply cosmetics or lip balm, handle contact lenses, or store food or drink in work areas or in vehicles where there is a reasonable likelihood of significant exposure to infectious disease.
8. If the exigency of the situation precludes a member from donning and/or utilizing PPE items, hand washing is the most important procedure for preventing the transmission of bloodborne pathogens. Hands must be washed with soap and warm water immediately after unprotected exposure to blood or fluids capable of transmitting bloodborne pathogens. When warm running water is not immediately available, anti-microbial hand wipes shall be utilized as a temporary measure until warm running water is available.
9. DPD members shall exercise discretion when providing emergency medical care or CPR to any person or detainee if PPE is not available.

403.2 - 6.2 Hand Washing

1. *Members* shall wash their hands with soap and warm water immediately or as soon as possible after having direct contact with blood or other potentially infectious material, even if they were wearing gloves. If warm running water is not immediately available, anti-microbial hand wipes shall be utilized as a temporary measure until warm running water is available. *Listed below are o*ther indications for hand washing:

    a. Hands must be washed after a glove tear or suspected glove leak;
    b. Hands must be washed after removing gloves; and
    c. Hands must be washed after handling materials that may be contaminated with blood or fluids capable of transmitting bloodborne pathogens.

403.2 - 6.3 Disposable Single Use Gloves

1. All members shall wear disposable single use gloves when touching a surface or handling items moistened with blood or other potentially infectious material. Caution: disposable gloves do not protect against needle stick injuries.

2. Prior to wearing, the gloves shall be inspected to insure there are no holes, breaks, or cracks. Gloves shall be changed if they become torn or contaminated and shall be changed between handling different people where the risk of exposure exists. Eyes, mouth, nose, or broken skin shall not be touched with contaminated gloves.
3. Disposable gloves should be removed by grasping the cuff and pulling them off inside out and disposed of in the bio-disposal bag carried with the PPE kit or in the biohazard container at the command. Hands shall be washed after removal of the disposable gloves.

403.2 - 6.4 Searches

1. Members must remember that needle stick injuries represent the most common exposure incident to public safety personnel. Therefore, members shall use extra caution when searching persons and/or property.
2. If a custodial search or a search incident to a lawful arrest is justified (Refer to Directive 202.2, Search and Seizure) members shall first conduct a pat down frisk of areas where needles or sharp items may be located.
3. If feasible, members shall ask the subjects to empty their own pockets. Purses, bags, or other containers shall be emptied and the contents visually inspected before property is handled. Members should not reach between or under vehicle seats, or into any other area, prior to visually examining the area.

403.2 - 7 Contaminated Property

403.2 - 7.1 Evidence Property

1. All commands where evidence property is accepted and/or stored will be provided with a supply of "biohazard" stickers.
2. The biohazard sticker is intended to alert all *members* to take precautions prior to handling *the property*.
3. The biohazard sticker shall be affixed to the property envelope or package whenever the property has been contaminated with blood or other potentially infectious material.
4. Disposable gloves shall be worn whenever handling contaminated property.
5. Evidence clothing contaminated with blood or other body fluids shall be placed in a bio-disposal brown paper bag (not plastic) prior to tagging and storage.
6. Hypodermic needles, sharps, syringes, and other sharp items shall be considered to be "contaminated" and shall be handled in the following manner:

    a. Hypodermic needles or syringes shall not be recapped, purposely bent, broken, manipulated by hand, or removed from disposable syringes;
    b. Hypodermic needles or syringes shall be secured in the provided “sharps” container. If the sharps container is not immediately available, *members* shall take the necessary precautions to isolate and secure the hypodermic needle or other sharp item until the proper container can be located. (Refer to Section 403.2 - 6.3, Disposable Single Use Gloves). After placement in the sharps

container, the property tag and "biohazard" warning stickers shall be attached; and

c. Hypodermic needles, syringes, or other sharp instruments that are considered medical waste shall be discarded in the biohazard sharps container and shall not be discarded in the biohazard trash container or in the regular trash.

