

ALAMEDA COUNTY SHERIFF'S OFFICE DETENTION AND CORRECTIONS POLICY AND PROCEDURE	NUMBER: 7.14	PAGES: 1 of 7
	RELATED ORDERS: ACA 4-ALDF-4C-14 G.O. 3.03, 3.06, 3.18 P&P 3.14, 7.11, 15.05	
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CHAPTER: Safety and Emergency Procedures	SUBJECT: Employee Guidelines for Management and Prevention of AIDS and Contagious Diseases	

- I. **PURPOSE** To provide guidelines for understanding AIDS and contagious diseases, implementing precautionary measures for medical and non-medical personnel, establish and establish procedures for employees who have had significant exposure to blood/body fluids.
- II. **POLICY:** Employees are responsible for familiarizing themselves with the guidelines and AIDS and contagious disease education provided in this policy and procedure. Staff should use the precautions outlined herein when knowingly entering into a situation that may expose them to any contagious/infectious disease.
- III. **DEFINITIONS:**
 - A. **ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS):** A disease which undermines the human body's immune system. The individual becomes susceptible to a range of "opportunistic" infections, malignancies and other diseases which would not be generally life-threatening to a person with a normally functioning immune system. AIDS can cause dementia and other disorders of the central nervous system. AIDS is caused by the Human Immunodeficiency Virus (HIV).
 - B. **HUMAN IMMUNODEFICIENCY VIRUS (HIV):** A "retro virus" which has the ability to replicate itself in certain white blood cells, thereby undermining that part of the body's immune system which normally combats infection and malignancies. Initially, AIDS was described in three (3) stages, as Human Immunodeficiency Virus Positive (HIV Positive), AIDS Related Complex (ARC) and end-stage AIDS. The Center for Disease Control has since changed the classification into Groups I, II, III and IV. Group IV is further divided into subgroups A, B, C, D and E. These groups are used for case definition.
 - C. **HUMAN IMMUNODEFICIENCY VIRUS POSITIVE (HIV POSITIVE):** HIV positive means that an individual has been exposed to HIV but shows no signs or symptoms of the disease. The term HIV infection does not apply to individuals with an acquired immune deficiency for which another cause may reasonably be determined, such as the use of steroids and/or other immune suppressive therapy or certain other diseases. Persons infected with HIV are called "HIV positive," or are referred to as being "seropositive."
 - D. **AIDS RELATED COMPLEX (ARC):** ARC is a variety of chronic symptoms and physical findings that occur in some persons who are infected with HIV but do not meet the Center for Disease Control's definition of AIDS. Symptoms may include chronic swollen glands,

recurrent fevers, unintentional weight loss, chronic diarrhea, lethargy and oral thrush (white splotches on the inside of the mouth and on the tongue that will not rub off).

- E. AIDS (END-STAGE): The diagnosis of AIDS is based on the presence of an opportunistic disease. The two most common opportunistic diseases are pneumocystis carinii pneumonia (PCP), and Kaposi's Sarcoma (KS) – a type of cancer. In addition, the Center for Disease Control has added several AIDS indicator diseases that are neither infectious nor cancerous, which include AIDS dementia, HIV encephalopathy, and HIV “wasting syndrome.”
- F. HEPATITIS A, B AND C: Hepatitis is a disease that affects the liver and can lead to cirrhosis and liver cancer. Some symptoms of hepatitis are fever, loss of appetite, nausea, vomiting, abdominal discomfort, jaundice (yellowing of the skin or eyes), and clay or gray-colored stool (feces) and/or dark urine.
 - 1. Hepatitis A (HAV) is generally transmitted by ingesting contaminated fecal particles found in food or contaminated water.
 - 2. Hepatitis B (HBV) is generally transmitted by exposure to blood and/or other body fluids.
 - 3. Hepatitis C (HCV) is transmitted in the same manner as HBV. HCV has no effective vaccine or treatment.
- G. TUBERCULOSIS (TB): TB is an airborne bacterium that is inhaled into the lungs and can cause damage to the lungs and other parts of the body (brain, spine, etc.). TB is spread from person to person through the air and inhaled into the lungs where the bacteria can live for long periods of time in “capsules” which are harmless to the body (known as TB infected). When resistance is low the capsules can burst, spreading TB bacteria throughout the body (TB disease). Some common symptoms include chronic cough, lethargy, weakness, weight loss, loss of appetite, fever, night sweats, chest pain and coughing up blood.
- H. METHACILLIN-RESISTANT STAPH AUREUS (MRSA): Staph aureus is a common bacteria found on the skin and in the nose of healthy persons. It can cause minor skin infections such as boils or serious infections such as pneumonia or blood poisoning. When a staph infection does not respond to treatment with common antibiotics, it is classified as “resistant.” These resistant germs are called MRSA (pronounced “mersa”).

