



# TRAINING BULLETIN

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## **BLOODBORNE PATHOGENS**

Bloodborne pathogens are infectious agents in blood and certain other bodily fluids that can cause disease in humans. They include hepatitis B and C, and the human immunodeficiency virus (HIV). Hepatitis B and C are viruses that can cause liver disease, and the HIV virus in the advanced stage causes acquired immune deficiency syndrome (AIDS). The HIV/AIDS attacks and slowly destroys the immune system, the body's main defense against disease, leaving the infected individual increasingly vulnerable to opportunistic infections and premature death. There are effective treatments available for hepatitis B and C, although they are not completely successful for everyone. While effective treatments exist for HIV/AIDS, there is currently no cure.

Bloodborne pathogens are transmitted through exposure to blood or other potentially infectious bodily fluids, the key is to prevent the transmission of these viruses. This Bulletin provides an overview of the Department's bloodborne pathogen integrated plan which addresses non-discrimination, safety precautions, bloodborne pathogen protocol, and confidentiality regarding hepatitis and HIV/AIDS status.

## **NON-DISCRIMINATION**

Officers, as first responders, run the risk of on-the-job exposure to communicable diseases on a daily basis. Exposure to bloodborne pathogens may come from contact with contaminated needles, blood at a crime scene, a traffic accident victim's bloody vomitus, and other potentially infectious bodily fluids. Officers must guard against exposure but shall not discriminate against an individual based on the individual's actual or perceived medical status. Persons with HIV/AIDS are defined by City of Los Angeles, State of California, and federal law as medically disabled and therefore cannot be discriminated against when providing governmental services.

## **UNIVERSAL PRECAUTIONS**

The key to providing service while minimizing the risk of exposure to these viruses is the workplace safety practice known as universal precautions. Universal precautions are mandated procedures for reducing the risk of exposure to bloodborne diseases.

The most important element of universal precautions is consistently treating all blood and other potentially infectious bodily fluids, at all times, from all persons, as if they are infectious from bloodborne pathogens.

### **Personal Protective Equipment**

Personal Protective Equipment (PPE or PPEs), available in Area kit rooms, are supplies used to protect employees from contact with blood or other potentially infectious bodily fluids. The most important protective measure is to always establish a barrier between potentially infectious material and the employee. Examples of these barriers include latex gloves and cardiopulmonary resuscitation (CPR) devices with one-way valves.

### **Contaminated Items**

All items that have been exposed to blood or other potentially infectious bodily fluids, including gloves, needles, towelettes, and blood-soaked clothes or objects, must be properly secured at the scene to prevent further contamination. Items to be booked into evidence must be secured in such a way as to prevent accidental exposures during transport and subsequent handling. For example, a used needle must be placed in a hard evidence tube and corked before being booked into evidence.

Items to be discarded shall be double-bagged at the scene in small disposable plastic infectious waste bags and discarded in the Area temporary bio-hazardous disposal receptacle.

### **Contaminated Vehicles**

Whenever blood or any other potentially infectious bodily fluid has been deposited in a vehicle, it will be taken out of service for cleaning. Remember that vomitus and human excrement may contain traces of blood and are potentially infectious bodily fluids.

Garage safety protocols require that contaminated vehicles be removed from service for 24 hours to allow the substance to dry, be properly removed and the contaminated area properly cleaned. The facility garage supervisor determines when a vehicle will be returned to service.

## **BLOODBORNE PATHOGEN EXPOSURE PROTOCOL**

The Department's bloodborne pathogen exposure protocol is described in specific detail in the Bloodborne Pathogen Exposure Protocol Field Notebook Divider, Form 18.38.01.

Based on this protocol, a bloodborne pathogen exposure requires that two criteria must be met:

- Contact must be with blood or another potentially infectious bodily fluid; and,
- Contact must be through a portal of entry capable of introducing the blood or other potentially infectious bodily fluid into the bloodstream, such as a break in the skin or a mucous membrane such as the eyes or inside of the nose or mouth.

Exposure has not occurred if only one of the preceding criteria has been met. Blood splashed onto intact skin, or merely transporting or interviewing a person who is infected with hepatitis or HIV/AIDS, is not an exposure. If an exposure occurs:

1. Immediately cleanse and/or disinfect the exposed area. Exposed mucous membranes shall be flushed with water.
2. Immediately report the incident to a supervisor. Supervisors are responsible for ensuring that bloodborne pathogen and injury reporting protocols are followed.
3. Immediately call or report to City medical staff for evaluation and possible treatment to prevent infection. During business hours (6:00 A.M. to 3:30 P.M., Monday through Friday) please contact Medical Services Division (MSD) at (213) 473-6960. For after business hours please contact:
  - Metropolitan Jail Section Dispensary (213) 356-3750 or (213) 356-3425
  - 77th Regional Jail Section Dispensary (323) 786-5543
  - Valley Jail Section Dispensary (818) 374-9665

**Note:** If an employee sustains a bloodborne pathogen exposure, treatment that can prevent an infection is highly effective if it is provided within 2 hours after the original exposure.