403.2 - 7.2 Personal Clothing

1. Garments contaminated by blood or other infectious material shall be removed immediately or as soon as feasible, and handled as little as possible.
2. Contaminated skin shall be washed immediately if blood or other potentially infectious material has soaked through the garment.
3. Contaminated personal clothing or uniforms shall be placed in a bio-disposal paper bag (not plastic) prior to transport to the laundry or dry cleaners. The following procedures shall be adhered to when handling contaminated clothing:

   a. Gloves shall be worn when handling contaminated laundry;
   b. Contaminated laundry should be kept separate from non-contaminated laundry. Do not remove the contaminated items from the bio-disposal paper bag prior to cleaning. Dry clean or wash the contaminated laundry promptly;
   c. According to the Centers for Disease Control (CDC), normal laundry procedures following the manufacturer's recommendations are sufficient to decontaminate personal clothing; and
   d. Normal dry cleaning will decontaminate those uniform items that must be dry cleaned. As a precaution, when items potentially contaminated by blood or other bodily fluids are taken to a dry cleaners, dry cleaning employees should be made aware of the location of the stain.

403.2 - 7.3 Department Equipment, Vehicle, or Facility

1. *Resource* Management will provide disinfecting chemicals to all commands. A one (1) to eight (8) bleach solution is also effective against HIV or HBV surface decontamination for blood or body fluids.
2. The officer-in-charge (OIC) shall be notified whenever DPD equipment, vehicles, or an area within a DPD facility becomes contaminated with blood or other potentially infectious material. The OIC shall ensure that the contaminated equipment, vehicle, or facility is isolated, cleaned, and disinfected prior to returning to service or allowing a contaminated area to be occupied.
3. If the magnitude of the contamination exceeds the command's ability to safely clean and disinfect the contaminated area, *Resource* Management shall be notified directly during normal business hours. At all other times, notification shall be made through Communications.
4. To effectively clean and disinfect contaminated areas, the OIC shall ensure that the following procedures are followed:

a. All members involved in cleaning/decontamination of any equipment, vehicle, or facility shall wear gloves and other PPE as needed;
b. Blood or other potentially infectious material shall be eliminated by cleaning with disposable paper towels prior to decontaminating the surface. The contaminated paper towel shall be placed in a biohazard disposal bag for later disposal in the biohazard waste container;
c. The contaminated area should be washed with a mixture of chemical disinfectant or bleach solution. The area should be allowed to air dry;
d. All PPE used during the cleanup should be disposed of in the bio-disposal bag with the contaminated paper towels;
e. Any water or chemical disinfectant used during the cleanup/disinfecting process can be disposed of via a normal sanitary drain; and
f. Hands shall be washed immediately with soap and warm running water.

403.2 - 7.4 Disposal of Biohazardous Materials

1. All precincts and other designated commands will be provided with large waste containers marked, "BIOHAZARD." The biohazard waste container shall be kept in a secure area not readily accessible to the public. This container is intended to receive the individual bio-disposal bags, contaminated personal protective equipment, and other contaminated items. The DPD has contracted for biohazard waste pick-up. Biohazard waste pick-up at *the Detroit Public Safety Headquarters (DPSH)* is scheduled on a monthly basis. In the event a command at *DPSH* needs an earlier pick-up and all other commands that need a biohazard waste container pick-up shall notify *Resource Management*. To ensure the timely removal of waste and to prevent the storage of additional bio-hazard items outside of the prescribed receptacle, *Resource Management* shall be contacted to arrange for pick-up when their prescribed receptacles are half full.
2. Each PPE kit contains a bio-disposal bag intended to collect contaminated PPE (e.g. gloves, hand wipes, etc.) used throughout the shift. After use, the bio-disposal bag should be carried in the trunk of the patrol vehicle.
3. If utilized, the bio-disposal bag shall be removed from the vehicle at the end of the shift, closed to prevent spillage, and disposed of in the designated hazardous waste container at the *command*. The bio-disposal bag or other contaminated items shall not be discarded in the regular trash.
4. Each PPE kit contains a sharps container. All needles, syringes, razors and other sharp items shall be placed in the sharps container. <u>All sharp items shall be handled with extraordinary care, and should be considered potentially infectious. If a sharps container is not available, the sharp item shall be secured in a hard-walled puncture resistant container until it can be disposed of properly</u>.

