

15. EMPLOYEE INJURIES & ILLNESSES

(November 2006)

I. POLICY

Employee safety, both on and off-duty, is of paramount concern to the Prince George's County Police Department. When an employee is injured or becomes ill, either on or off duty, to the extent that he or she must be on leave, the employee shall immediately notify his or her supervisor.

Supervisors shall notify Public Safety Communications when an employee is fatally injured on the job. The on-duty Communications supervisor shall notify the County Safety Engineer.

II. CHECKLIST (N/A)

III. DEFINITIONS

Work-Related Injuries: Include injuries resulting directly from a work-related task or duty and occupational diseases

Occupational Diseases: Ailments, disorders, or illnesses resulting from work conditions inherent and inseparable from employment

Recurring Injury: A recurring injury is a recurrence or aggravation of an injury that an employee has previously reported

Risk Manager: The Departmental employee who is responsible for coordinating liability and Workers' Compensation claims for PGPD employees

IV. FORMS

- ❑ Attending Physician's Notification Form (PGC Form #5147)
- ❑ Commander's Information Report (PGC Form #1545)
- ❑ Exception to Normal Duty Status Report (PGC Form #4498)
- ❑ Worker's Compensation First Report of Injury or Illness (ACCORD 4)
- ❑ Incident Report (PGC Form #3529)
- ❑ Infection Control Exposure Report (PGC Form #3762)
- ❑ Employee Injury Form (Supervisor's Accident Investigation & Report for Personal Injury/Follow-Up/Return To Work Notice) (PGC Form #5125)
- ❑ Injury Buckslip (PGC Form #5171)
- ❑ Request for Light Duty Personnel Memorandum (PGC Form #5173)

V. PROCEDURES

1. Work-Related Injuries

(Maryland Code – Labor and Employment Article; Prince George's County Administrative Procedures #165 & #284; and Negotiated Labor Agreements)

Employee's Responsibilities

Employees shall notify their supervisor within 24 hours of the occurrence of any job-related injury or illness, no matter how minor.

For occupational diseases, employees shall notify their supervisor within 24 hours of the time they were aware of the disease or diagnosis, or should have been aware of the occurrence of the occupational disease.

If the employee's immediate supervisor is not available, the employee shall notify the next supervisor in his or her chain of command. Failure to do so will disqualify

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employees from eligibility for disability leave. Workers' compensation benefits will not be affected.

Employees are encouraged to make an appointment with a licensed physician within 24 hours of sustaining a work-related injury, even if they do not have a visible injury or immediate pain. A licensed physician should examine the employee within seven calendar days of sustaining a work-related injury.

When a physician examines an employee, the physician will complete the Attending Physician's Notification Form supplied by the employee. This provides the basis for establishing disability leave or light duty eligibility. This form shall be completed and returned to the supervisor within three days of the examination.

Supervisor's Responsibilities

Supervisors shall initiate an investigation upon being notified of a job-related injury or occupational disease. They are responsible for the timely completion and submission of the necessary forms.

2. Injuries Incurred During Extra-Curricular Activities

Participation in athletic or similar events not sponsored or mandated by the Department is not considered an authorized work-related activity. Therefore, injuries sustained during such voluntary activities are not covered by Workers' Compensation.

3. Injuries/Illnesses Incurred Off-Duty

When employees incur an off-duty illness, injury, or medical condition that may prevent them from performing their assigned

duties, they shall notify their supervisors within 24 hours of occurrence. If an employee is diagnosed with an infectious disease, such as tuberculosis, he or she shall notify his or her supervisor within 24 hours of diagnosis. The supervisor shall notify the employee's Commander/Director as soon as practical.

If the off-duty injury or illness occurred while performing a police action, the supervisor shall contact the current Worker's Compensation contractor to report the injury or illness within 24 hours.

Regardless of duty status, in cases of infectious disease, the supervisor shall contact the current Worker's Compensation contractor to report the illness within 24 hours of diagnosis.

4. Forms to be Completed Upon Initial Notification of Injury or Illness

Supervisors shall complete the below listed reports and forms upon being notified of an employee's injury or illness. Supervisors shall use the Injury Buckslip whenever they submit injury paperwork.

Commander's Information Report

- ❑ Supervisors shall complete and forward the original to the ir Commander's/Director's office for review before going off duty
- ❑ Commanders/Directors shall approve and fax to Risk Management
- ❑ The original shall be maintained at the initiating District/Division

Incident Report

- ❑ Supervisors shall complete and forward the original to the ir

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Commander's/Director's office for review before going off duty

- ❑ Commanders/Directors shall review and fax to Risk Management
- ❑ The approved original shall be forwarded to the Records Section

Workers' Compensation First Report of Injury or Illness (ACCORD 4)

