Communicable Diseases

Effective Date:	12/30/2024
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Issuing Authority: Chief Michael Wood	

1008.1 PURPOSE AND SCOPE

This policy provides general guidelines to assist in minimizing the risk of department members contracting and/or spreading communicable diseases.

1008.1.1 DEFINITIONS

Definitions related to this policy include:

Communicable disease - A human disease caused by microorganisms that are present in and transmissible through human blood, bodily fluid, tissue, or by breathing, or coughing. These diseases commonly include but are not limited to hepatitis B virus (HBV), HIV, 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 only includes those instances that occur due to a member's position at the Greece Police Department (see the exposure control plan for further details to assist in identifying whether an exposure has occurred).

1008.2 POLICY

The Greece Police Department 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 safety.

1008.3 EXPOSURE CONTROL OFFICER

The Chief of Police will assign a person as the Exposure Control Officer (ECO). The ECO shall develop an exposure control plan that includes:

(a) Exposure prevention and decontamination procedures.

(b) Procedures for when and how to obtain medical attention in the event of an exposure or suspected exposure.

(c) The provision that department members will have no-cost access to the appropriate personal protective equipment (PPE) (e.g., gloves, face masks, eye protection, pocket masks) that is appropriate for each member's position and risk of exposure.

(d) Evaluation of persons in custody for any exposure risk and measures to separate them.

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(e) Compliance with all relevant laws or regulations related to communicable diseases, including:

1. Adhering to exposure control mandates and precautions in 29 CFR 1910.1030 (Labor Law § 27-a; 12 NYCRR § 800.3).
2. Responding to requests and notifications regarding exposures covered under the Ryan White law (42 USC § 300ff-133; 42 USC § 300ff-136).
3. Providing medical examinations of public protection officials (Civil Service Law § 178).
4. Recording employment-related, communicable disease-related incidents for the New York State Department of Labor's Public Employee Safety and Health Bureau (PESH) including:
   (a) Work-related communicable diseases and tuberculosis cases (12 NYCRR § 801.7; 12 NYCRR § 801.11).
   (b) Needlestick and sharps injuries (12 NYCRR § 801.8).

The ECO should also act as the liaison with PESH and may request voluntary compliance inspections. The ECO should periodically review and update the exposure control plan and review implementation of the plan.

1008.4 EXPOSURE PREVENTION AND MITIGATION

1008.4.1 GENERAL PRECAUTIONS

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; Labor Law § 27-a; 12 NYCRR § 800.3):

(a) Stocking disposable gloves, antiseptic hand cleanser, CPR masks or other specialized equipment in the work area of department vehicles, as applicable.

(b) Wearing department-approved disposable gloves when contact with blood, other potentially infectious materials, mucous membranes and non-intact skin can be reasonably anticipated.

(c) Washing hands immediately or as soon as feasible after removal of gloves or other PPE.

(d) Treating all human blood and bodily fluids/tissue as if it is known to be infectious for a communicable disease.

(e) Using an appropriate barrier device when providing CPR.

(f) Using a face mask or shield if it is reasonable to anticipate an exposure to an airborne transmissible disease.

(g) 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.

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1. Clothing that has been contaminated by blood or other potentially infectious materials shall be removed immediately or as soon as feasible and stored/ decontaminated appropriately.

(h) 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.

(i) Avoiding eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses where there is a reasonable likelihood of exposure.

(j) Disposing of biohazardous waste appropriately or labeling biohazardous material properly when it is stored.

1008.4.2 IMMUNIZATIONS

Members who could be exposed to HBV due to their positions may receive the HBV vaccine and any routine booster at no cost (29 CFR 1910.1030; Labor Law § 27-a; 12 NYCRR § 800.3). All employees are encouraged to receive the HBV vaccination series. If an employee declines the HBV vaccination, the employee must sign a statement to this effect. Employees who decline may request and obtain the vaccination at a later date at no cost.

1008.5 POST-EXPOSURE

1008.5.1 INITIAL POST-EXPOSURE STEPS

Members who experience an exposure or suspected exposure shall (29 CFR 1910.1030; Labor Law § 27-a; 12 NYCRR § 800.3):

(a) Begin decontamination procedures immediately (e.g., wash hands and any other skin with soap and water, flush mucous membranes with water).

(b) Obtain medical attention as appropriate.