403.2 - 7.5 Exposure Incident

1. Members who have an exposure incident (e.g. eye, mouth, other mucous membrane, non-intact skin, or parenteral (needle stick) contact with blood or other potentially infectious materials) shall immediately notify their supervisor.
2. In the event that a member's clothing has been contaminated, they shall notify a supervisor immediately and proceed to the nearest precinct. Each precinct shall provide an adequate number of work uniforms and/or protective coveralls to ensure members that a change of clothing will be available when uniforms become contaminated and members require a change of clothing.
3. Contamination of a member's clothing does not necessarily constitute an exposure incident and requires no additional documentation. However, universal precautions and appropriate safeguards shall be utilized when handling any such contaminated clothing (Refer to Section 6.2 of this Directive).
4. Members shall *complete* a Report of Injury or *Illness Form* (DPD101) *in MAS to document any exposure incident*. The "Exposure Incident" box shall be marked and the "Source Individual" and "Exposure Type" sections on the report *shall be* completed.
5. If an exposure incident occurred and the member was not wearing PPE, the supervisor shall include as part of their investigation and recommendation in the narrative portion on the injury report, an evaluation of the circumstances surrounding the incident to determine whether the member's actions were within the guidelines of this Directive.
6. If a member experiences an exposure incident, such as a needle stick or a blood/bodily fluid splash in the eye, they shall receive a confidential medical evaluation from a licensed health care professional with appropriate follow-up, which may include a combination of the vaccine with Hepatitis B Immune Globulin. Effective treatment shall commence shortly after the exposure incident. Therefore, it is imperative that the exposure be reported immediately.
7. Members who sustain an exposure incident and who want to have the source individual tested for HIV, HBV, or both, shall immediately advise their supervisor of the request. The supervisor shall follow the protocols for testing source individual for HIV/Hepatitis.
8. State statute allows a law enforcement officer who has sustained an exposure incident (percutaneous mucous membrane or open wound exposure to the blood or body fluids of an arrested individual) to request that the arrested individual be tested for HIV, HBV, or both, provided such request is made within seventy-two (72) hours of the arrest.
9. If the arrested person refuses to submit to testing, the Department may proceed to the Family Division of the Wayne County Circuit Court to obtain an order to compel the test. Note: Currently, there is no legal remedy to compel source individuals to submit to testing if they are not detainees.

403.2 - 8 First Responder Protocol

Outlined below is the protocol to follow when members encounter blood and/or bodily fluid exposures (BBFE) to person(s) that are suspected HIV/*HAV*/HBV/HCV seropositive:

The exposed member MUST respond to *an authorized medical facility* with the detainee to substantiate exposure. Members must convey the detainee to *an authorized medical facility* immediately utilizing *the following* universal precautions:

- Universal precautions is an approach to infection control to treat all human blood and certain human body fluids as if they were known to be infectious for HIV, HBV and other bloodborne pathogens;
- Universal precautions requires employees to *take necessary steps* to prevent contact with blood or other potentially infectious materials (OPIM); and
- Treat all blood and other potentially infectious materials with appropriate precautions (e.g. if blood or OPIM exposure is anticipated, use gloves, masks, and gowns).

403.2 - 8.1 HIV/Hepatitis Source Testing Procedures

1. *Members shall h*ave detainees sign *a* consent form at *the authorized medical facility* for HIV/*HAV/*HBV/HCV testing and sign a DPD Medical Release of Information Form. Once completed, a physician *shall* conduct an exposure risk determination of the exposed member.
2. The detainee will be required to submit to blood testing. If blood or body fluid exposure occurred, the exposed member's blood will be drawn at *the authorized medical facility*.
3. The detainee shall be conveyed back to the *DDC*. If true exposure occurred, anti-retroviral medication, or other appropriate treatment, will be given as a prophylactic measure.
4. The detainee shall then be processed. The member shall report to Police Medical the next day, and a follow-up appointment will be scheduled with *an authorized medical facility*. There will be no follow-up initiated if test results are negative. *The authorized medical facility* will obtain the detainee's blood sample test results and the member's initial blood sample test results.
5. If the detainee refuses to submit to a blood sample, the DPD must petition the Wayne County Circuit Court, Family Division, for testing. If the court grants a warrant, the warrant shall be presented to *an authorized medical facility* who will test the individual. If the individual is not in DPD custody, the warrant will be delivered to the *Detective Bureau* who shall be responsible for locating and taking the source individual into custody pursuant to the warrant.
6. The petition submitted to the Wayne County Circuit Court, Family Division, requires that the member has completed bloodborne pathogen training as a prerequisite to test a detainee. If the detainee is positive for HIV or their infection status is unknown, the member will be advised to continue treatment and counseling for intervals up to one year.

