
Legislative/Regulatory Requirements

The *Occupational Health and Safety Act* sets out the responsibilities of employers, supervisors and workers for workplace safety. Among other obligations the Act requires employers to “take every precaution reasonable in the circumstances for the protection of a worker” and to “acquaint a worker or a person in authority over a worker with any hazard in the workplace and in the handling, storage, use, disposal and transport” of biological agents.

Sample Board Policy

Board Policy # _____

It is the policy of the _____ Police Services Board with respect to communicable diseases that the Chief of Police will:

- a) develop and maintain procedures that are consistent with the most recent edition of the Ministry of Health and Long-Term Care’s *Preventing and Assessing Occupational Exposures to Selected Communicable Diseases – An Information Manual for Designated Officers*;
- b) designate and train one or more members as a Communicable Disease Coordinator(s);
- c) ensure that each Communicable Disease Coordinator is provided with a copy of the most recent edition of the Ministry of Health and Long-Term Care’s *Preventing and Assessing Occupational Exposures to Selected Communicable Diseases – An Information Manual for Designated Officers*; and
- d) work, where possible, with the local medical officer of health, to develop a post-exposure plan that addresses roles and responsibilities, reporting protocols, medical evaluation, intervention, confidentiality, access to treatments and follow-up support for workers who have suffered a high-risk occupational exposure to a communicable disease.

Police Service Guidelines

- Coordination*
1. Every Chief of Police should designate and train one or more members as a Communicable Disease Coordinator(s) who would be responsible for:
 - a) receiving reports from members who believe they may have been exposed to a communicable disease;
 - b) assessing, given the situation and circumstances, whether an exposure could have occurred;
 - c) if an exposure could have occurred, liaising with the local medical officer of health; and

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- d) following liaison with the local medical officer of health, providing information and advice to the member about the possible exposure.
 2. Every Chief of Police should ensure that each Communicable Disease Coordinator is provided with a copy of the most recent edition of the Ministry of Health and Long-Term Care's *Preventing and Assessing Occupational Exposures to Selected Communicable Diseases – An Information Manual for Designated Officers*.
 3. Every Chief of Police should work, where possible, with the local medical officer of health, to develop a post-exposure plan that addresses roles and responsibilities, reporting protocols, medical evaluation, intervention, confidentiality, access to treatments and follow-up support for workers who have suffered a high-risk occupational exposure to a communicable disease.

Procedures

4. Every police service's procedures should:
 - a) be consistent with the most recent edition of the Ministry of Health and Long-Term Care's *Preventing and Assessing Occupational Exposures to Selected Communicable Diseases – An Information Manual for Designated Officers*;
 - b) set out procedures to be followed by a member who believes that he or she may have been exposed to a communicable disease.
 - c) require that all police officers and civilian members who may be exposed to blood/bodily fluids in the workplace are offered a voluntary Hepatitis B vaccination at no cost to the worker;
 - d) set out the workplace controls for minimizing and preventing the risk of occupational exposure, including:
 - i) the handling and storage of contaminated forensic exhibits, in accordance with the police service's procedures on the collection, preservation and control of evidence and property;
 - ii) undertaking search of persons or premises;
 - iii) the custody and transportation of prisoners, in accordance with the police service's procedures on prisoner care and control and prisoner transportation, including the implementation of special precautions for dealing with prisoners with a known or suspected communicable disease;
 - iv) the handling of sharps, including syringes; and
 - v) practices around blood/bodily fluid;
 - e) set out the workplace procedures and controls for post-exposure management, including the requirement that:
 - i) potential exposures are managed promptly, in collaboration with the local medical officer of health;
 - ii) the appropriate first aid measures are delivered immediately;
 - iii) the role of supervisors in managing exposure incidents is clearly defined and communicated to all workers;