- ❑ Supervisors shall report injuries to the County's Workers' Compensation contractor online at <http://www.claimline.com/pgcounty> within 24 hours of occurrence. Injuries shall only be reported via telephone (1-800-774-2447) when computer equipment is inoperable or unavailable. When reporting the injury, supervisors shall not make an official determination as to whether or not the injury was work-related. When reporting injuries, supervisors will be given a confirmation number which must be recorded on the Workers' Compensation First Report of Injury or Illness and all Attending Physician's Notification Forms.
- ❑ Supervisors shall complete and forward the original to the Commander's/Director's office for review before going off-duty
- ❑ Commanders/Directors shall review and fax to Risk Management
- ❑ Commanders/Directors shall ensure completion and hand delivery of the original to Risk Management within three days of notification of the injury

Employee Injury Form (Supervisor's Accident Investigation & Report for Personal Injury)

- ❑ Supervisors shall complete the Supervisor's Accident Investigation & Report for Personal Injury section of the Employee Injury Form and forward the

original to the Commander's/Director's office for review before going off duty; if the supervisor has knowledge that the claim may be false, he or she shall document such on this form

- ❑ Commanders/Directors shall review and fax to Risk Management
- ❑ Commanders/Directors shall ensure completion and hand delivery of the original to Risk Management within three days of notification of the injury

Commanders/Directors shall designate an individual to review, approve, and forward injury paperwork in their absence. Except as noted, injury paperwork shall not be forwarded outside the Department prior to command review at the District/Division level.

5. Certification, Diagnosis, & Prognosis

Employees (either on-duty or off-duty) who become ill or are injured to the extent that the impairment may render them unable to perform their normal duties shall be examined by a physician. The employee shall provide the physician with an Attending Physician's Notification Form. The employee shall have the physician review and complete the entire form, ensuring that the physician reviews the position description for police officers prior to making a duty status recommendation. The employee shall also ask the physician to indicate on the form what date he or she may be able to return to full duty or be placed on light duty.

Attending Physician's Notification Forms must contain the signature of a physician. If a Certified Nurse Practitioner (CNP), Physician's Assistant (PA), or similar medical practitioner completes the Attending Physician's Notification Form,

the form must be co-signed by a physician. Forms that contain only the signature of a CNP, PA, or similar medical practitioner can not be processed and will be returned to the employee.

The employee shall forward his or her initial Attending Physician's Notification Form to his or her supervisor. The Attending Physician's Notification Form shall be submitted by the employee the day of the examination for on-duty injuries, and no later than three days after an examination for off-duty injuries.

Upon being notified of an employee's injury, supervisors shall complete all necessary initial paperwork regarding the injury, make all required notifications, and forward the completed initial injury paperwork through the chain of command to Risk Management.

Commander's/Director's Duties

Commanders/Directors shall forward all Attending Physician's Notification Forms and other injury paperwork to Risk Management as required.

For off-duty injuries, Commanders/Directors shall ensure that the paperwork is marked "off-duty" unless the injury was sustained while performing a police action and has been filed as a Workers' Compensation claim.

Commanders/Directors shall ensure that a comprehensive list of all no duty and light duty employees from their District/Division is compiled weekly. Commanders/Directors shall ensure that this list is forwarded via e-mail to the Department's Risk Manager by 1400 hours each Friday.

6. Forms to be Completed Upon Examination by a Physician

Whenever a physician examines an employee for a work-related injury or illness, an Attending Physician's Notification Form and Employee Injury Form shall be completed.

Supervisors shall be responsible for completing the initial injury paperwork for their employees. Supervisors shall also be responsible for completing follow-up paperwork for employees that are placed on no duty or light duty for 3 days or less.

The Department's Risk Manager shall be responsible for completing follow-up injury paperwork for those employees that are placed on no duty or light duty in excess of three days.

Return to Work Notice

The Return to Work Notice section of the Employee Injury Form must be completed upon the employee's return to light duty or full duty. This form shall be completed by the employee's supervisor or by Risk Management, as appropriate.

When calculating the number of workdays on no duty status, the number is the cumulative total of only those days that were to be worked by the employee.

7. Sensitive Information

Sensitive information regarding occupational illnesses shall not be faxed. In lieu of faxing, Commanders/Directors shall ensure such information is placed in a sealed envelope and hand-carried to the appropriate component.

8. Employees on No Duty

More than Three Days

Employees who have been placed in a no duty status by a physician for more than three days shall be temporarily assigned (TDY) to Risk Management.

Upon receiving an Attending Physician's Notification Form that places an employee on no duty in excess of three days, supervisors shall instruct the employee to contact the Department's Risk Manager for further instruction.

No duty employees shall:

- ❑ Report to the Risk Management office in person and complete an employee contact card, to include the employee's current home address and telephone number, and provide it to the Department's Risk Manager; the Department's Risk Manager will make special arrangements to get employee contact cards from no duty employees who are totally disabled per medical documentation (i.e., unable to drive)
- ❑ Contact the Department's Risk Manager at least once every seven calendar days, either in-person or via telephone, to update the status of their case and/or medical condition
- ❑ Have their timesheets forwarded to Risk Management; the Department's Risk Manager shall be responsible for completing these timesheets
- ❑ Physically respond to the Risk Management office prior to 1430 hours each payday Friday to sign their timesheets; the Department's Risk Manager will make special arrangements to get signatures from no duty employees who are totally disabled per

medical documentation (i.e., unable to drive)

- ❑ Forward follow-up Attending Physician's Notification Forms to Risk Management; the forms shall be completed at least once every thirty days or whenever a no duty employee is examined by a physician

The Department's Risk Manager shall be responsible for completing all follow-up injury paperwork for employees who are on no duty in excess of three days.