### **Commanding Officer's Responsibilities**

Upon notification that an employee has sustained an occupational bloodborne pathogen exposure, ensure that the employee is immediately evaluated by MSD medical staff at one of the City's jail dispensaries within 2 hours of the exposure. The commanding officer shall:

- Meet with the involved employee(s) to discuss the process that will occur (e.g., MSD procedures);
- Ensure that the initial needs of the involved employee are met (e.g., ensure all required medical attention is provided and provide transportation, if necessary, to their residence at the conclusion of treatment and interviews);

- Ensure that the exposure incident is properly documented (e.g., Employee's Report, Occupational Injury or Illness, State Form 5020); and,
- If the employee appears psychologically distressed or responds affirmatively to the offer of psychological support from Behavioral Science Services (BSS), a directed referral shall be scheduled on an on-duty basis for a critical incident exposure (per the Department Manual).

**Note:** During off-hours, an on-call BSS psychologist may be contacted through the Department Operations Center (DOC).

If an arrestee refuses to submit to testing, Area detectives or detectives in the Area of occurrence shall be notified and follow the refusal to consent to testing protocol in the notebook divider.

## **PRIVACY AND CONFIDENTIALITY**

City, State, and federal laws require that HIV/AIDS information is kept confidential. Officers should not record or communicate a person's actual or perceived medical status and ensure that this information remains confidential. However, officers may disclose a person's medical status when HIV/AIDS is an element of a crime, when obtaining medical treatment, when completing the Los Angeles Police Department Classification Assessment, Form 05.36.00, or when completing the Los Angeles County Unified Arrestee Medical Screening Form, SH-R-422. A medical diagnosis should not be indicated on the face sheet of the Arrest Report, Form 05.02.00.

### **Medical Status as an Element of the Crime**

Whether to include HIV/AIDS information in a crime or arrest report depends upon the purpose of the information. There is no right to privacy when HIV/AIDS is an element in the commission of a crime. For instance, a prostitute who was previously arrested and convicted, tested positive for HIV, was informed of the test results, and again engages in prostitution is guilty of a misdemeanor (Health & Safety Code Section 120290(a)(2)).

Information relevant to prove an element of a crime shall be recorded in the narrative of the report. For example, a person holding a balloon that appears to be filled with a liquid, threatens to throw it at an officer or another person, and makes the statement, "I'm HIV positive and this is filled with my blood, and I'm going to throw it at anyone who takes a step towards me." The person's statement shall be documented, along with appropriate descriptions of observed behavior such as combative stance or threatening tone. The voluntary disclosure by victims or suspects of their HIV status should remain confidential unless it is related to the elements of a crime.

## **Arrest**

Universal precautions apply when there is the presence of blood or other potentially infectious bodily fluids on the person of a suspect or arrestee. If someone is bleeding or wearing blood-soaked clothing, the same safety precautions shall be used in all circumstances, whether or not the individual is believed to have hepatitis or HIV/AIDS. Such a person may be isolated during the booking process until receiving a medical evaluation or treatment, but the isolation shall be to protect other arrestees who will not be able to implement universal precautions and may come in contact with blood or blood-soaked clothing. The decision to isolate in such circumstances shall be based on the likelihood of contact with others, and not on whether a particular individual is likely to have hepatitis or HIV/AIDS.

## **Referrals**

A member of the public may ask for assistance in learning the HIV/AIDS status of someone. Individuals who believe they might have been exposed should be referred to public health officials who are properly trained to provide appropriate information and counseling, at the Division of HIV and STD Programs, Los Angeles County Department of Health Services, (213) 351-8000.

## **CONCLUSION**

Understanding how bloodborne pathogens are transmitted, the proper use of protective equipment and understanding the legality of confidential medical information are an officer's greatest defense against the consequences of bloodborne pathogens. When all blood and other bodily fluids are treated as if infectious for bloodborne pathogens, the need to know whether the blood is contaminated is not relevant. The use of personal protective equipment will provide a barrier to bloodborne pathogen exposure. Proper knowledge of bloodborne pathogens helps officers to instill our core value of "Quality Through Continuous Improvement."

### **Additional Resources**

Behavioral Science Services (BSS)	(213) 486-0790
Medical Liaison Section	(213) 486-4600

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Field Training Services Unit  
Police Training and Education Group

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