7. If the detainee tests positive, *the authorized medical facility* will notify the Detroit Department of Health Wellness and Promotion (DDHWP) who will notify the detainee of the results, provide counseling, and make appropriate referrals. A *Report of I*njury *or Illness Form* (DPD101) shall be prepared *in MAS*. It is imperative that the source information be included.

Note: If a court order is obtained, the member must go to *the authorized medical facility* at the same time as the detainee to substantiate the exposure and to complete the required paperwork, even if the member has already been treated.

403.2 - 8.2 HBV Vaccination Program

1. The DPD affords all members who have occupational exposure to Hepatitis B the opportunity to take the HBV vaccination series at no cost upon assignment to an occupationally exposed duty. The vaccination shall only be provided after the member has received Departmental training in communicable diseases, is medically fit for the vaccination, and has not previously received them. There is no vaccine to protect against the HIV.
2. The program is voluntary. Members who choose not to accept the vaccine shall sign a declination form but may later be vaccinated if they change their mind.
3. The vaccine causes no harm to those who are already immune or to those who may be Hepatitis carriers. Although members may opt to have their blood tested for antibodies to determine the need for the vaccine, *the Department* may not make such screenings a condition of receiving the vaccination. Counseling from a health care professional will be provided when the vaccination is offered to help members determine whether inoculation is advisable.
4. After receiving the first injection, the member shall be issued a Vaccination Record Card indicating the date of the injection, similarly, when a second injection is received, the appointment for the third injection shall be recorded on the Vaccination Record Card. The second injection is given one (1) month after the first and the third injection six (6) months after the initial dose. To ensure immunity, it is important for individuals to receive all three (3) injections. Upon completion of the series of injections, the member shall be scheduled for a blood test clinically referred to as a "TITER" to determine whether or not the vaccine was effective. This test will be conducted a minimum of one (1) month after the last injection.
5. When the member returns to duty, the Vaccination Record Card will be displayed to the member's immediate supervisor. Leave days shall not be scheduled on the date of the appointment. The member's immediate supervisor will be responsible for ensuring that the member returns for the second and third injection as well as the Titer. Appointments may be re-scheduled by contacting the medical facility where the initial injection was obtained.
6. All commanding officers shall ensure that members assigned to their command either have completed the vaccination series (including the titer) or have signed a

declination form. Additionally, all newly assigned personnel shall have their vaccination status verified at the time of assignment to the command.

403.2 - 8.3 Donating Blood after Vaccination

Blood can be donated after receiving the HBV vaccination provided there are no contraindications to donating blood.

403.2 - 8.4 Pregnancy and Vaccination

The vaccine is known to be safe during pregnancy. However, a member who is pregnant, considering pregnancy, or nursing, should consult her private physician prior to vaccination.

403.2 - 9 Control Plan for Tuberculosis Prevention

403.2 - 9.1 General

1. The DPD's Exposure Control Plan for TB Prevention for members was established in accordance with the guidelines stipulated by the Michigan Department of Consumer and Industry Services, Bureau of Safety and Regulation, Occupational Health Division (formerly MIOSHA). TB prevention is designed to reduce the risk of member's occupational exposure to TB and multi-drug resistant TB (MDR-TB).
2. All members are responsible for compliance and enforcement of TB infection-control policies. An effective TB infection-control program requires risk assessment, early identification, treatment, segregation of infectious TB detainees, engineering control, education, counseling, screening, and a respiratory protection program. The principle components of the DPD TB prevention policy to ensure maintenance of TB infection control include the following:

    a. Epidemiology;
    b. Mode of transmission;
    c. Medical surveillance of police/civilian personnel;
    d. Early identification of detainees;
    e. Signs and symptoms of TB;
    f. Detainee conveyance to *an authorized medical facility*;
    g. Procedures for reporting and transporting detainee;
    h. Post exposure follow up of Department members;
    i. Engineering controls;
    j. Respiratory Protection Program; and
    k. Recordkeeping.