IV. **PROCEDURE:**

- A. PROTECTIVE DISPOSABLE KIT: The protective disposable kit is a compilation of Personal Protective Equipment (PPE) which, if used properly, will minimize the chance of exposure to serious and infectious disease.
 - 1. The protective disposable kit contains the following items:
 - a. Coveralls
 - b. Hood

- c. Latex gloves
 - d. Goggles
 - e. Shoe covers
 - f. Biohazard cleanup kit
 - g. High efficiency respirator
 - h. Spit-net protective hoods
2. Protective kits will be kept in the following locations:
- a. Glenn E. Dyer Detention Facility (GEDDF)
 - 1) Housing floor deputy's office
 - 2) Housing floor clinic offices
 - 3) Male booking office
 - 4) Female booking office
 - 5) Intake, Transfer and Release (ITR)
 - 6) Infirmary deputy's office
 - 7) Kitchen deputy's office
 - 8) Janitor's storeroom - ITR floor
 - 9) Inmate Services deputy's office
 - b. Santa Rita Jail (SRJ)
 - 1) Housing control rooms
 - 2) Clinic/infirmary
 - 3) ITR
 - 4) OB-GYN clinic
 - 5) Kitchen
 - 6) Morrissey area
3. At the beginning of each shift, the deputy, technician or clerk shall inventory the protective disposable kit(s) at their assigned station. Verification that all items are accounted for shall be documented in the housing control log book as part of the housing control equipment inventory process.

4. When a kit is used, the employee using the kit will order items from Supply to replace those used.
- B. **BODY AND CELL SEARCHES/EVIDENCE HANDLING:** There is concern regarding searches of areas where sharp objects may be hidden from view. These areas include, but are not limited to pockets, spaces beneath car seats, under bunks and chairs and any area not directly visible. The following precautionary measures, used whenever possible, will help to minimize the risk of infection:
1. Ask suspects to empty their own pockets, turn out waistbands, and pull down socks.
 2. Use long-handled mirrors to search hidden areas.
 3. If it is necessary to search manually, wear protective gloves and feel very slowly and carefully.
 4. Use puncture-proof containers to store sharp instruments and clearly marked plastic bags to store other contaminated items.
 5. Use tape, not metal staples, when packaging evidence.
 6. Use protective (disposable) latex gloves when there is likelihood of contact with blood and/or body fluids.
 7. Use the protective (disposable) kit when there is likelihood of gross contamination from blood and body fluids (i.e. suicide attempts, wrist slashing, blood splattering, restraining a known infectious person, etc.).
 8. Use protective (disposable) latex gloves when handling sanitary napkins, tampons, or items containing blood and/or other body fluids.
 9. Wash hands for at least 30 seconds with soap and warm water after removing gloves.
- C. **CARDIOPULMONARY RESUSCITATION (CPR):** There is no evidence of transmission of HIV/hepatitis by saliva; however, an Agency-issued “Resuscitate” mask will be used to prevent the patient's saliva or other fluids from entering the caregiver’s mouth. Resuscitation masks are available at each work station (housing units, ITR, etc.).
- D. **HIGH RISK ACTIVITIES:** There is a high concentration of the HIV/hepatitis virus in white blood cell producing body fluids such as blood, semen and vaginal secretions; therefore, unsafe activities involving these body fluids, such as the following, would be considered high risk:
1. Intravenous drug abuse/needle sharing
 2. Vaginal and/or anal sex with female or male prostitutes and their sex partners
 3. Unprotected sexual activity with infected persons or with any person engaging in the above activities
 4. Exposure to contaminated blood or blood products

