



KANSAS CITY, MO. POLICE DEPARTMENT

DATE OF ISSUE

EFFECTIVE DATE

NO.

PROCEDURAL INSTRUCTION

11-08-05

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05-7

SUBJECT		AMENDS
Physical Health Protection		
REFERENCE	RESCINDS	
Procedural Instruction: Patrol Procedures Personnel Policies: On-Duty Exposure to Communicable Diseases	Procedural Instruction 97-7 Department Memorandums 02-1, 02-11 and 02-21, Special Order 01-15	

***I. PURPOSE**

To establish guidelines and procedures when a member of the department is exposed to an infectious disease or hazardous material that may cause a major illness or death. To establish procedures for handling evidence or property that may be contaminated. To establish procedures for members responding to calls for service dealing with a possible chemical or biological hazard.

II. ADMINISTRATIVE GUIDELINES

- A. The department is committed to members' safety in the performance of their duties. Maximum effort will be made to provide members with information on recommended disease prevention practices and practical disease barrier equipment.
- B. Members should always take appropriate precautions to reduce the risk of contracting infectious diseases or exposure to hazardous materials when rendering assistance to the public, giving first aid, arresting suspects, investigating crime scenes, and when processing evidence or property for recovery.
- C. Individuals who have infectious diseases may or may not display overt symptoms. Risks related to contracting infectious diseases can be greatly reduced through careful hand washing, and by taking preventive measures to reduce exposures, including wearing personal protective equipment.
- D. Members shall comply with established procedures with regard to reporting exposures to communicable diseases or hazardous materials, on or off duty.

III. PROCEDURES - INFECTIOUS DISEASES

- A. Precautions
 - 1. Discretion is to be used by members to limit their exposure to contagious diseases.
 - 2. Members shall not eat, drink, smoke, or chew tobacco at crime scenes where body fluids are present or other contagious factors exist.

3. Members are to be aware that certain prescribed medications (e.g. steroids and asthma medications) suppress their immune systems, and may make them more susceptible to infectious diseases. Members should consult with their private physician if they are taking prescription drugs.
4. Protective disposable gloves and other infectious disease control materials are to be used by members to prevent transmission of contagious diseases. Direct contact with blood and other body fluids is to be avoided whenever possible. Members shall ensure their police vehicles are stocked with the proper protective equipment.
5. Pregnant members are advised to report any direct contacts with body fluids in the line of duty to their physician. Infectious viruses can cause severe problems in newborns.

B. Persons In-Custody

1. Caution should be exercised when dealing with persons who engage in high-risk sexual activity, intravenous-drug use, and other high risk activities. Extreme caution is to be used during the search of suspected drug users or dealers to prevent accidental skin punctures by needles. Extreme caution must also be used when reaching into areas that are not visible, such as under car seats.
2. At the completion of the search where protective disposable gloves were used, carefully remove the gloves and place them either in a disposal container marked "Contaminated Material," or in a red plastic bag. If the red plastic bag is utilized, the member will ensure they securely seal it and dispose of the bag into a disposal container marked "Contaminated Material."
- *3. If a member determines an arrest has been diagnosed with Tuberculosis and has not been treated, the officer will:
 - a. Put a particulate respirator mask on themselves.
 - b. Put a pair of disposable protective gloves on themselves, to avoid touching the exposed area of the contagious person's mask.
 - c. Put a particulate respirator mask (orange side up) on the contagious person, ensuring the mouth and nose are completely covered.
 - d. Dispose of used particulate respirator mask(s) and gloves in a red plastic bag designated for hazardous material.