403.2 - 9.2 Epidemiology

1. Certain subgroups in the general population have a higher risk for TB because they are more susceptible, or their infection is more likely to progress to active TB after they have been infected. Multi-drug resistant TB (MDR-TB) and the re-emergence of TB in the United States is attributed to the following factors:

a. Close contact of persons with active TB disease;
b. Association of TB with the HIV epidemic;
c. Immigrants from locations where TB is common (e.g. Asia, Africa, Latin America);
d. Transmission of TB in congregate settings (e.g. homeless shelters, correctional institutions, health care facilities);
e. IV drug abusers; and
f. Individuals that started treatment but did not complete the recommended course of treatment within twelve (12) months.

2. Workers involved in public safety (sworn/civilian members) may have limited association with groups or populations of individuals who are susceptible to Latent Tuberculosis Infection (LTBI) or disease. The Department's special population whose work assignments may frequent this environment and are assumed to be at a minimal level of risk are *detention officers.*

403.2 - 9.3 Mode of Transmission

1. TB is an airborne communicable disease caused by the bacterium Mycobaterium Tuberculosis (MTB). It is spread or transmitted by airborne particles (droplet nuclei) exhaled by a person who has TB disease. Transmission occurs if another person inhales the air containing the droplet nuclei. TB primarily affects the lungs, but other organs and tissues can be affected as well.
2. TB is generally not acquired through casual contact with a TB infected individual. Generally, to contract TB, a person must be in close contact with an individual with infectious pulmonary or laryngeal TB for a prolonged period of time.
3. The likelihood of TB transmission depends on *the following* three (3) factors:

   a. Infectiousness of person TB (untreated or under treated);
   b. Environment in which exposure occurred; and
   c. Duration of exposure.

4. Transmission depends on the number of tubercle bacilli expelled in the air while coughing, laughing, singing, or talking. There is a difference between being infected with the disease and having a TB infection. Someone who is infected has the TB bacteria in their body, but the bacteria can remain dormant for many years. This condition is referred to as a Latent TB Infection (LTBI). Usually the immune systems response will prevent the development of TB disease in healthy persons and they do not become sick.

403.2 - 9.4 Medical Surveillance of Department Members

1. Members who encounter a TB exposure incident may pursue a post-exposure medical evaluation.

2. Members previously identified as DPD special population shall report to *Police* Medical for a baseline Mantoux Tuberculin Skin Test (TST), and then annually thereafter. The test will be read by a trained reader in forty-eight (48) to seventy-two (72) hours. Interpretation by self or partner will not be acceptable.
3. Non-sworn members identified as DPD special population (detention officers) shall be referred for baseline and annual TB skin testing as directed by the *director of* Human Resources.
4. The following criteria *shall be followed* for TB skin testing, as recommended by the Department physician:

    a. If there was no previous TST in the last two (2) years (DPD special population) there shall be an initial baseline TST which shall be repeated in three (3) weeks;
    b. All pre-hire applicants shall have a TST performed within ten (10) days of hire;
    c. All pre-hire applicants at high risk or with close contact with an individual with TB are required to provide proof of the TST two (2) step process; *and*
    d. Any member with evidence of signs and/or systems of TB from a non-occupational exposure shall be given a TST and baseline chest x-ray. The case that was occupationally acquired, the member shall be given a repeat TST in eight (8) weeks.

5. Members exempt for a TST are those with a documented history of a positive TST (give pre-hire or baseline chest x-ray, unless symptoms develop). If the member had a TST performed at another site within the past three (3) months by an experienced institution such as a local health department or hospital, the results will be accepted by the DPD if the results are provided on an official letterhead, specifying name/title of person giving the test, date of the result and result recorded in millimeters. A notation of “negative” or “positive” is not acceptable.

