

DATE:	MAY 27, 2022
NUMBER:	M.37
SUBJECT:	STANDARD PRECAUTIONS AND INFECTIOUS AGENTS/COMMUNICABLE DISEASE CONTROL
RELATED SECTIONS:	I.41 ; L.1 ; M.34 ; M.41 ; MSD C.3 ; Dept. P&P 3.16 ; Dept. P&P 6.100

PURPOSE

To reduce the risk of occupational exposure as it relates to bloodborne pathogens, infectious agents and/or communicable diseases.

POLICY

The Sheriff's Department will comply with federal and state statutes applicable to potentially infectious agents that individuals may be exposed to during the completion of certain work tasks. Individuals who are at risk for potential exposure to dangerous and possibly fatal bloodborne pathogens, infectious agents and/or communicable diseases are required to use standard precautions. Individuals shall comply with standard precautions as outlined in Department Policy and Procedure Manual section 6.100, [Sheriff's Respiratory Protection Program](#) and [Detention Services Bureau Bloodborne Pathogens Exposure Control Plan](#).

PROCEDURES

I. SCREENING

- A. Incarcerated persons identified with symptoms of potentially infectious and/or communicable disease as indicated in section I.B. of this policy shall be brought to the attention of health staff and isolated until a medical evaluation is completed in conformance with the Medical Services Division Operations Manual section MSD.C.3.
- B. Each infectious and/or communicable disease has its own specific signs and symptoms. General signs and symptoms common to a number of diseases include:
 - 1. Fever
 - 2. Rash
 - 3. Pustules
 - 4. Cough
 - 5. Draining wounds

II. COMMUNICABLE DISEASE NOTIFICATIONS

- A. Following standard and respiratory precautions is fundamental to an effective injury and illness prevention program for infectious agents/diseases. Pregnant staff should be especially familiar with and adhere to standard precautions to minimize the risk of transmission of infectious agents/diseases to themselves or their infant.

- B. General information identifying the precautions necessary for housing and transporting inmates who have or are suspected of having a reportable communicable disease or condition shall be provided by the detention facility health staff.
- C. The detention facility health staff identifies incarcerated persons with health problems and indicates when an inmate needs special housing. The watch commander and Jail Population Management Unit (JPMU) staff are notified regarding medical housing needs. JPMU deputies will make medical housing assignments in accordance with recommendations from health staff.
- D. Health staff shall inform the transporting deputy of any additional precautions necessary for the deputy and incarcerated person's safety. Department staff arranging or providing the transportation shall also ask the health staff what additional medical precautions, besides respiratory and standard precautions, are necessary during the transport.
 - 1. If an incarcerated person being transported has or is suspected of having a communicable respiratory condition, health staff will provide a surgical mask for the individual. Transporting staff shall wear a N-95 HEPA mask and other necessary personal protective equipment (PPE) [see Detention Services Bureau Policies and Procedures (DSB P&P) section M.34].
 - 2. Transporting deputies shall utilize standard precautions and thoroughly wash their hands after contact with inmates or as soon as practicable.
- E. Health staff will provide the facility commander with information which includes the individual's name, booking number and the suspected communicable disease via a Sheriff's Department Medical Condition Weekly Report.
 - 1. The facility commander will share the weekly report with the watch commanders.
 - 2. The watch commanders will check the report anytime transportation is requested and inform the transporting deputy if the inmate being transported is on the report.

III. INCARCERATED PERSONS WITH SUSPECTED OR CONFIRMED RESPIRATORY DISEASE

- A. To reduce the expulsion of droplet nuclei into the air, incarcerated persons suspected of having a communicable disease should wear surgical masks when not in a respiratory isolation room.
- B. Health staff will determine appropriate housing for incarcerated persons suspected of having a respiratory disease, including the use of a negative pressure respiratory isolation cell.
- C. Individuals requiring respiratory isolation shall not be transported in a vehicle with other individuals. Avoid using the recirculated air option for the vehicle's ventilation during passenger transport; use the vehicle's vents to bring in fresh outside air and/or lower the vehicle's windows.

