



MILWAUKEE POLICE DEPARTMENT

STANDARD OPERATING PROCEDURE

210 – COMMUNICABLE DISEASES

GENERAL ORDER: 2021-XX
ISSUED: October 20, 2021

EFFECTIVE: October 20, 2021

REVIEWED/APPROVED BY:
Inspector Shunta Boston-Smith
DATE: September 15, 2021

ACTION: Amends General Order 2017-09 (January 31, 2017)

WILEAG STANDARD(S): NONE

ROLL CALL VERSION

**Contains only changes to current policy.
For complete version of SOP, see SharePoint.**

210.00 POLICY

The Milwaukee Police Department recognizes the potential for communicable disease exposure of its members during the performance of their duties. It is the policy of the Milwaukee Police Department to minimize the risks of communicable disease exposure through adherence to the infection control and safety ~~practices~~ precautions outlined in this SOP, employee training and established procedures for the documentation of exposures and the provision of appropriate post-exposure care.

210.05 DEFINITIONS

B. BLOODBORNE PATHOGENS

Pathogenic micro-organisms that are present in human blood and can ~~infect and~~ cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

~~F. EXPOSURE DETERMINATION~~

~~Reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties. Exposure determination is made regardless of the use of personal protective equipment. All Milwaukee Police Department members are considered at risk employees.~~

FG. EXPOSURE INCIDENT

A specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that results from the performance of a member's duties.

GH. GROSS CONTAMINATION

H. IMMUNIZATION**I. MUCOUS MEMBRANE****J. N95 RESPIRATOR****K. OCCUPATIONAL EXPOSURE**

Reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

L. OTHER POTENTIALLY INFECTIOUS MATERIALS INCLUDE:

1. ~~Human body fluids, including semen, vaginal secretions, cerebrospinal fluid, urine, feces, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva, any body fluid that is visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.~~ The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any bodily fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead).
3. ~~Cell, tissue or organ cultures, other culture mediums or solutions and blood, organs, or other tissues from experimental animals infected with HIV or HBV.~~ HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

M. PARENTERAL

The piercing of mucous membranes or the skin barrier through such events as needle sticks, human or animal bites, cuts, and abrasions.

N. PERSONAL PROTECTIVE EQUIPMENT

Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, or blouses) that are not intended to function as protection against a hazard are not considered to be personal protective equipment.

O. SIGNIFICANT EXPOSURE

[Wis. Stat. § 252.15\(1\)\(em\)](#) defines significant exposure as contact that carries a potential for a transmission of HIV, by one or more of the following:

1. Transmission, into a body orifice or onto mucous membrane, of blood; semen; vaginal secretions; cerebrospinal, synovial, pleural, peritoneal, pericardial or amniotic fluid; or other body fluid that is visibly contaminated with blood.
2. Exchange, during the accidental or intentional infliction of a penetrating wound, including a needle puncture, of blood; semen; vaginal secretions; cerebrospinal, synovial, pleural, peritoneal, pericardial or amniotic fluid; or other body fluid that is visibly contaminated with blood.
3. Exchange, into an eye, an open wound, an oozing lesion, or where a significant breakdown in the epidermal barrier has occurred, of blood; semen; vaginal secretions; cerebrospinal, synovial, pleural, peritoneal, pericardial or amniotic fluid; or other body fluid that is visibly contaminated with blood.
4. Other routes of exposure, defined as significant in rules promulgated by the department. The department in promulgating the rules shall consider all potential routes of transmission of HIV identified by the centers for disease control of the federal public health service.

PΘ. SPOT CONTAMINATION

QP. SOURCE INDIVIDUAL

Any individual, living or dead, whose blood or other potentially infectious materials may have been be a source of occupational exposure to the employee.

RQ. UNIVERSAL PRECAUTIONS

210.10 RIGHTS OF VICTIMS OF COMMUNICABLE DISEASES

- B. Where appropriate personal protective equipment is available, no member shall refuse to interview, assist, arrest or otherwise physically handle any person who may have a communicable disease. Should a member encounter a circumstance where appropriate personal protective equipment is not available, the member shall immediately contact his/her supervisor and request assistance. Any member who refuses to take proper action in regard to a victim of a communicable disease, when appropriate personal protective equipment is available, may be subject to disciplinary action, and/or civil liability and/or criminal prosecution.
- F. Questions concerning the release of confidential medical information not covered in this SOP standard operating procedure shall be directed to Opens Records and subsequently referred to the city attorney's office.