403.2 - 9.5 TB Screening not Initiated or Continued through *Police* Medical

1. Members must submit documented completion of adequate treatment for TB by an approved medical provider.
2. Members must submit documented completion of a recommended preventive regimen by an approved medical provider.
3. An annual statement attesting to the absence of TB symptoms will be required.

403.2 - 10 Early Identification

1. Early identification of detainees who have active TB disease is essential to determine if any DPD member will require screening for TB. Symptoms of TB disease include but are not inclusive of *the following*:

    a. Prolonged productive cough;
    b. Weight loss;
    c. Loss of appetite;

d. Night sweating;
e. Possible fever; and
f. Possible blood tinged sputum.

2. However, it should be noted that some individuals might not exhibit classic TB symptoms. Members must pursue the following protocol when encountering situations where TB disease is suspected.

403.2 - 10.1 Arresting *Members*

Arresting members shall inquire if the detainee is taking any prescription TB medications to determine if respiratory precautions are required. This information shall be communicated and documented on the Activity Log and Detainee Transfer Log to any person the detainee is turned over to.

403.2 - 10.2 Detainee Processing Phase

If the detainee indicates any combination of the following signs and symptoms, suspect TB until confirmed otherwise by medical personnel:

a. Persistent cough (lasting more than three (3) weeks);
b. Coughing up blood;
c. Night sweats;
d. Chills or fever;
e. Weight loss;
f. Loss of appetite; or
g. Fatigue.

403.2 - 10.3 Treatment Protocol for Detainees

1. Detainees who are taking multi-dose medication and are under treatment for TB disease shall always be conveyed to *an authorized medical facility*.
2. Detainees on preventive treatment for Latent TB infection will be conveyed only if they exhibit signs or symptoms of TB.

403.2 - 10.4 Transporting Detainees with Suspected Case of TB

1. *Members shall n*otify *their* immediate supervisor of any suspected case of TB and relay the information and symptoms solicited from the detainee and any personal observation of TB signs (as previously described), and apply respirator protection (N-95 particulate respirator mask) on themselves while in immediate presence of the detainee. DO NOT apply an N-95 particulate respirator mask on the suspected TB individual.
2. Segregate the suspected TB individual *and convey* to *an authorized medical facility* for confirmation of TB disease within five (5) hours of the detainee's arrival.

3. Open at least two (2) windows in the vehicle during *the conveyance* for cross ventilation to allow a flow of fresh air inside the vehicle to dispel the droplet nuclei. Air conditioning shall not be used during transport.
4. Advise medical personnel *at the authorized medical facility* of the presence of the suspected TB individual and the need for a medical assessment. When the detainee is ready to return to *the DDC*, the conveying members shall obtain the detainee's TB disease status or any additional information from *the authorized medical facility*. This information shall be relayed to the *watch commander* of the desk at the *DDC*.

403.2 - 10.5 Post Exposure Follow-Up of Department Members

1. Members shall prepare a *Report of* Injury *or Illness Form (DPD101) in MAS. The "Exposure Incident" box shall be marked* if a detainee is confirmed with active (contagious) TB disease or if a detainee is someone who has obvious signs/symptoms but their TB status is unknown.
2. Members will be notified to report to *an authorized medical facility* to obtain a TST if the detainee is confirmed active or if status is unknown. Health personnel will instruct the member to return to the site within 48 hours to view, interpret, and record the skin test result. Pursuit of TB skin testing in NOT a life-threatening emergency, which requires immediate emergency intervention.
3. Police Medical will schedule a second TST approximately 8-10 weeks after the incident of exposure. The second TST is essential to determine if the member sustained an occupational exposure. The member shall NOT request a TB skin test screening at a hospital emergency room site.
4. Members *who* elect to decline post-exposure treatment shall immediately prepare and submit the Department's TB Declination Form to *Police* Medical.
5. Members with a TST conversion to positive, incident to a work related event and who require further treatment, shall be evaluated by the Department physician, and may be referred to the local health department for further treatment.