(c) Notify a supervisor as soon as practical.

1008.5.2 REPORTING REQUIREMENTS

The supervisor on-duty shall investigate every exposure or suspected exposure that occurs as soon as possible following the incident. The supervisor shall ensure the following information is documented (29 CFR 1910.1030; Labor Law § 27-a; 12 NYCRR § 800.3), which is accomplished by completion of an employee accident report. This form is now available on the GPD Website under E-Forms:

https://policeweb.greeceny.gov/?page_id=812

To access the form:

(a) Navigate to the "E-Forms" section of the GPD website.

(b) Locate and open the **Employee Accident Report** form.

(c) Complete the form, ensuring all relevant details about the accident are included.

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(d) At the bottom of the form, the supervisor is now required to provide a detailed description or narrative of the accident. The "Employee Accident Report Supervisor Form" no longer needs to be completed.

(e) The form will be automatically sent to Personnel. Be sure to copy the **Deputy Chief of Operations** and the **platoon commander** of the injured officer on all notifications. If the officer involved is not assigned to your platoon, also copy the officer's immediate supervisor. This can be done by selecting the appropriate supervisor from the list provided at the top of the accident report.

(f) Before submitting, double-check the process to ensure all relevant parties receive the form and all necessary information is documented.

(g) The employee's assigned supervisor is responsible for completing the Blue Team entry.

A C-2 form will be completed by The Town of Greece Human resources.

Note - If a member is unable to complete the Employee Accident Report, then a supervisor may do so via communicating with the affected employee or an authorized representative of the employee.

(a) Name of the member exposed

(b) Date and time of incident

(c) Location of incident

(d) Potentially infectious materials involved and the source of exposure (e.g., identification of the person who may have been the source)

(e) Work being done during exposure

(f) How the incident occurred or was caused

(g) PPE in use at the time of the incident

(h) Actions taken post-event (e.g., clean-up, notifications)

(i) Any other information required by the appropriate Workers' Compensation Carrier.

The supervisor 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 should complete the incident documentation in conjunction with other reporting requirements that may apply (see the Work-Related Illness and Injury Reporting and Illness and Injury Prevention policies).

The aforementioned paperwork shall be forwarded to the Designated Officer.

1008.5.3 MEDICAL CONSULTATION, EVALUATION AND TREATMENT

Department members shall have the opportunity to have a confidential medical evaluation immediately after an exposure and follow-up evaluations as necessary (29 CFR 1910.1030; Labor Law § 27-a; 12 NYCRR § 800.3).

The ECO should request a written opinion/evaluation from the treating medical professional that contains only the following information:

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(a) Whether the member has been informed of the results of the evaluation.

(b) Whether the member has been notified of any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

No other information should be requested or accepted by the ECO.

1008.5.4 COUNSELING
The Department shall provide the member, and his/her family if necessary, the opportunity for counseling and consultation regarding the exposure (29 CFR 1910.1030; Labor Law § 27-a; 12 NYCRR § 800.3).

1008.5.5 SOURCE TESTING
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. Source testing is the responsibility of the ECO. If the ECO is unavailable to seek timely testing of the source, it is the responsibility of the exposed member's supervisor to ensure testing is sought.

Source testing may be achieved by:

(a) Obtaining consent from the individual.

(b) Working with the New York State Department of Health (Public Health Law § 2100 et seq.).

(c) Physician disclosure under 10 NYCRR § 63.8.

(d) Court-ordered testing when a person has been a victim of certain sex offenses (Public Health Law § 2785-a).

Since there is the potential for overlap between the different manners in which source testing may occur, the ECO is responsible for coordinating the testing to prevent unnecessary or duplicate testing.

The ECO should seek the consent of the individual for testing and consult the Town Attorney to discuss other options when no statute exists for compelling the source of an exposure to undergo testing if he/she refuses.

1008.6 CONFIDENTIALITY OF REPORTS
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). Test results from persons who may have been the source of an exposure are to be kept confidential as well.

1008.7 TRAINING
All members shall participate in training regarding communicable diseases commensurate with the requirements of their position. The training (29 CFR 1910.1030; Labor Law § 27-a; 12 NYCRR § 800.3):

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(a) 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.

(b) Shall be provided whenever the member is assigned new tasks or procedures affecting his/her potential exposure to communicable disease.

(c) 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.

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