210.15 PRECAUTIONARY WORK PRACTICES

Proper work practices include:

- E. All sharp instruments such as knives, scalpels and needles shall be considered

contaminated and handled with extreme care. Needles or other sharp objects shall not be recapped, bent, broken, removed from a disposable syringe or otherwise manipulated. Needles or similar other sharp edged instrument objects shall be placed in a puncture-resistant, non-porous container when being collected for evidence or disposal purposes. The container shall be marked appropriately to show contents and labeled with the appropriate biohazard sign. All locations where the searching and processing of prisoners is performed shall be equipped with a sharps disposal container.

- F. ~~Members shall not smoke, eat, drink, handle contact lenses or apply makeup in any contaminated area or when wearing protective gloves. Eating, drinking, applying of cosmetics or lip balm, and the handling of contact lenses are prohibited in areas where there is a reasonable likelihood of occupational exposure.~~

210.30 TRANSPORT AND CUSTODY

- E. Department members assigned as bookers or while assigned to the Central Booking Division shall wear applicable personal protective equipment during their tour of duty.

210.60 EXPOSURE INCIDENT AND SIGNIFICANT EXPOSURE PROCEDURES

- A. ~~A department member who experiences an "exposure incident" shall, as soon as practicable:~~

~~1. Contact a supervisor in accordance with SOP 010.55 (Absence). In individual cases where a source contaminant is not immediately recognized, and where a member loses time from work, members are to be carried on their own accrued paid time pending written notification by Division of Employee Relations — Workers' Compensation Division.~~

~~2. Obtain appropriate post-exposure medical treatment.~~

- ~~a. While not required, members may seek initial post-exposure medical evaluation at the emergency department of Froedtert Hospital. However, members are free to seek treatment at a clinic or hospital of the member's choice.~~

~~Any employee who has an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA bloodborne pathogens standard.~~

- ~~b. If a member has an exposure incident while providing care or services to a "source person," and the "source person" does not voluntarily disclose his/her HIV/HBV status, a *Significant Exposure to Blood/Body Fluids Determination* report should be completed. The filing of this report authorizes the disclosure of HIV blood test results of a "source person" to the exposed member. These reports are available at the emergency department of Froedtert Hospital and at department work locations.~~

~~c. Aurora Occupational Health Services, 4111 W. Mitchell Blvd., Suite 300 (414-385-8800) or Concentra Medical Center, 215 N. 35th St. (414-931-7600) is preferred for follow-up treatment for communicable disease exposures. However, members are free to seek follow-up treatment at a provider of their choice.~~

~~d. Department members exposed to bodily fluids of a deceased subject during their tour of duty may seek medical treatment at Froedtert Hospital, Aurora Medical Center, or Concentra Medical Center as soon as possible and request the completion of baseline lab work. Members shall provide the physician with the name, date of birth, gender, and race of the deceased subject.~~

~~Lab work results are considered confidential patient information and will not be released to the department. Supervisors or unauthorized personnel are prohibited from contacting the respective physician, clinic, or hospital to obtain lab work results of an exposed member.~~

~~3. Complete a *Department Memorandum* (form PM-9E) report containing:~~

~~a. A detailed account of the nature and circumstances of the exposure.~~

~~b. Name, address and phone number of the source person.~~

~~c. A statement as to what, if any, personal protective equipment was used at the time of the exposure. If personal protective equipment was not used, indicate the reason.~~

~~B. A supervisor called upon to investigate an exposure incident shall:~~

~~1. Ensure that all *Department Memorandum* (form PM-9E) form(s) from the exposed member and any department witnesses are completed and follow all procedures in SOP 010.55 (Absence).~~

~~2. Complete an *Injury Classification Report* (form PM-12E) detailing the circumstances surrounding the exposure, including the cause of the exposure and the steps taken to remedy any hazard, if applicable, and forward to the Medical Section.~~

~~3. Review the exposed members *Department Memorandum* (form PM-9E) describing the exposure incident to ensure that it includes all necessary information.~~

~~4. Confirm that the employee was following the precautionary work practices outlined in this policy (to include the use of personal protective equipment) at the time of the exposure. Any deviation from this policy that cannot be justified by unexpected or exigent circumstances should be investigated and documented on a *Department Memorandum* (form PM-9E) report and appropriate corrective measures taken.~~

~~5. Obtain information from the source individual regarding any high risk behaviors the individual has engaged in. This will assist the physician in determining if post exposure treatment of the member is warranted.~~

