

Communicable Diseases

1008.1 PURPOSE AND SCOPE

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

1008.1.1 DEFINITIONS

Definitions related to this policy include:

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

Exposure - When an eye, mouth, mucous membrane, or non-intact skin comes into contact with blood 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 (i.e., 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 St. Mary's County Sheriff's Office. (See the exposure control plan for further details to assist in identifying whether an exposure has occurred.)

1008.2 POLICY

The St. Mary's County Sheriff's Office 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.

1008.3 EXPOSURE CONTROL OFFICER

The Sheriff will assign a person as the Exposure Control Officer (ECO). The ECO shall develop an exposure control plan that includes:

- (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 office members will have no-cost access to the personal protective equipment (PPE) (i.e., 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.
- (e) Compliance with all relevant laws or regulations related to communicable diseases, including:
 - 1. Communicable disease prevention (Md. Code HG § 18-102).

Communicable Diseases

2. Responding to a notification that a deputy has been exposed to a contagious disease or virus (Md. Code HG § 18-213; Md. Code HG § 18-213.2; COMAR 10.35.01.17).
3. Responding to requests and notifications regarding exposures covered under the Ryan White law (42 USC § 300ff-133; 42 USC § 300ff-136).
4. HIV testing ordered by an infectious disease/communicable disease officer of a hospital (Md. Code HG § 18-338.3; COMAR 10.18.08.12).
5. Bloodborne pathogen standards in 29 CFR 1910.1030 (Md. Code LE § 5-308.1).

The ECO should also act as the liaison with Maryland Occupational Safety and Health (MOSH) and may request voluntary compliance inspections. The ECO should periodically review and update the exposure control plan and review implementation of the plan. The ECO should also act as a liaison with local and State Emergency Management Staff, as well as the staff of MEDSTAR St. Mary's Hospital to develop and improve agency response to situations involving communicable diseases and to better protect SMCSO employees, their families and the community.

For procedures related to Exposure Control Officer, see the St. Mary's County Sheriff's Office LE Procedures Manual: [Decontamination Procedures](#)

1008.4 EXPOSURE PREVENTION AND MITIGATION

1008.4.1 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:

- (a) Stocking disposable gloves, antiseptic hand cleanser, CPR masks, N95 masks or equivalent and other specialized equipment in the work area or office vehicle, as applicable.
- (b) Wearing office-approved disposable gloves when contact with blood, 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 when providing CPR.
- (f) Using a face mask or 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. Clothing that has been contaminated by blood or other potentially infectious materials shall be removed immediately or as soon as feasible and stored/decontaminated appropriately.

St. Mary's County Sheriff's Office

LE Policy Manual

Communicable Diseases

- (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 or 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.

Supervisors are responsible for monitoring subordinates to ensure compliance with this policy.

For procedures related to General Precautions, see the St. Mary's County Sheriff's Office LE Procedures Manual: [Contagious Disease Prevention](#); [Storage Containers and Labeling](#); [Contaminated Equipment and Laundry](#); [Syringes](#); and [Personal Protective Equipment](#).

See attachment: [Communicable Disease Quick Reference Chart](#)

1008.4.2 IMMUNIZATIONS

Members who could be exposed to HBV due to their positions may receive the HBV vaccine and any routine booster at no cost, within 10 days of employment start date.

For procedures related to Immunizations, see the St. Mary's County Sheriff's Office LE Procedures Manual: [Hepatitis B Virus Vaccination](#)

1008.5 POST EXPOSURE

1008.5.1 INITIAL POST-EXPOSURE STEPS

Members who experience an exposure or suspected exposure shall:

- (a) Begin decontamination procedures immediately (e.g., wash hands and any other skin with soap and water, flush mucous membranes with water).
- (b) Obtain medical attention as appropriate.
- (c) Notify a supervisor as soon as practicable.

For procedures related to Initial Post-Exposure Steps, see the St. Mary's County Sheriff's Office LE Procedures Manual: [Medical Evaluations](#)

1008.5.2 SUPERVISOR RESPONSIBILITIES

The supervisor 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 and provided to the ECO:

- (a) Name of the member 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)

Communicable Diseases

- (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., cleanup, 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 Injury and Illness Reporting and Workplace Safety and Health policies).

1008.5.3 MEDICAL CONSULTATION, EVALUATION AND TREATMENT

Office members shall have the opportunity to have a confidential medical evaluation immediately after an exposure and follow-up evaluations as necessary. 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 which require further evaluation or treatment.

The ECO will coordinate any follow up.

For procedures related to Medical Consultation, Evaluation and Treatment, see the St. Mary's County Sheriff's Office LE Procedures Manual: [Blood Tests](#)

1008.5.4 COUNSELING

The Office shall provide the member, and his/her family if necessary, the opportunity for counseling and consultation regarding the exposure.

1008.5.5 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. It is the responsibility of the supervisor to ensure testing is sought.

Source testing may be achieved by:

- (a) Obtaining consent from the individual.
- (b) Seeking testing through the procedures in the Md. Code HG § 18-338.3 and COMAR 10.18.08.12.
- (c) Seeking testing through the procedures in Md. Code CP § 11-107 et seq. and COMAR 10.52.10.01 et seq.

