



DEPARTMENT OF PUBLIC SAFETY

# LAW ENFORCEMENT OPERATIONS POLICY AND PROCEDURES

## 7.3.1p25. Chapter 25: Bloodborne/ Airborne Pathogens and Other Infectious Diseases

Revised:

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Adopted: June 1, 2023.



### I. PURPOSE

This policy aims to provide TCSG personnel guidelines to decrease the risk of contracting infectious diseases, such as Acquired Immune Deficiency syndrome (AIDS), hepatitis, COVID-19, tuberculosis, or other bloodborne/airborne pathogens when encountering others. Officers should assume that all persons are potential carriers of these diseases, and that exposure increases the risk of infection.

### II. PROCEDURE

**The Technical College System of Georgia has a system-wide policy on Exposure Control Planning. The policy is found in the TCSG Policy Manual, section 3.4.1p3. Therefore, all TCSG law enforcement personnel should be aware of the protocols located there.**

#### A. Exposure Prevention

1. All personnel should treat all persons' blood and/or bodily fluids as potentially infectious. Protective disposable gloves shall be used to keep blood and other fluids off the skin where violence or an altercation is likely. However, disposable gloves will not protect the Officers, so it is recommended that they wear puncture-resistant gloves. In addition, extreme caution should be used when searching suspected drug users or dealers to prevent accidental skin punctures by needles. Extreme caution must also be used when reaching into areas that are not visible, such as under car seats.
2. Face masks and protective eyewear should be worn, as well, any time personnel has reason to believe that they have the potential to be exposed to any airborne pathogens, such as COVID-19, tuberculosis, and others.
3. If available, the Officer should use alcohol wipes or hand sanitizer to reduce the risk of contamination. In addition, they should thoroughly wash their hands with soap and water immediately.

## B. Custody Procedures

1. Whenever it is necessary to transport a subject who has blood or other body fluids on their person or who may have an infectious disease, the Officer shall:
  - a. Not transport any other arrestee, if possible.
  - b. Notify any persons who may have contact with the subject of the contagious disease's potential contamination and presence.
  - c. Offer to provide detainees a facemask if the possible pathogen is airborne. If the detainee has difficulty breathing or is likely vomiting, do not place a facemask on them.
  - d. Include in the incident report any voluntary admittance of contagious diseases and/or presence of body fluid.
2. When a subject needs to be transported to the E.R., the Officer shall:
  - a. Summons E.M.S. unless immediate transportation is required.
  - b. Advise E.M.S. personnel of any information concerning the presence of contagious diseases.

## C. Decontamination of Police Vehicles

1. Disinfection procedures shall be implemented immediately after blood or other bodily fluid discharges.
2. A Supervisor shall be notified, and the vehicle will be taken or towed to the nearest college facility with products available for decontamination procedures listed below.
3. Recommended disinfection procedures are as follows:
  - a. Affected vehicles which cannot be easily disinfected shall be immediately designated by the posting of an "Infectious Disease Contamination" sign while awaiting disinfection.
  - b. Protective disposable gloves will be worn during all phases of disinfection.
  - c. Officers and maintenance personnel should be aware that rings, jewelry, or long fingernails may compromise the structural integrity of the gloves. Therefore, they should ensure the gloves are not torn before attempting to begin any maintenance phase.
  - d. While wearing disposable gloves, wipe up any excess blood or body fluids with disposable absorbent materials. Then cleanse the area with soap or detergent and water. To disinfect the site, it should then be cleansed with a 1:10 dilution of household bleach and water and allowed to air dry for ten minutes.
  - e. All disposable contaminated cleaning items/gloves and the "Infectious Disease Contamination" sign shall be placed in red leak-proof plastic bags. The bags shall then be transported to a local hospital or another medical facility, where a safety officer can dispose of them properly. The Officers should then wash their hands with soap and water.
  - f. Maintenance personnel and Officers shall be careful not to contaminate themselves during this cleanup regimen or when removing their disposable protective gloves.

## D. Handling and Storage of Property and Evidence

1. Any item containing bodily fluid(s) or suspected bodily fluids or contaminated with any contagious disease shall be handled with gloves and treated as a bio-hazard.