E. EMPLOYEE HEALTH:

1. Significant exposure includes:
 - a. Needle sticks
 - b. Blood splattering into the eyes, nose, mouth, uncovered open wounds, etc.
 - c. Human bites which result in broken skin
2. Recommended action after significant exposure:
 - a. Needle sticks, human bites, etc.
 - 1) Encourage “back bleeding” by applying pressure and “milking the wound.”
 - 2) Wash area for at least 15-20 seconds with soap and warm water.
 - 3) Cover with a clean dressing.
 - b. Blood splattering in eyes:
 - 1) Rinse with lukewarm or cold water.
 - 2) Skin surfaces splattered with blood should be washed with warm or hot water and soap (germicidal soap if possible) for at least thirty (30) seconds.
 - c. Report exposure to a supervisor immediately:
 - 1) Initiate a police report describing the incident, and state whether you want the individual whose body fluids you came into contact with tested for AIDS/hepatitis.
 - 2) The supervisor shall file an Employee’s Report of Occupational Injury or Illness. Forms: 5020 (Rev.6), 5020E, 5020W, and DWC Form #1 (1/90).
 - 3) The supervisor must write a memorandum to the Management Services Division Commander stating that confidential counseling and testing has been made available to the employee. This is accomplished by the supervisor giving the employee a copy of the Alameda County Worker’s Compensation Designated Physicians List (Form #171-75F available in SRJ and GDJ Administrative Offices), and telling the employee that the medical bills will be covered by the County of Alameda.
 - 4) Fill out a “Report of Potential HIV Exposure to Law Enforcement Employees” form and submit it to the division/unit medical liaison pursuant to General Order 3.03 – “Occupational Injury/Illness or Other Long-Term Illness” (attachment form DHS 8479 [3/93]).

- d. HIV and follow-up testing should be done according to current Center for Disease Control recommendations (6 weeks and at 12 weeks).
- e. For further information call one of the following AIDS hot lines:

Northern California
(415) 863-AIDS

U.S. Public Health Service
1-800-342-AIDS

F. BLOOD/BODY FLUID SPILLS: Two types of kits shall be utilized to clean up blood/body fluid spills (i.e., blood, feces, vomitus, urine):

1. Glenn E. Dyer Detention Facility:

- a. A multi-use "Clean-up kit," containing "ChloraSorb," is located in the ITR janitor's closet and in Classification.
- b. A single-use "Mess-kit," containing "ChloraSorb," is stored in the deputy's office on each floor.

2. Santa Rita Jail:

- a. A multi-use "Clean-up kit," containing "ChloraSorb," is located in ITR and the Kitchen.
- b. Single-use "Mess-kit," containing "ChloraSorb," is stored in each housing unit.

- 3. These kits shall be placed in the disposable protective kits and will be accounted for in the same manner (see IV.A.3).
- 4. Gloves shall be worn during the cleaning process.
- 5. Disposable cloths or paper towels shall be used to clean up spills.
- 6. The disposable cloths, paper towels, or protective disposable kits shall be placed in a red bag marked "infectious for disposal" and disposed of as infectious waste.
- 7. Wash hands for at least 30 seconds with soap and warm water after removing gloves.
- 8. In cases where the "Clean-Up Kit" or "Mess Kit" is not available, an Environmental Protection Agency (EPA) approved disinfectant may be substituted.
 - a. Large spills should be flooded with the above solution before cleaning.
 - b. Follow the steps set forth in items 4 through 7 above to complete the clean-up and disposal of infectious waste.

G. CONTAMINATED EQUIPMENT AND SUPPLIES:

1. Wear disposable gloves and use an EPA approved disinfectant to clean equipment/supplies.
 2. Handcuffs, leg irons, or belly chains contaminated with blood, feces, or semen should be cleaned with soap and warm water and then disinfected with an EPA approved disinfectant.
 3. Flashlights, crime scene kits, and other equipment that becomes soiled with contaminated material should be cleaned with soap and warm water and wiped with an EPA approved disinfectant.
 4. All contaminated linen/clothing, not used for evidence should be placed in a red bag.
 5. Needles are not to be recapped, bent, broken or removed from disposable syringes or otherwise manipulated by hand.
 - a. Needles or other sharp items not used as evidence shall be placed in an approved sharps container provided in all clinics, ITR and dress-out areas.
 - b. Needles or other sharp items which are to be used as evidence should be placed in a plastic or other suitable puncture-proof container, sealed with tape and labeled "Caution Biohazard / item description" (needle, knife etc.).
- H. The Alameda County Sheriff's Office relies on *the medical service provider* to perform the following mandatory functions, as described in their Blood-borne Pathogens Exposure Control Plan.
1. Maintain an effective procedure for gathering information required by the Sharps' Injury Log.
 2. Maintain an effective procedure for periodic review of the frequency of use and the types and brands of sharps involved in exposure incidents documented on the Sharps' Injury Log.
 3. Maintain an effective procedure for identifying currently available engineering controls, and selecting such controls where appropriate, for procedures performed by employees in their respective work areas or departments.
 4. Maintain an effective procedure for documenting patient safety determinations.
- I. All staff is encouraged to provide input and suggestions to be used in the annual review and update of the exposure control plans. This can be accomplished in several ways, including:
1. Voicing suggestions during the discussion period of the annual Blood-borne Pathogens training
 2. Voicing suggestions during the Division/Agency Safety Committee meetings
 3. Forwarding suggestions to the facility Commanding Officer in a memorandum via the chain of command