- ~~6. Attempt to persuade the "source individual" to submit to testing for HBV and HIV. Investigating supervisors shall document their efforts to have the source individual submit to testing in a *Department Memorandum* (form PM-9E), which shall be attached to the *Injury Classification Report* (form PM-12E). If a source individual agrees to submit to testing, the investigating supervisor shall:~~
- ~~a. Have the individual transported to the emergency department of Froedtert Hospital for such testing. (The "source individual" shall be conveyed pursuant to department policy governing the conveyance or transport of non-department members).~~
 - ~~b. Ensure that a written consent form is signed by the "source individual" so that the test results can be released to the exposed employee.~~

A. EXPOSURE INCIDENT

A department member who experiences an exposure incident shall, as soon as practicable:

1. Contact a supervisor in accordance with SOP 010.55 (Absence). In individual cases where a source contaminant is not immediately recognized, and where a member loses time from work, members are to be carried on their own accrued paid time pending written notification by Division of Employee Relations – Workers' Compensation Division.
2. Obtain appropriate post-exposure medical treatment.

While not required, members may seek initial post-exposure medical evaluation at the emergency department of Froedtert Hospital. However, members are free to seek treatment at a clinic or hospital of the member's choice. Any employee who has an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA bloodborne pathogens standard.

B. SIGNIFICANT EXPOSURE INCIDENT

1. A department member who experiences a significant exposure incident as defined by [Wis. Stat. § 252.15\(1\)\(em\)](#) while providing care or services to a source individual shall as soon as practicable:
 - a. Contact a supervisor in accordance with SOP 010.55 (Absence). In individual cases where a source contaminant is not immediately recognized and where a member loses time from work, members are to be carried on their own accrued paid time pending written notification by Division of Employee Relations – Workers' Compensation Division.
 - b. Obtain appropriate post-exposure medical treatment.

While not required, members may seek initial post-exposure medical

evaluation at the emergency department of Froedtert Hospital. However, members are free to seek treatment at a clinic or hospital of the member's choice. Any employee who has an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA bloodborne pathogens standard.

Note: If the source individual does not consent, or is unable to consent, to the test of his/her blood and the and a blood sample is not available for purposes other than HIV testing, the member cannot seek a court order under subsection (2)(e)(1) below unless the member submits to an HIV test as soon as feasible as required by [Wis. Stat. § 252.15\(5g\)\(d\)](#).

2. Source Individual Blood Testing

- a. If the source individual is not being conveyed for medical treatment, a supervisor shall attempt to persuade the source individual to submit to testing for HIV if a significant exposure occurs to a department member.
 1. Investigating supervisors shall document their efforts to have the source individual submit to testing in a *Department Memorandum* (form PM-9E), which shall be attached to the *Injury Classification Report* (form PM-12E).
 2. If a source individual agrees to submit to testing, the investigating supervisor shall have the individual transported to the emergency department of Froedtert Hospital for such testing. The source individual shall be conveyed pursuant to department policy governing the conveyance or transport of non-department members.
- b. A supervisor shall ask the source individual for compliance/consent for a blood draw. The supervisor shall complete and have the source individual sign the *Consent for Laboratory Testing & for Consent for Release of Test Results (Significant Exposure to Bloodborne Pathogens, and other Infectious Agents)* (form XX-XX), which is located in the N: drive Forms folder.
- c. The member who experiences the exposure incident shall complete the *Determination of Exposure to Blood / Bodily Fluids* report (form WKC-8165) and provide it to the treating physician who must certify the significant exposure occurred in accordance with [Wis. Stat. § 252.15\(5g\)](#). This form is available at local hospitals.
- d. The completion of the *Significant Exposure to Blood/Body Fluids Determination* report and *Consent for Laboratory Testing & for Consent for Release of Test Results (Significant Exposure to Bloodborne Pathogens, and other Infectious Agents)* and consent of the source individual authorizes the disclosure of blood test results of a source individual to the exposed member.
- e. If the source individual does not consent, or is unable to consent, the member

who experiences the exposure incident shall complete a *Significant Exposure to Blood/Body Fluids Determination* and provide it to the treating physician who must certify the significant exposure occurred in accordance with [Wis. Stat. § 252.15\(5g\)](#), which states the contact occurred under one of the situations enumerated under [Wis. Stat. § 252.15\(5g\)\(a\)](#) including but not limited to the following circumstances:

- The member is a peace officer and the contact occurred during the course of the member providing care or services to the source individual.
- The member is a peace officer and the contact occurred while the member was searching or arresting the source individual or while controlling or transferring the source individual in custody.