Communicable Diseases

Since there is the potential for overlap between the different manners in which source testing may occur, the ECO is responsible for coordinating the testing to prevent unnecessary or duplicate testing.

The supervisor should seek the consent of the individual for testing and consult the agency attorney to discuss other options when no statute exists for compelling the source of an exposure to undergo testing if he/she refuses.

For procedures related to Source Testing, see the St. Mary's County Sheriff's Office LE Procedures Manual: [Blood Tests](#)

1008.5.6 OCCUPATIONAL EXPOSURE INCIDENT REPORTING

- (a) In cases where an employee is exposed to potentially infectious blood and/or body fluids in the performance of their duties the following reports are submitted prior to the end of tour of duty during which the exposure occurred:
 - 1. An offense/incident report is completed by the affected employee detailing the events, facts and circumstances of the occupational exposure.
 - 2. The immediate supervisor ensures the affected employee is provided with an Employee Assistance Program brochure, and Occupational Exposure Package (SMCSO Form 216, 216A, and 216B). The employee's immediate supervisor is required to complete SMCSO Form 216A within 24 hours of exposure incident; this requirement is in addition to any other required reports. SMCSO Form 216A provides certain information to the employee and may be needed by the attending physician.
 - 3. Additionally, the affected employee's immediate supervisor is required to conduct further investigation into the exposure incident to ensure the employee's actions conformed to policy and that actions taken by the employee were reasonable and prudent. The results of this investigation are documented in a detailed report. This detailed report is submitted to the Sheriff through the ECO within five (5) working days of the exposure incident, and the ECO will forward to the appropriate Division Commander.
 - 4. St. Mary's County Government Worker's Compensation Form, Report of Initial Injury, is completed by the employee's immediate supervisor.
- (b) The supervisor is also responsible for ensuring that all reports required by St. Mary's County Sheriff's Office Policy are submitted in a timely manner by the appropriate employees.

1008.6 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.

Communicable Diseases

1008.7 TRAINING

All members shall participate in training regarding communicable diseases commensurate with the requirements of their position. The training:

- (a) Should 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) Should be provided whenever the member is assigned new tasks or procedures affecting his/her 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.

Attachments

Communicable Disease Quick Reference Chart 062022.pdf

COMMUNICABLE DISEASE QUICK REFERENCE CHART

DISEASE	INCUBATION	HOW CONTRACTED	SIGNS/SYMPTOMS
Ebola Virus Disease (EVD)	2-21 days after exposure; average 8-10 days	From infection to primary phase: 4-6 weeks. May be years before secondary disease.	Fever greater than 101.5, severe headache, muscle pain, weakness, diarrhea, vomiting, abdominal pain, unexplained bleeding or bruising. *****
Hepatitis, Viral (Type A)	15-50 days; average 28-30 days	Person to person spread by fecal-oral route. Ingestion of contaminated food or water	Onset is usually abrupt, with fever, malaise, loss of appetite, nausea, and abdominal discomfort, followed within a few days by jaundice. **
Hepatitis – Type B	45 – 160 days; average 60 – 90 days	Percutaneous or mucous membrane inoculation of blood or blood products from an infected person; sexual contact	Onset is usually gradual, with loss of appetite, vague abdominal discomfort, nausea, and vomiting often progressing to jaundice. ***
Covid 19	On average, symptoms show up in the newly infected person about 5.6 days after contact. Rarely, symptoms appeared as soon as 2 days after exposure. Most people with symptoms had them by day 12. And most of the other ill people were sick by day 14.	Person to Person transmission by droplet, aerosol, surface, airborne or fecal from a symptomatic or non-symptomatic individual who has the virus	Fever, body ache, dry cough, fatigue, chills, headache, sore throat, loss of appetite, and loss of smell. In some people, severe cough, and shortness of breath, which often indicates pneumonia.

DISEASE	INCUBATION	HOW CONTRACTED	SIGNS/SYMPTOMS
Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS)	May be up to 10 years	Blood to blood exposure; sexual contact; shared needles	May not be detected by pre-hospital responders. Be alert in any case where open sores are present.
Meningitis, Influenza	Within 2 -4 days	Droplet infection and discharges from nose and throat	Onset usually sudden with fever, vomiting, lethargy, and meningeal irritation, consisting of bulging fontanel in infants or stiff neck and back in slightly older children ****
Meningitis, Meningococcal	2–10 days average 3–4 days	Person to person by droplet spread and discharges from nose and throat during infectious period	Sudden onset of fever, headache, nausea, vomiting, stiff neck
Tuberculosis, Pulmonary	From infection to primary phase: 4-6 weeks. May be years before secondary disease.	Inhalation of aerosol respiratory secretions of an infected person	Cough, fatigue, fever, weight loss, hoarseness, chest pain, and blood in sputum may occur but are often absent until the disease is advanced.

** Immune serum globulin may be recommended by a physician based on the extent of the exposure

*** Physician may recommend Hepatitis-B vaccine based on the extent of the exposure

**** This disease is unusual in persons over the age of 5 years.

***** In September 2014, the first travel-associated case of Ebola was diagnosed in the United States.