403.2 - 11 Respiratory Protection

1. The Department of Labor, Occupational Safety and Health Administration (OSHA), require employer compliance with the guidelines described in 29 CFR 1910.139 for Respiratory Protection for Mycobaterium Tuberculosis (MTB).
2. The DPD's Respiratory Protection Program establishes work-site specific procedures in accordance with the recommendations regarding infection control as described the Department's *Human Resource* Director for members.
3. The DPD provides members with a National Institute of Occupational Safety and Health (NIOSH) approved N-95 Particulate Respirator mask (Series 1860). The N-95 Particulate Respirator mask helps to protect against certain particulate contaminants but does not totally eliminate exposure to or risk of contracting any disease or infection. The primary objective is to prevent excessive exposure to these contaminants. This is accomplished by engineering and work practice control measures. The N-95 mask should be efficient against particles such as droplet nuclei containing MTB that are

thought to be 1 to 5 microns in diameter. OSHA accepts the use of an N-95 respirator during occupational exposure to TB.

4. Respirator training shall be given at least every 12 months after initial training.
5. Commanding officers shall ensure all members have completed annual bloodborne/airborne pathogen and respiratory protection training.

403.2 - 11.1 Medical Questionnaire/Evaluation

1. Every member who is being considered for inclusion in the Respiratory Protection Program must prepare a medical questionnaire form. A determination of the member's ability to wear a respirator while working is made before fit testing.
2. A mandatory medical questionnaire is used and reviewed by the Department physician. The purpose of the questionnaire/evaluation is to determine if the member is physically and psychologically able to perform the assigned work while wearing the respirator mask. If the Department physician denies approval, the member will not be able to participate in the DPD's respiratory protection program, including fit testing.
3. A copy of the medical questionnaire/evaluation will be kept in the member's medical file.
4. Supervisors shall enforce compliance as mandated and monitor for proper inspection, maintenance and storage of the N-95 mask. Supervisors shall ensure that members donning respirators are eligible to participate in the respiratory protection program and that they perform a fit check to ensure a proper seal every time the N-95 is worn.
5. Members are strictly prohibited from wearing this mask until medical clearance has been obtained and training in the following has been completed:

    a. TB prevention and respiratory protection;
    b. Respirator training/fit testing procedure;
    c. Procedure for proper use of N-95 Particulate Respiratory Mask;
    d. Procedure for storing, inspecting, discarding and maintaining respirator mask;
    e. Training in respiratory hazards (Mycobaterium Tuberculosis [MTB]); and
    f. Training in proper use (donning and removing).

403.2 - 11.2 Fit Testing

1. Members will be properly fitted and tested for a face seal prior to use of the respirator in a contaminated area.
2. Fit testing will be done upon the member's initial assignment.

403.2 - 11.3 Issuance, Storing, Inspecting, Maintaining, and Discarding Respirator Mask

1. The N-95 mask shall be individually distributed to members who are eligible to wear the mask, are annually fit tested, and have received annual respiratory protection training.
2. The wearer of the N-95 respirator mask will inspect the mask daily or whenever it is in use. The wearer is required to fit check the N-95 every time the mask is worn.

3. The mask shall be stored in a zip lock type plastic bag when not in use and placed in an area to prevent crushing.
4. According to National Institute for Occupational Safety and Health (NIOSH), the reuse of the particulate respirators is permitted for tuberculosis provided the respirators have not been damaged, soiled, or the breathing resistance becomes great enough to cause discomfort to the wearer (overloaded) or the integrity of the mask has not been compromised. OSHA accepts this view. The N-95 mask does not need to be cleaned or maintained. If they are soiled or otherwise damaged the mask shall be discarded.
5. In the event that an N-95 mask must be discarded the member shall immediately notify a supervisor who shall notify *Resource Management* who shall ensure that the N-95 mask is replaced.
6. The use of a defective respirator mask is not permitted and it shall be discarded. Another respirator mask shall be obtained from the member's immediate supervisor.
7. Supervisors shall ensure that members properly utilize the N-95 to prevent TB exposure and/or require that members leave contaminated areas when the following occur:

    a. Malfunction of the respirator (damaged, soiled, defective);
    b. Detection of leakage;
    c. If increased breathing is noted;
    d. If discomfort in wearing is noted; and
    e. Upon illness of the respirator wearer (e.g. sensation of dizziness, nausea, weakness, breathing difficulty, coughing, sneezing, vomiting, fevers, chills).