- *4. When a member comes into contact with an arrest having a communicable disease, the information will be documented in the Correctional Management System (CMS); "Arrest Information" tab, "Booking Observation" medical section.
 - *5. Detention Facility Officers will ask the arrest medical questions to confirm information received, and ensure accountability.
 - *6. Once an arrest has been booked and processed, a red wrist band will be placed on the person's wrist if he/she is identified as having been diagnosed or believes they have any of the following:
 - a. Hepatitis
 - b. AIDS
 - c. HIV+
 - d. Tuberculosis
 - e. Any major medical illness (e.g. previous heart attack).
 - *7. The prisoner's ailment will be indicated on their red wrist band.
 - *8. In cases where the Metro Meth Unit has responded to a scene and determined the scene and the arrest are contaminated; the Metro Meth Unit chemist will take the arrest's contaminated clothing and give the arrest a paper suit. The chemist will then respond to the Environmental Management/Household Hazardous Waste for disposal of the contaminated clothing.
 - *9. To prevent possible contamination of communicable diseases, a protective helmet with a protective shield will be used if an arrest attempts to spit, bite, or head butt members.
- *C. Notifications
- 1. Arresting officers will notify the booking officer(s) and detention personnel when it is determined that an arrest has a communicable disease.
 - 2. Members shall follow established Personnel Policy entitled, "On-Duty Exposure to Communicable Diseases."
 - 3. Members shall inform other support personnel (firefighters, paramedics, other agency personnel, etc.) whenever transfer of custody occurs and the subject has blood or body fluids present on their person, or if the subject has made a voluntary statement that they have a contagious disease.

D. Hygiene and Cleaning Practices

Good hygiene and cleaning practices play an important role in controlling the spread of communicable diseases. This section will outline those practices essential to disease prevention.

1. Washing exposed areas of the skin on a regular basis provides a high degree of protection. **Hand washing** is most important even if gloves are worn. Hands should be washed after:
 - a. Touching another person.
 - b. Touching inanimate objects likely to be contaminated by blood or other body fluids.
 - c. Using any restroom facility.
2. The AIDS virus can survive for extended periods of time on a surface at room temperature; therefore, good hygiene practices including good bathing, maintaining a clean uniform, etc., should be adhered to.
3. Cleaning Solutions
 - a. Soap and water - To be used for removing transient micro-organisms acquired by direct or indirect contact on the skin. Soap and water provide an effective means of self protection and should be used in preference to other skin cleansing solutions.
 - b. Alcohol - Disposable antimicrobial hand wipes should be used when soap and water are not available for cleaning the skin. When soap and water become available, the skin should be rewashed.
 - c. Household Bleach - A solution of one part sodium hypochlorite (household bleach) and ten parts water is effective for cleaning counter tops and other surfaces that may have been contaminated with blood or other body fluids.
 - d. Disinfectants - Disinfectants that have a chemical germicide registered with the Environmental Protection Agency, such as a "hospital disinfectant" spray, should be used to clean equipment items, counter tops, or other surfaces that may have been contaminated with blood or other body fluids.

4. Clothing

- a. Since some communicable disease viruses appear to be most stable in a room temperature environment, the chemical dry cleaning process should be adequate to decontaminate any clothing contaminated with body fluids.
- b. Any clothing item contaminated with blood or other body fluids should be removed and cleaned as soon as practically possible. When having blood-stained uniform clothing cleaned at dry cleaning facilities, the cleaner should be notified in advance of the stain so that appropriate chemicals can be used for removal.
- c. Clothing reissue should be handled with the approval of the individual's supervisor/commander, based on a review of the facts.
- d. Clothing reimbursement should follow the Personnel Policy entitled, "Claims for Damage to Personal Property."

5. Equipment and Department Facilities

The practice of keeping equipment and facilities clean and disinfected not only protects the individual member, but also other department members and members of the general public who may utilize the equipment or facilities.

- a. All members are responsible for keeping their equipment, vehicle, and/or assigned work area clean and free of soil, trash, or other residue.
- b. When police vehicles become contaminated with blood-borne pathogens, human body fluids, or airborne pathogens such as Tuberculosis, the Zep First Defense Body Fluids Clean-Up Kit will be utilized. Each kit contains:
 - (1) Disposable gloves
 - (2) Face shield
 - (3) Zep Chlor-Retain (used to absorb liquids)
 - (4) Disposable broom and dustpan
 - (5) Trash bags

(6) Zepax II Cleaner-Disinfectant

(7) Zepynamic A (contains a tuberculocidal disinfectant)

- c. A Zep First Defense Body Fluids Clean-Up Kit is located at each patrol division and has written instructions on the container.

E. Protective Equipment

Medical research indicates “barrier protection” reduces the risk of disease exposure with regard to AIDS, Hepatitis B, Tuberculosis, and many other infectious diseases. Protective equipment should therefore provide a physical barrier between the member and the point of contact. The use of protective equipment should be enhanced by, not used instead of, the precautions for disease avoidance and the hygiene and cleaning practices.

