

## Communicable Diseases

### 809.1 PURPOSE AND SCOPE

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

This policy does not address personal protective equipment (PPE) used as a defense against environmental hazards, as those issues are addressed in the Environmental Hazards policy and the Respiratory Protection Program.

### 809.2 POLICY

The San Diego County Probation 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.

### 809.3 EXPOSURE CONTROL OFFICER

The Chief Probation Officer will assign a person as the Exposure Control Officer (ECO). The ECO shall develop, assisted by the Quality Assurance Specialist, exposure control plans that include (8 CCR 5193):

- (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 (15 CCR 1051; 15 CCR 1207).
- (e) Compliance with all relevant laws or regulations related to communicable diseases, including:
  1. Responding to requests and notifications regarding exposures covered under the Ryan White law (42 USC § 300ff-133; 42 USC § 300ff-136).
  2. Bloodborne pathogen precautions (8 CCR 5193).
    - (a) Sharps injury log.
    - (b) Needleless systems and sharps injury protection.
  3. Airborne transmissible disease precautions (8 CCR 5199).
    - (a) Engineering and work practice controls related to airborne transmissible diseases.
    - (b) Distribution of appropriate personal protective equipment to minimize exposure to airborne disease.

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4. Promptly notifying the county health officer regarding member exposures (Penal Code § 7510).
  5. Establishing procedures to ensure that members request exposure notification from health facilities when transporting a person who may have a communicable disease and that the member is notified of any exposure as required by Health and Safety Code § 1797.188.
  6. Informing members of the provisions of Health and Safety Code § 1797.188 (exposure to communicable diseases and notification).
- (f) Provisions for acting as the designated liaison with health care facilities regarding communicable disease or condition exposure notification. The designated liaison should coordinate with other department members to fulfill the role when not available. The designated liaison shall ensure that the name, title, and telephone number of the designated liaison is posted on the Department website (Health and Safety Code § 1797.188).

The ECO should also act as the liaison with the Division of Occupational Safety and Health (Cal/ OSHA) and may request voluntary compliance inspections. The ECO shall annually review and update the exposure control plans and review implementation of the plans (8 CCR 5193).

#### **809.4 EXPOSURE PREVENTION AND MITIGATION**

##### **809.4.1 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 (8 CCR 5193):

- (a) Stocking disposable gloves, antiseptic hand cleanser, CPR masks, or other specialized equipment in the work area or department vehicles, as applicable.
- (b) Wearing department-approved disposable gloves when contact with blood, urine, 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 if providing breaths during CPR.
- (f) Using a disposable particulate mask or face 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, 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, urine, 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.

#### 809.4.2 IMMUNIZATIONS

Members who could be exposed to HBV due to their positions may receive the HBV vaccine and any routine booster at no cost (8 CCR 5193).

All department personnel who, in the line of duty, may be exposed to or have contact with a communicable disease shall be offered appropriate treatment immunization.

#### 809.4.3 TUBERCULOSIS SURVEILLANCE

This Tuberculosis (TB) Surveillance policy is designed to meet compliance standards for the following: CCR Title 8, section 5199, Aerosol Transmissible Diseases; Title 15, Minimum Standards for Juvenile Facilities, Section 1410; Probation Institutional Services Policy and Procedures Section 8: Health Services, 8.3, Management of Communicable Diseases; and the Center for Disease Control (CDC) Prevention and Control of TB in Correctional and Detention Facilities: Recommendation from CDC MMR report, July 7, 2006 I 55(RR09), 1-44.

The TB Surveillance policy applies to any employee assigned to work with clients that may have a reasonably anticipated risk exposure to an aerosol transmissible disease.

The County Department of Human Resources (DHR) requires "new hires" to have a TB/respiratory clearance from the County's occupational health provider prior to employment.

Voluntary TB Testing: The Probation Department will offer voluntary TB Testing and the Seasonal Influenza vaccine annually at no cost to the employee who has been identified to have an increased occupational risk to aerosol transmissible diseases or pathogens.