- a. The stain or sample should be placed in a paper bag if it is dry. A proper evidence tag, evidence processing request, and a special label shall be affixed to the outside of the package.
  - b. Any clothing or evidence known to be contaminated with suspected AIDS, Hepatitis B, or other contagious diseases will be clearly labeled. Label in this manner: "BIOHAZARD".
2. If the evidence consists of a syringe and/or needle, it shall be photographed and disposed of in a "sharps" container. The photograph will be retained as evidence.
  - a. In the most serious cases, if the needle/syringe is to be processed for latent fingerprints, the syringe should be entered into evidence in a manner as to preserve the integrity of potential latent prints while also ensuring the safety of all persons that may come in contact with the item.
  - b. Liquid samples from a syringe should be transferred to a leak-proof container designed to store such liquids and will be treated as a biohazard.
  - c. Any disposed syringe must be placed in a properly approved biohazard container.
3. Always wash thoroughly with soap and water and/or a germicidal hand wash after handling any item suspected of being contaminated with blood or other bodily fluids. Wash even if you have worn gloves.
4. Persons working in areas where blood or other bodily fluids have been shed (for example, crime scene personnel working for protracted periods at homicide scenes) should wear anti-contamination clothing such as suits, masks, boot covers, and gloves.
5. Property and Evidence personnel will adhere to a precise process when handling, processing, and storing potentially infectious disease-contaminated evidence/property.
  - a. Any clothing or evidence known to be contaminated with suspected AIDS, Hepatitis B, or other contagious diseases will be clearly labeled. Label in this manner: "BIOHAZARD".
  - b. All bloody clothing will be treated as if it is contaminated.
  - c. All bloody clothing or evidence and sacks containing the clothing or evidence will be handled with protective disposable gloves.
  - d. Property and Evidence personnel will furnish protective disposable gloves to others handling bloody clothing while in the Property Section.
  - e. Property and Evidence personnel wearing proper protective equipment will only handle any clothing known or suspected to be contaminated with any contagious disease or bodily fluid.
  - f. The Property and Evidence personnel shall wash their hands thoroughly with soap after handling any possibly contaminated clothing or evidence.
  - g. All property for disposal shall be kept in sealed plastic bags and placed in an infectious disease receptacle.

#### E. Property Contamination

1. When department-issued or personal property is contaminated by blood or bodily fluids in the line of duty, officers will disinfect the items before continued use.
2. If it is determined that the item cannot be disinfected, it will be disposed of in accordance with the procedure set forth for contaminated items. The employee will notify their immediate supervisor that the equipment needs to be replaced.

#### F. Line of Duty Exposure to Infectious Disease or Contaminated Materials

1. Documentation will be prepared when officers have cause to believe they have had high-risk exposure during a line-of-duty activity:  
Examples of high-risk exposure are:
  - a. Handling bloody or wet items where scratches, cuts, or open sores are noticed on the contact area.
  - b. Direct contact with bodily fluids from a subject on an area with an open sore or cut.
  - c. Direct mouth-to-mouth resuscitation (C.P.R.).
  - d. The receiving of a cut or puncture wound as a result of searching a person or property.
2. Supervisors will be contacted, and a workman's compensation report will be completed.
3. Officers will be evaluated clinically and serologically for evidence of infection after the exposure. This will be done through the department's health care physician or hospital emergency room.

### III. SUPPLIES

It will be the responsibility of the College Chief of Police to ensure that proper safety gear and decontamination equipment are available for officers.

### IV. GENERAL GUIDELINES

A. Officers should use discretion to limit their exposure to contagious diseases.

B. Officers shall not eat or drink at crime scenes where bodily fluids or other contagious factors exist.

C. Officers should be aware that certain prescribed medications, such as steroids or asthma medication, suppress their immune system and make them more susceptible to infectious diseases. Therefore, officers should consult their private physicians if they take prescription drugs.

D. Officers should be advised to report any direct contact with body fluids in the line of duty to Human Resources for a Workman's Comp referral. Officers are also free to discuss concerns with their personal or family physicians.

E. Always wash your hands thoroughly with soap and water and/or germicidal hand wash after contacting any item suspected of being contaminated with blood or other bodily fluids. You should wash even if you have worn gloves.

**SPECIAL INSTRUCTIONS:  
GEORGIA LAW ENFORCEMENT CERTIFICATION PROGRAM (GLECP) STANDARDS  
INCLUDED: None**

**This policy is for the Law Enforcement Agencies of the Technical College System of Georgia use only and does not apply to any criminal or civil proceeding. The policy shall not be construed as creating a higher standard of safety or care in an evidentiary sense concerning third-party claims. Violations of this policy will form the basis for departmental administrative sanctions only. Violations of law will form the basis for civil and criminal sanctions in a recognized judicial setting.**