1. Disposable gloves provide barrier protection to member’s hands from blood and other body fluids.
 - a. Disposable gloves shall be worn when:
 - (1) Searching a prisoner.
 - (2) There is contact with body fluids, including blood, oral secretions, vomit, urine, feces, or contaminated objects.
 - (3) Administering first aid.
 - (4) Handling items such as used mouthpieces from an alcohol breath test machine, or tubes of blood obtained for evidence.
 - (5) The member feels their use is appropriate.
 - b. Personal gloves should not be substituted for disposable gloves. If personal gloves become contaminated, the member risks re-exposure to the contamination each time the gloves are worn.
 - c. Disposable gloves offer minimal protection from needle punctures or sharp object cuts. Therefore, particular care should be used when handling or searching for needles or other sharp objects while wearing disposable gloves.

- d. Disposable gloves shall be removed as soon as possible upon leaving the emergency scene and placed in an appropriate container for disposal.
2. Antimicrobial hand wipes provide a readily available means for cleaning exposed areas of the skin when soap and water are not available.
 - a. Antimicrobial hand wipes shall be used:
 - (1) After removing disposable gloves, when soap and water are not immediately available.
 - (2) Whenever an exposed area of skin contacts a surface potentially contaminated with blood or body fluids (wet or dry) when soap and water are not immediately available.
 - (3) Whenever the skin is punctured, torn, or cut, and soap and water are not immediately available.
 - (4) After using public restroom facilities and soap and water are not available.
 - b. Hands should be washed with soap and water as soon as practical following the use of antimicrobial hand wipes.
 3. Laerdal Pocket Masks provide ventilation of a non-breathing adult, child, or infant. The mask eliminates the need for traditional mouth-to-mouth contact in Cardiopulmonary Resuscitation situations (C.P.R.).
 - a. Directions on use:
 - (1) Prepare by pushing out the mask dome.
 - (2) Install one-way valve on mask port.
 - (3) Tilt patient's head backwards and place mask over the open mouth and nose. Clamp mask to face with both thumbs on the sides of the mask. The index, middle, and ring fingers grasp the lower jaw just in front of the earlobes, and pull forcefully upward to open the airway.
 - (4) Blow through mouthpiece until the chest rises.

- (5) Release mouthpiece to allow patient's exhalation through the exit port on the one-way valve.
 - (6) Continue C.P.R.
 - b. When applying the disposable mask, ensure the mouth and nose of the patient are completely covered.
 - c. When using the disposable mask, disposable gloves should be worn.
4. Disposable paper masks protect the mucous membrane of the mouth and nose from exposure to blood or body fluid.
 - a. Disposable paper masks should be used:
 - (1) Anytime there is possibility of airborne pathogens, blood or other body fluid while giving first aid.
 - (2) Anytime a member is in the immediate area (e.g. in the same room with or when working directly with, in an open area) of a dead body in an advanced state of decomposition.
 - (3) When conducting investigative duties around dead bodies in the morgue.
 - * (4) Anytime a member comes into contact with a person contaminated with Tuberculoses.
 - b. When applying the disposable paper mask, ensure that both the mouth and nose are completely covered.
 - c. Disposable gloves should be worn when using the disposable paper mask, to avoid touching the exposed area.
 - d. Other protective equipment should also be considered (e.g., goggles, antimicrobial hand wipes, etc.)
5. Protective goggles protect the mucous membrane of the eye from exposure to blood or other body fluid.
 - a. Protective goggles should be used:
 - (1) Anytime there is a possibility of airborne pathogen, blood, or other body fluid contamination while giving first aid.

- (2) Anytime a member is in the immediate area (e.g., in the same room with or when working directly with) of a dead body in an advanced state of decomposition.
 - (3) When processing dead bodies in the morgue.
 - b. When applying the protective goggles, ensure the eyes are completely covered.
 - c. When using the protective goggles, disposable gloves should be worn to avoid directly touching the exposed area of the goggles after use.
 - d. Other protective equipment should also be considered (e.g. disposable paper mask, antimicrobial hand wipes, etc.).
- *6. The protective helmet protects officers and bystanders from a belligerent arrest that is spitting.
- a. If an arrest has become belligerent and spits at, attempts to bite, or head butt an officer(s) or other people, the protective helmet with a protective splash shield should be utilized as soon as possible.
 - b. The protective helmet must be cleaned after each use or as soon as practical, to prevent possible spread of a contagious disease.