- D. Long-term incarcerated persons infected with a communicable disease and confirmed by the Medical Services Infection Control Supervising Nurse will be case managed until treatment has been completed.

IV. EXPOSURE TO BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIALS (OPIM)

- A. Blood, body fluid and OPIM are treated as if they are known to contain bloodborne pathogens (e.g., Human Immunodeficiency Syndrome, Hepatitis B Virus, etc.), regardless of the source.
- B. Individuals must use standard precautions when exposed to blood, body fluids or OPIM.

V. STANDARD PRECAUTIONS

- A. Staff shall utilize PPE, including gloves, eye protection, respirators/masks and clothing, in accordance with DSB P&P section M.34.
- B. Hand washing is an effective means of infection control. When properly done, hand washing removes infectious organisms. Any hand-washing product, whether antibacterial or antimicrobial, will achieve this goal.
- C. All staff will take precautions to prevent injuries caused by needles and other sharp instruments or devices. Sharp items (non-evidentiary) shall be placed in puncture resistant containers for disposal.

VI. CLEANING/DECONTAMINATION

- A. Facility staff are responsible for or ensuring all suspected/known contaminated surfaces are cleaned. Inmate workers may be utilized given they are trained and certified on the cleanup procedures for areas suspected of being contaminated by infectious materials, communicable diseases and/or blood borne pathogens.
- B. At least one fully stocked biohazard cart will be available at each facility. Each facility will detail in a green sheet the storage location of the biohazard cart(s), the items contained on the cart and the staff responsible for re-stocking supplies on the cart(s). Staff shall comply with the following:
 - 1. All cleaning chemicals, solvents, solutions and sprays will be appropriately labeled and stored in a locked area.
 - a. A solution of 1:10 bleach to water is an effective disinfectant. Diluted bleach solutions should be used within 24 hours after preparation.
 - b. All chemical items will be stored in a spill-proof container.
 - 2. The storage areas will be marked with a "Hazardous Materials" sticker.
 - 3. Material Safety Data Sheets (MSDS) will be placed in areas where hazardous chemicals are kept.

- C. Employees responsible for disposing of biomedical waste shall ensure it is placed in a locked dumpster/trash container designated for such waste.
- D. Contaminated laundry will be handled in accordance with DSB P&P section L.1.

VII. REPORTING EXPOSURES

- A. All exposures shall be reported immediately to the on-duty supervisor to ensure appropriate documentation and medical evaluation (if necessary).
- B. The exposed staff shall be referred to the nearest County contracted Industrial Medical Clinic for medical follow-up and medical treatment according to Department Policy and Procedure 3.16 -Occupational Injury.
- C. The employee's immediate supervisor shall report all contacts with potential or suspected sources of infectious disease by completing a form RM3, "Supervisor's Accident Investigation Report". Post exposure evaluation and follow-up shall be sought at the County-contract provider as soon as possible.
- D. The "Supervisor's Accident Investigation Report" (form RM3) shall be forwarded to the Sheriff's Medical Liaison Unit by the next business day after the occurrence along with the "Report of Occupational Injury (form MLU-4), which is filled out by the employee. The original forms shall be forwarded to the Sheriff's Medical Liaison Unit. The Medical Liaison Unit will maintain copies and forward the originals to the Workers' Compensation Division/Risk Management at the County Department of Human Resources.
- E. If a contact with a potential source results in infection or physical injury, the employee shall proceed to the nearest County-contract emergency workers' compensation medical facility for treatment. In addition to the forms above, the employee shall fill out the following forms:
 - 1. DWC-1 "Employees Claim for Worker's Compensation Benefits"
 - 2. MLU-1 "Status Report for Occupational Injury or Illness"
 - 3. "Proof of Service"
 - 4. Authorization to Obtain and Release Information in Connection with an Application for Worker's Compensation Benefits (Medical and Non-Medical releases).
- F. California State Law (7510 P.C.) requires law enforcement personnel to file a specific report form whenever they have had an exposure to a body fluid capable of transmitting HIV. The State Law further requires the Chief Medical Officer to complete a process of investigation and determination about HIV testing the source of the exposure.
- G. "Chief Medical Officer" means, in the case of a report filed against a subject who is an inmate of the county jail, or who has been arrested or taken into custody whether or not

the person has been charged with a crime, but who is not in a correctional facility, the County Health Officer of the County of San Diego.