The source individual's blood may still be tested if the HIV test is performed on blood of the individual that is drawn for a purpose other than HIV testing.

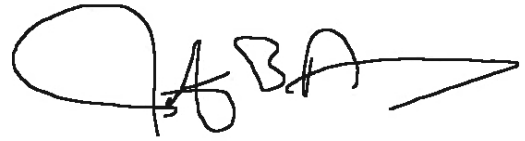
1. If the source individual does not consent, or is unable to consent, and a blood sample is not available for purposes other than HIV testing, a court order will be required to obtain the source individual's blood through the district attorney's office in accordance with [Wis. Stat. § 252.15\(5j\)](#). The supervisor shall ask the member if they used standard precautions against significant exposure. If the member did not use standard precautions against significant exposure, in order for the court order compelling the testing to proceed, it must be documented what emergency prevented the officer from using standard precautions against significant exposure as this emergency must rise to the level of endangering the life of the individual ([Wis. Stat. § 252.15\(5g\)\(b\)](#)).
 2. There may be a 20 or more day delay for the source individual to be tested as the source individual whom an HIV test is being sought must be given notice at least 72 hours prior to the hearing in circuit court.
- f. Department members exposed to bodily fluids of a deceased subject during their tour of duty may seek medical treatment at Froedtert Hospital, Aurora Medical Center, or Concentra Medical Center as soon as possible and request the completion of baseline lab work only where the requirements of [Wis. Stat. 252.15\(5m\)](#) have been met. Members shall provide the physician with the name, date of birth, gender, and race of the deceased subject.
1. The member who experiences the exposure incident shall complete a *Significant Exposure to Blood/Body Fluids Determination* and provide it to the treating physician who must certify the significant exposure occurred in accordance with [Wis. Stat. § 252.15\(5g\)](#). The treating physician will need to send the request for completion of baseline lab work to the Milwaukee County Medical Examiner's Office.
 2. A supervisor shall contact the Milwaukee County Medical Examiner's Office

immediately as the medical examiner can perform HIV testing and disclose the results to the exposed member as long as the evaluating treating physician has deemed the event a significant exposure on the *Significant Exposure to Blood/Body Fluids Determination*.

- g. Lab work results for an exposed member are considered confidential patient information and will not be released to the department. Supervisors or unauthorized personnel are prohibited from contacting the respective physician, clinic, or hospital to obtain lab work results of an exposed member.
- C. A department member who experiences an exposure incident or significant exposure incident shall complete a *Department Memorandum* (form PM-9E) report containing:
1. A detailed account of the nature and circumstances of the exposure.
 2. Name, address and phone number of the source individual.
 3. A statement as to what, if any, personal protective equipment was used at the time of the exposure. If personal protective equipment was not used, indicate the reason.
- D. Aurora Occupational Health Services, 4111 W. Mitchell Blvd., Suite 300 (414-385-8800) or Concentra Medical Center, 215 N. 35th St. (414-931-7600) is preferred for follow-up treatment for communicable disease exposures, exposure incidents, and significant exposures. However, members are free to seek follow-up treatment at a provider of their choice.
- E. A supervisor called upon to investigate an exposure incident or significant exposure incident shall:
1. Ensure that all *Department Memorandum* (form PM-9E) form(s) from the exposed member and any department witnesses are completed and follow all procedures in SOP 010.55 (Absence).
 2. Complete an *Injury Classification Report* (form PM-12E) detailing the circumstances surrounding the exposure, including the cause of the exposure and the steps taken to remedy any hazard, if applicable, and forward to the Medical Section.
 3. Review the exposed member's *Department Memorandum* (form PM-9E) describing the exposure incident to ensure that it includes all necessary information.
 4. Confirm that the employee was following the precautionary work practices outlined in this policy (to include the use of personal protective equipment) at the time of the exposure. Any deviation from this policy that cannot be justified by unexpected or exigent circumstances should be investigated and documented on a *Department Memorandum* (form PM-9E) and appropriate corrective measures taken.
 5. Obtain information from the source individual regarding any high risk behaviors the individual has engaged in. This will assist the physician in determining if post

exposure treatment of the member is warranted.

6. Follow the procedures set forth in SOP 210.60(B) if a significant exposure incident occurred.

A handwritten signature in black ink, appearing to read 'JBA' with a long horizontal stroke extending to the right.

JEFFREY B. NORMAN
ACTING CHIEF OF POLICE

JBN:mfk