F. Protective Equipment Disposal

- 1. Equipment designated for disposal after use:
 - a. Disposable gloves
 - b. Antimicrobial hand wipes
 - c. Laerdal pocket masks
 - d. Disposable paper masks
 - e. Protective goggles
- 2. Location of disposal containers marked "Contaminated Material"
 - a. Police Headquarters - 1125 Locust
 - (1) Violent Crimes Division - second floor
 - (2) Detention Unit - eighth floor

- b. Police Service Station - 1245 Prospect
 - c. Regional Crime Lab/Crime Scene Investigations Section - 6633 Troost
 - d. All patrol division stations
 - e. Traffic Unit
3. Disposal and Re-equipping Responsibilities
- a. Each member who uses any of the above listed equipment shall be responsible for correct disposal of the item(s).
 - b. The item(s) shall be placed in plastic bags, located in each patrol vehicle and each designated facility, and disposed of at the member's convenience, but as soon as practical during their tour of duty.
 - c. Contaminated items or plastic bags containing contaminated items, shall not be left in patrol vehicles beyond the tour of duty during which they were used.
 - d. Each member who uses a particular piece of disposable equipment will be responsible for securing a replacement or providing for a replacement as soon as possible.
- G. Recovered Property Procedures - Contaminated Material
- 1. When recovering property contaminated with blood or body fluids, the procedural instruction entitled, "Recovered Property Procedures," shall be followed.
 - 2. Necessary protective equipment should be worn while gathering and packaging contaminated recovered property.
 - 3. Any package containing contaminated recovered property shall be sealed with orange evidence tape to indicate contamination.

IV. HAZARDOUS MATERIALS

- A. Toxic Chemicals (Suspected Narcotics Laboratories)
- 1. When department members suspect or become aware of a location that is involved in the production of controlled substances, they shall:

- a. Remove and detain occupants.
 - b. Establish a safe perimeter and secure the premises.
 - c. Notify the Drug Enforcement Unit.
2. It is imperative that **no one** enter the premises when a narcotics laboratory has been discovered. **Be aware that most toxic chemicals are undetectable.**
 3. The Drug Enforcement Unit will respond and notify the Drug Enforcement Administration (DEA).

B. Other Hazardous Materials

Members should attempt to determine if hazardous materials are present (i.e., flammables, explosives, toxic substances). The first indication of a situation possibly involving hazardous materials will most likely be a placard on a building, truck, trailer, aircraft, tank, box, or rail car.

***V. Protocols for Handling Anthrax and Other Suspicious Materials**

When responding to calls for service or handling citizen contacts dealing with a possible chemical or biological hazard, all department members are reminded to exercise extreme caution and common sense when confronted with potential life threatening chemical or bio-chemical agents.

A. Procedures

1. When a call for service related to Anthrax or any other suspicious substance occurs, an officer and a supervisor will be dispatched. The following information should be obtained from the dispatcher prior to responding:
 - a. Whether or not the Fire Department's Hazmat Team will be responding to the scene.
 - b. If anyone at the scene is complaining of any illness.
 - c. If the suspicious substance is inside or outside a building.
 - d. If the suspicious substance is in a sealed package/envelope or in an open package/envelope.
 - e. If there is a threat attached to the suspicious package/envelope.

2. Any decision to conduct a decontamination process will be determined by the Fire Department's Hazmat Team. When the Fire Department's Hazmat Team is dispatched to respond to the scene, the dispatched supervisor and officer will:
 - a. Let Hazmat handle the call for service.
 - b. Take a supportive role, such as securing the perimeter.
 - c. Attempt to quarantine only the persons who were in the immediate area of the exposure.
 - d. If possible, obtain the identity of anyone who leaves the scene and/or anyone who has left the scene that may have been exposed. **Force should not be used to quarantine a person unless the following exist:**
 - (1) Reasonable suspicion to believe the person was in some way involved with the incident.
 - (2) Probable cause exists connecting the person to the crime.
 - (3) The person exhibits behavior or physical symptoms causing concern that they may be a danger to themselves or the community at large.
 - e. Notify the dispatcher of any threats attached to the suspicious material so the Bomb and Arson Section may be contacted.
3. When the Fire Department's Hazmat Team does not respond to the scene, the dispatched supervisor will view the suspicious substance and look for the following conditions to determine if a credible threat exists:
 - a. Involvement of federal installations, offices, etc.
 - b. Excessive postage and/or weight.
 - c. Poorly written or typed address.
 - d. Misspelling of common words.
 - e. No return address.
 - f. Marked with restrictive endorsements, such as "Personal" or "Confidential".

