

	MEDFIELD POLICE DEPARTMENT	POLICY NO. 4.31
INFECTION CONTROL		
MASSACHUSETTS POLICE ACCREDITATION STANDARDS REFERENCED: 22.3.1		DATE OF ISSUE: 07/09/2023 EFFECTIVE DATE: 07/09/2023 REVISION DATE: 10/31/2025
ISSUING AUTHORITY: Michelle Guerette Chief of Police		

BACKGROUND:

This policy sets forth infection control practices and procedures for all Medfield Police Department members. The purpose is to decrease the risk of contamination and infection for patients, Medfield police officers, and the general public. The Medfield Police Department encourages input from employees responsible for direct patient care, contact with people who are potentially an exposure risk, and the selection of effective engineering and work practice controls.

POLICY:

All personnel shall follow the procedures set forth in this policy to protect themselves and the public from unnecessary contamination and/or infection from blood born or airborne pathogens. Unprotected exposures shall be documented and thoroughly investigated. The Chief of Police shall appoint a member of the Department as the Designated Infection Control Officer (DICO).

PROCEDURES:

Aseptic Procedure:

Aseptic procedures shall be used to prevent cross contamination. This includes wearing appropriate protective barriers to contamination such as gloves and masks, and avoiding

touching the hair, glasses, clothing, or any other “unclean” surface or object immediately before or during treatment of the patient.

Precautions:

A Medfield Police Department member who has either been exposed to, or exhibits the signs or symptoms of, or has been diagnosed with the following illnesses, shall notify the Shift Commander: measles, chicken pox, pertussis, rubella (German Measles); tuberculosis; meningococcal disease; unexplained and prolonged diarrhea, draining lesions, smallpox, monkey pox, or plague. The Shift Commander shall have the Designated Infection Control Officer (DICO) notified of the exposure. The DICO will determine if it is necessary for the Medfield Police Department member to remain off-duty because of a potential infectious disease.

Immunizations:

The Medfield Police Department strongly recommends that all members receive a full set of vaccinations every year, especially the hepatitis B vaccine and yearly tuberculosis (TB) testing.

Medfield Police Department members must be knowledgeable of their history of vaccinations and the current status of vaccinations for hepatitis B, tetanus, diphtheria, measles, mumps, and rubella (MMR). Members must also know whether or not they have had chickenpox (varicella) or the varicella vaccine with written documentation.

Hand washing required:

Hand washing is required at the start of the shift, after using toilet facilities, after each patient contact, and after vehicle or equipment cleaning or maintenance. An alcohol-based solution for hand sanitizing is available in each cruiser and shall be used after patient/prisoner contact or contact with the blood/body fluids when running water and soap are not available. The hand-washing procedure shall be repeated with soap and running water as soon as possible.

First Responder Contact with Patients:

All blood and body fluids shall be considered potentially infectious. All members must wear gloves whenever they are involved in patient care that may expose them to blood or bodily fluids. Latex-free gloves are stocked in the cruisers. A mask or a fluid shield mask shall be worn as described below:

1. A Department approved mask shall be worn whenever there is a suspected respiratory infection, whenever the patient is coughing, whenever the patient exhibits signs or symptoms of tuberculosis, or whenever the patient has an obvious rash.
2. A fluid shield mask shall be worn whenever there is the possibility of contamination of the mucous membrane of the eye, nose, or mouth by means of a splash or aerosolization of bodily fluids. A fluid shield mask shall be worn while assisting in childbirth. A fluid shield mask shall also be worn whenever cleaning equipment that is contaminated with blood or bodily fluids.

After each use, if contaminated with blood or bodily fluids, gloves, fluid shield masks, masks and gowns shall be discarded as hazardous infectious waste.

A member treating a patient who exhibits signs and symptoms of a respiratory infection, or an obvious body rash, shall apply an N-95 isolation mask to the patient's face unless it would compromise patient care.

Unprotected exposure; reporting procedure

Unprotected exposure shall mean an exposure capable of transmitting an infectious disease dangerous to the public health, and is limited to the following:

1. Puncture Wounds – including punctures resulting from used needles, glass, and other sharp objects contaminated with blood, or human bites; and
2. Blood to blood contacts through open wounds, which includes open cuts, sores, rashes, abrasions, or conditions which interrupt skin integrity; and
3. Mucous membrane contact – including such contact as would occur with mouth-to-mouth resuscitation or eye splashing with infected fluids. Such fluids would include, blood, sputum, oral, and nasal secretions.

If an unprotected exposure occurs, the affected area should be thoroughly washed as soon as possible. The Shift Commander and the DICO shall be notified immediately. If the DICO is on working then Dispatch shall make every effort to contact him via phone. The following paperwork shall be completed for each unprotected exposure:

1. The Medfield Police Department Unprotected Exposure Report (MPD UER) completed by Shift Commander.
2. The Massachusetts Department of Public Health Unprotected Exposure Report (MADPH URE) completed by the employee. The employee shall use 137 Nahatan Street as their home address.
3. The Town of Medfield Injury Report – completed by the employee.

In the event that the employee requires immediate treatment for the exposure, the employee shall be seen at the hospital designated by the DICO. **[22.3.1]** In the event of a known blood splash in the eye, the employee may be treated at the hospital to which the patient is transported for immediate evaluation, irrigation and other therapy.

The Shift Commander should, if practical, respond to the hospital where the employee is being treated. The Shift Commander shall notify the DICO. The Shift Commander shall ensure that the Department of Public Health Unprotected Exposure Report and the Town of Medfield Injury Report Form have been completed. The Shift Commander shall send a copy of the Department of Public Health Unprotected Exposure Report and the MPD Unprotected Exposure Report to the DICO. The Shift Commander shall also send the original Town of Medfield Injury Report Form to the Chief of Police.

If the member does not require immediate treatment, the Shift Commander shall meet with the employee as soon as possible but before the end of the work shift. The Shift

Commander shall confirm that the Department of Public Health Unprotected Exposure Report and the Town of Medfield Injury Report Form have been completed. The Shift Commander shall complete the MPD Unprotected Exposure Report and forward all paperwork as described in the preceding paragraph. (5).

The Shift Commander shall complete a MPD Exposure Report detailing the circumstances of the exposure, whether or not appropriate precautions had been taken to prevent or minimize the exposure, and recommendations for the prevention of similar occurrences in the future. The report will then be forwarded to the DICO who will review the report, ensure appropriate follow up appointments have been made, and make additional comments or recommendations as necessary.

Whenever a receiving hospital notifies the DICO that a patient has been diagnosed with an infectious disease, the DICO shall contact the affected members as soon as possible.

Whenever Dispatch receives a call from a hospital that a member may have been exposed to an infectious disease, the dispatcher shall notify the DICO and the Shift Commander.

A member requesting information about a patient relative to an infectious disease shall notify the DICO who will contact the receiving hospital for follow up, and inform the interested member of the results of such inquiry whenever possible.

Although not considered an exposure, if a member transports a patient with lice and/or scabies, and there is significant contact (IE: exposed skin to exposed skin contact), the member shall notify the DICO.

The DICO shall maintain records regarding employee exposures. The information shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee.

Sharps

If a person is encountered who has a needle in an extremity or other body part, the needle shall be removed and discarded in the needle box.