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- iv) the role of the Communicable Disease Coordinator(s) is clearly defined and communicated to all workers;
 - v) the established protocol for assessing and reporting a possible exposure is followed;
 - vi) follow-up planning is undertaken for each individual who has experienced a potential exposure, based on a reasonable assessment of their needs; and
 - vii) a record keeping procedure is established for the following purposes:
 - training;
 - maintaining confidential records for affected workers; and
 - problem identification, resolution and evaluation; and
 - f) set out the workplace procedures and controls that address general infection control, including:
 - i) the cleaning of unprotected skin;
 - ii) hand washing procedures;
 - iii) the removal and disposal of anti-microbial gloves;
 - iv) handling contaminated work clothing;
 - v) disinfection methods for surfaces and police vehicles, both interior and exterior;
 - vi) disinfection of holding facilities;
 - vii) handling and disinfection of non-disposable equipment; and
 - viii) handling and disposal of biological waste and non-reusable equipment.

Training

- 5. Every Chief of Police should ensure that police officers and civilian members who may be at risk of exposure to communicable diseases receive training on communicable diseases and their prevention, including information on:
 - a) bloodborne diseases, including, at minimum, Hepatitis B (HBV), Hepatitis C (HCV) and HIV/Aids, including:
 - i) overview, incidence and prevalence of disease in the population;
 - ii) sero-conversion rates for HBV, HCV and HIV;
 - iii) modes of transmission and incubation period;
 - iv) the risk of infection when exposed to infected blood/bodily fluids;
 - v) assessing and reducing the risks;
 - vi) identification and symptoms; and
 - vii) post-exposure management; and
 - b) airborne infections, including, at minimum, Meningitis, Tuberculosis (TB) including:
 - i) overview, incidence and prevalence of disease in the population;
 - ii) modes of transmission and incubation period;
 - iii) risk of acquiring the disease;
 - iv) differentiation between what is TB infection versus the disease;
 - v) reducing the risks;
 - vi) identification and symptoms; and

vii) post-exposure management.

6. Every Chief of Police should ensure that all police officers and civilian members who may be at risk of exposure to communicable diseases are provided with current information, including information on emerging trends.

7. Every Chief of Police, in cooperation with the local medical officer of health, should ensure that there is a mechanism to share information on a regular basis and to ensure that the staff training being provided is current, accurate and sufficient.

*Monitoring
and
Evaluation*

8. Every Chief of Police should periodically monitor and evaluate the effectiveness of the police service's procedures on communicable diseases.

Equipment

9. Every Chief of Police should ensure that every police officer and civilian members who may be at risk of exposure to communicable diseases have available to them the personal protective equipment set out in the Ministry's designated equipment list on communicable diseases.

10. Every Chief of Police should also ensure that police officers and civilian members who may at risk of exposure to communicable diseases are trained on the use of the personal protective equipment set out in the Ministry's designated equipment list on communicable diseases, and where appropriate, are properly fitted and sized for the protective equipment.

MINISTRY'S DESIGNATED EQUIPMENT LIST

Communicable Diseases – Equipment and Facilities List

The following minimum equipment should be contained in biohazard kits that are made available to police officers and appropriate civilian members of a police service.

PERSONAL ISSUE
<ul style="list-style-type: none">• disposable medical grade non-sterile examination gloves, preferably non-latex, usually nitrile, to avoid the problem of latex sensitivity• waterless antiseptic hand wipes• a disposable one-way air valve for cardio-pulmonary resuscitation• a device to secure the items to the officer's person
MOBILE KITS
<ul style="list-style-type: none">• goggles• disposable moisture-resistant cone masks (NIOSH approved N95 respirator) for tuberculosis protection, and has boomerang nose sealing• heavy gauge gloves• moisture-resistant disposable clothing• biohazardous waste disposal products• spatulas• evidence tubes• biohazard labels• biohazard bags• antiseptic hand wipes• waterless antiseptic hand cleaner• to be in a container designed to hold such items
STATIONARY KITS
<ul style="list-style-type: none">• disposable medical grade non-sterile examination gloves, preferably non-latex, usually nitrile, to avoid the problem of latex sensitivity• biohazard waste disposal products• heavy gauge gloves• moisture-resistant disposable protective clothing• spatulas• biohazard bags• germicidal cleaner• sharps containers• waterless antiseptic hand cleaner• to be in a container designed to hold such items