4. If the dispatched supervisor detects a package with oily stains, discoloration, or odor, they shall immediately call the Fire Department's Hazmat Team and secure the scene, **without exception**.
5. **Without exception**, the Bomb and Arson Section should be immediately called and the scene secured if the dispatched supervisor detects any of the following:
 - a. Lopsided or uneven envelope.
 - b. Protruding wires or aluminum foil.
 - c. Excessive security material such as masking tape, strings, etc..
 - d. Ticking sounds.
6. If the responding supervisor determines the suspicious package should be handled at the scene, the following precautions should be taken:
 - a. **Prior to handling the material, the member should wear the department issued gas mask and latex gloves.** This provides limited protection only.
 - b. **Do not** shake or empty the contents of a suspicious package or envelope. (For Anthrax to be effective it must be airborne.)
 - c. If a powder or liquid substance is discovered, place the material in a plastic bag or other type of container to prevent leakage of contents and **immediately notify** the Fire Department's Hazmat Team and the Bomb and Arson Section.
 - d. **Do not** attempt to clean up any spilled powders or liquids.
 - e. **Do not** transport the suspicious material to a department facility.
 - f. **Wash your hands with soap and water to prevent spreading any powders or fluids to your face and skin.**
7. In cases where the responding supervisor and/or officer is contacted by a concerned reporting person, he/she should advise the person:

- a. Wash their hands with soap and water to prevent spreading powders or fluids to face and skin.
- b. Contact a doctor immediately if there is a possibility of exposure to Anthrax.
- c. Infections are nearly 100% curable with immediate antibiotic treatment following the exposure.
- d. Anthrax cannot be spread from one person to another.
- e. Symptoms of an infection may resemble a common cold. If infected, symptoms usually occur within seven (7) days after exposure.

B. Off-Duty Officer Encounters

1. If an off-duty officer is contacted by a citizen regarding Anthrax, suspicious material, or a suspicious package, he/she will attempt to obtain information outlined in Section V, A, 1, of this directive.
2. Once the off-duty officer has gathered pertinent information, he/she will contact the dispatcher to relay information and request an on-duty supervisor and officer be dispatched to the scene.
3. The off-duty officer will attempt to secure the perimeter until the on-duty supervisor and officer have arrived.
4. Once the on-duty supervisor and officer have arrived, they will follow the procedures outlined in this directive.

C. Procedures Involving Police Facilities

If a citizen responds to a police facility with any item (envelope, package, etc.) with unknown suspicious contents, the department member should first refer to Section V, A, 3, for conditions that may cause suspicion. If suspicion exists, the following procedures will be followed:

1. **Without exception, do not touch the item.**
2. Immediately contact a supervisor.
3. Leave the room and evacuate adjoining rooms. Prevent re-entry into the room when the package is located.
4. Turn off the ventilation system (HVAC) in the facility.
5. Start a list of names, addresses, and telephone numbers for all persons who handled the item.

6. Do not allow anyone to leave the scene until directed to do so by a supervisor/commander. The supervisor/commander at the scene should contact the Bomb and Arson Section to ascertain information regarding possible contamination and decontamination.
- D. The Bomb and Arson Section has access to a laboratory to test suspicious powders believed to be Anthrax. The decision to test will be decided on a case-by-case basis.

James D. Corwin
Chief of Police

Adopted by the Board of Police Commissioners this _____ day of _____
2005.

Angela Wasson-Hunt
President

DISTRIBUTION: Law Enforcement Personnel
Civilian Supervisory Positions
Department Element Manuals
Post on all bulletin boards for two weeks.