- H. When an incarcerated person refuses or is not mentally competent to give voluntary consent, law provides consent for HIV testing of specific appeal rights.
- I. Whenever an exposure has occurred the exposure should be assessed and personnel should be referred for appropriate medical follow-up.
- J. Personnel are required by law to file a report whenever they have been exposed to body fluids capable of transmitting HIV of a detainee, arrestee, inmate, parolee, or probationer.
 - 1. Personnel will complete the State Department of Health Service Report of Request and Decision for HIV Testing form 5019, whenever they have been exposed to body fluids capable of transmitting HIV.
 - 2. Personnel may request HIV testing of the source of the exposure on the 5019-report form.
 - 3. The 5019 report form will be completed as soon as possible after the incident and no later than 24 hours following the incident.
 - 4. The 5019-form will be submitted to the Employee Medical Liaison Unit. Copies of the report shall be submitted to the facility commander.
 - 5. Pursuant to Penal Code 7511, the County Health Officer is required to decide if HIV testing of the source is appropriate and will indicate the decision on the 5019-report form.
 - 6. Pursuant to Penal Code 7511, the County Health Officer is required to return the completed 5019-form to the employee within 5 calendar days after the submission of the form.
 - 7. Anytime an employee has not received the completed 5019-form within 5 days after submission of the form, the employee will notify the facility commander immediately.
 - 8. The facility commander will contact the County Health Officer to determine the reason for the failure to return the form in the legally specified time frame. If the matter is not resolved, the facility commander will contact the Sheriff or the Sheriff's legal counsel.
- K. State law provides for an appeals process if either party disagrees with the decision of the County Health Officer regarding the HIV testing of the subject of the report.
 - 1. The employee who filed the 5019 report form or the subject of the test may appeal the decision of the County Health Officer.
 - 2. The deputy or subject of the test files the Report of Request of Appeal for

HIV Testing, form 5019, within 3 calendar days of the receipt of the decision of the County Health Officer.

- a. The Appeals Panel is to be compromised of:
 - 1) County Health Officer
 - 2) Supervisory Representative of the Sheriff
 - 3) Independent Physician selected from a list developed by the State Department of Health Services
- b. The appeals hearing is a closed hearing. Both parties can be represented and present evidence.
- c. The decision of the Appeals Panel must be rendered within 10 days of the receipt of the appeals request.

L. The decision must be unanimous to overturn the initial decision.

M. Refer to Department Policy and Procedure 6.100 and the Bloodborne Pathogens Exposure Control Plan for other specific reporting requirements.

VII. POST-EXPOSURE FOLLOW-UP

Post-exposure vaccinations and medical evaluations are recommended and available at no cost to individuals who have occupational exposures to potentially infectious materials. All staff are encouraged to use available preventative programs.

VIII. RECORD KEEPING

A. Staff Medical Records – the Bloodborne Pathogens Exposure Control Plan details specific staff medical record keeping requirements.

B. Inmate Medical Records

- 1. Health staff will document incarcerated person occupational exposures in the person's health record. These records may include vaccination dates and status, examination results, medical testing and follow-up procedures.
- 2. Sworn staff will document all incarcerated person occupational exposures in an incident report in the Jail Information Management System.

IX. TRAINING

A. The Detention In-Service Training Unit will coordinate any required training or instruction on exposure risk and safe work procedures related to infectious agents, communicable diseases and/or bloodborne pathogens.

- B. Staff training records will be kept in accordance with the specific division/department protocol.
- C. Incarcerated workers will receive annual refresher training on standard precautions and exposure to infectious agents, communicable diseases and/or bloodborne pathogens. Incarcerated worker training records will be kept in the individual's custody record.