403.2 - 11.4 Regular Evaluation of the Effectiveness of the Respiratory Protection Program

1. The DPD's Homeland Security Coordinator in conjunction with the DDHWP and the Department's *Human Resource* Director shall annually evaluate the effectiveness of the respiratory protection program to determine the Department's risk and the continued suitability of issued respiratory protection.
2. The DPD's Homeland Security Coordinator is designated as the Respiratory Protection Program Administrator and has total and complete responsibility for the administration of the respiratory protection program including directing and coordinating engineering projects which are directly related to respiratory protection. All Department executives and members shall cooperate with the operation to ensure respiratory protection within the Department.
3. The Detroit Department of Health and Wellness Promotion (DDHWP) is responsible for contaminant identification and measurement, including technical support, air sampling, and laboratory analysis and evaluating the health of Department members. Police Medical shall perform annual TB screening and follow-up of the Department's previously identified special population. Commanding officers shall identify regularly assigned detention officers and ensure that they receive an initial TB screening and annual follow-up by Police Medical.

4. The Human Resources Department shall be responsible for compliance in TB prevention and respiratory protection for civilian personnel at risk for exposure to TB infectious individuals.

403.2 - 12 Recording Keeping

1. Records containing TST results, chest radiograph, AFB sputum smear, and anti-tuberculin therapy shall be maintained in the member's medical file and remain confidential.
2. Any TST conversion or diagnosis of possible LTBI, or TB disease that is deemed a work related incident shall be recorded on the OSHA 300 log.
3. *Professional Education and* Training shall maintain record keeping for the N-95 Particulate Respirator Mask. The Fit Testing Form shall include *the following*:

   a. Specific make, model, style, size of respirator;
   a. Date of fit test;
   b. Pass/fail results of fit test;
   c. Type of fit test performed; and
   d. Fit test results shall be retained until the next fit test is performed.

4. *Report of Injury or Illness* forms (DPD101) *and exposure reports* related to TB and bloodborne pathogen exposure incidents shall not be retained in the member's personnel file.

403.2 - 12.1 Confidentiality

Confidentiality of medical information, including information concerning test results, is paramount. The DPD views any breach of confidentiality as a serious disciplinary problem which may result in suspension or termination of employment.

403.2 - 13 Other Communicable Diseases

1. Under Act 490 P.A. 1988, any area hospital will notify the DPD in writing if a detainee is diagnosed with any of the following:

   a. H1N1 influenza virus;
   b. Methicillin-resistant Staphylococcus aureus (MRSA);
   c. Norovirus;
   d. Campylobacter species;
   e. Diphtheria;
   f. Entamoeba histolytica;
   g. Group A streptococcus;
   h. Hepatitis, viral, any type;
   i. Meningococcus (Neisseria meningitidis);
   j. Mycobacterium tuberculosis;

k. Poliomyelitis, acute infections;
l. Rabies;
m. Salmonella species, including typhoid fever;
n. Shigella species;
o. Syphilis, primary and secondary;
p. Viral hemorrhagic fevers, including Lassa fever, Ebola disease and Marburg virus disease;
q. Anthrax;
r. Brucellosis;
s. Cholera;
t. Creutzfeldt-Jakob disease;
u. Cryptosporidium species;
v. Giardia lamblia;
w. Human Immunodeficiency Virus;
x. Plague;
y. Rat-bite fever (Spirillium or Streptobacillus);
z. Relapsing fever;
aa. Rickettsial fevers, including Rocky Mountain Spotter Fever and typhus;
bb. Tularemia;
cc. Leprosy (Mycobacterium leprea);
dd. Leptospirosis;
ee. Yersinia enterocolitica; and
ff. Trypanosomiasis, Chagas disease, African sleeping sickness.

2. Upon notification from *an authorized medical facility* or the DDHWP, Police Medical shall determine what members may have been exposed and shall make notifications to the members. Members shall follow the directions of Police Medical regarding appropriate testing or treatment.
3. This Directive serves as the "Exposure Control Plan" for the Department. This plan shall be reviewed annually or when a change in procedure creates an additional exposure risk.