- (a) TB Testing may be offered more frequently should an employee be involved in an exposure incident.
- (b) The employee will be issued a control number and directed to go to the County's occupational health provider to obtain a TB test.

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#### **809.5 POST EXPOSURE**

##### **809.5.1 INITIAL POST-EXPOSURE STEPS**

Members who experience an exposure or suspected exposure to a communicable disease shall (8 CCR 5193):

- (a) Begin decontamination procedures immediately (e.g., wash hands and any other exposed skin with soap and water, flush mucous membranes with water).
- (b) Obtain medical attention as appropriate.
- (c) Notify a supervisor as soon as practical.
- (d) Comply with provisions of the Illness and Injury Prevention Program, Exposure Control Plan.
- (e) Follow existing County policies and procedures related to COVID-19 if exposure is suspected.

##### **809.5.2 EMPLOYEE RESPONSIBILITY TO REPORT EXPOSURE**

To provide appropriate and timely treatment should exposure occur, all employees shall verbally report the exposure to their immediate supervisor and complete the Worker's Compensation documents as soon as possible following the exposure or suspected exposure. That report shall be submitted to the employee's immediate supervisor. Additionally, employees should document in the exposure report whether they would like the person who was the source of the exposure to be tested for communicable diseases.

##### **809.5.3 SUPERVISOR REPORTING REQUIREMENTS**

The supervisor or designated administrator 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 (8 CCR 5193):

- (a) Name and Social Security number of the employee 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)

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).

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#### 809.5.4 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 (8 CCR 5193).

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

- (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, that require further evaluation or treatment.

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

#### 809.5.5 COUNSELING

The Department shall provide the member, and the member's family if necessary, the opportunity for counseling and consultation regarding the exposure (8 CCR 5193).

#### 809.5.6 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 (8 CCR 5193). Source testing is performed by the Department's contracted member health care provider. It is the responsibility of the exposed member's Division Chief or designee to ensure testing is sought.

Source testing may be achieved by:

- (a) Obtaining consent from the individual.
- (b) Complying with the statutory scheme of Health and Safety Code § 121060. This includes seeking consent from the person who was the source of the exposure and seeking a court order if consent is not given.
- (c) Testing the exposed member for evidence of a communicable disease and seeking consent from the source individual to either access existing blood samples for testing or for the source to submit to testing (Health and Safety Code § 120262).
- (d) Taking reasonable steps to immediately contact the County Health Officer and provide preliminary information regarding the circumstances of the exposure and the status of the involved individuals to determine whether the County Health Officer will order testing (Penal Code § 7510).
- (e) Under certain circumstances, a court may issue a search warrant for the purpose of HIV testing a person when the exposed member qualifies as a crime victim (Penal Code § 1524.1).

A supervisor should seek the consent of the individual for testing and consult the County Counsel to discuss other options when no statute exists for compelling the source of an exposure to undergo testing if the individual refuses.

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#### **809.6 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.

#### **809.7 TRAINING**

All members shall participate in training regarding communicable diseases commensurate with the requirements of their position. The training (8 CCR 5193):

- (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 the member's 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.

#### **809.8 DEFINITIONS**

Definitions related to this policy include:

**Communicable disease** - A human disease caused by microorganisms that are present in and transmissible through human blood, urine, bodily fluid, tissue, or by breathing or coughing. These diseases commonly include but are not limited to hepatitis B virus (HBV), HIV, and tuberculosis.

**Disposable particulate mask** - A class of disposable respirators approved by the Food and Drug Administration (FDA) and the National Institute for Occupational Safety and Health (NIOSH) as suitable for use where fluid or particulate resistance is a priority. Examples are N95 and P100 masks.

**Exposure** - When an eye, the mouth, a mucous membrane, or non-intact skin comes into contact with blood, urine, 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 San Diego County Probation Department (see the Exposure Control Plan for further details to assist in identifying whether an exposure has occurred).