Three Days or Less

Employees who are placed in a no duty status for three or fewer work days shall remain at their regular duty assignment. Their immediate supervisor shall be responsible for completing all initial and follow-up injury paperwork.

9. Employees on Light Duty

(Personnel Law, Sections 16-224 & 16-189)

An employee with a temporary impairment may be detailed to duties within his or her capacity to perform, pursuant to his or her physician's decision or the MAB's recommendation. Work restrictions and the classes of work that the employee may safely pursue must be specified.

Light duty assignments are limited to the period specified in an Attending Physician's Notification Form, which cannot exceed 30 calendar days per form. The employee's physician must complete additional Attending Physician's Notification Forms to extend his or her light duty assignment. The Chief of Police may grant light duty assignments for up to 180 calendar days.

If a medical question arises regarding any employee's eligibility for light duty, the

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Department's Risk Manager and OHRM may refer the question to the MAB. The MAB shall make a determination on the medical question.

Employees in a long term light duty assignment related to an on-the-job injury or illness, or in a light duty assignment related to a non-service connected injury or illness must be referred to the Medical Advisory Board (MAB) for an independent medical examination prior to the 120th day of the assignment. This will ensure that the County's medical provider has evaluated the employee before the 180th day.

Employees on light duty shall not operate any Departmental vehicles.

More than Three Days

Employees who have been placed in a light duty status by a physician for more than three days may be temporarily assigned (TDY) to another duty assignment. Light duty assignments will be made by Risk Management in consultation with the appropriate Assistant Chief of Police or Bureau Chief.

Upon receiving an Attending Physician's Notification Form that places an employee on light duty in excess of three days, supervisors shall instruct the employee to contact the Department's Risk Manager for further instruction.

Light duty assignments will be based upon:

- The needs of the Police Department
- The medical information provided by the attending physician, medical records, and/or the Medical Advisory Board
- The qualifications of the light duty employee

Commanders/Directors requesting to have light duty employees assigned to their Districts/Divisions shall complete a Request for Light Duty Personnel Memorandum.

Light duty employees shall:

- Report to the Risk Management office in-person to receive their light duty assignment; the Department's Risk Manager shall notify each light duty employee of his or her TDY assignment and the name of his or her TDY supervisor
- Complete an employee contact card, to include the employee's current home address and telephone number, and provide it to the Department's Risk Manager
- Have their timesheets forwarded to their TDY assignment
- Forward follow-up Attending Physician's Notification Forms to Risk Management; the forms shall be completed at least once every thirty days or whenever a light duty employee is examined by a physician

The Department's Risk Manager shall be responsible for completing all follow-up injury paperwork for employees who are on light duty in excess of three days.

Supervisors who have light duty employees assigned to them TDY shall:

- Be responsible for the normal administrative functions (i.e., approving/denying leave, completing inspections, etc.) for each light duty employee
- Complete each light duty employee's timesheet
- Write "Light Duty" under each light duty employee's signature on his or her timesheet

- Ensure that each light duty employee's timesheet is forwarded to Risk Management by 1700 hours each payday Friday.

Three Days or Less

Employees who are placed in a light duty status for three or fewer work days shall remain at their regular duty assignment. Their immediate supervisor shall be responsible for completing all initial and follow-up injury paperwork.

10. Change in Duty Status of Employees on No Duty or Light Duty in Excess of Three Days

No duty employees shall remain in a no duty status until returned to light duty or full duty by their physician or ordered back to light duty or full duty by the Chief of Police or his designee.

Light duty employees shall remain in a light duty status until returned to full duty by their physician or ordered back to full duty by the Chief of Police or his designee.

Employees whose duty status has been changed by their physician shall immediately report to the Risk Management office in person with their Attending Physician's Notification Form.

Employees whose duty status has been changed pursuant to an order from the Chief of Police or his designee shall immediately report to the Risk Management office in person to sign their order.

The Department's Risk Manager shall complete the Return to Work Notice section of the Employee Injury Form for each employee whose duty status has been

changed. The Department's Risk Manager shall notify Commanders/Directors of changes to their employee's duty status.

Upon notification that an employee has been returned to full duty, the employee's Commander/Director shall inform the Risk Manager of the employee's assignment. The Risk Manager shall subsequently inform the employee.

The Department's Risk Manager shall make appropriate TDY assignments for those employees who have been upgraded from no duty to light duty status. The Department's Risk Manager shall notify each light duty employee of his or her TDY assignment and the name of his or her TDY supervisor. The light duty employee shall subsequently follow the applicable provisions of section **9. Employees on Light Duty.**

11. Procedures for Recurring Injuries/Illnesses

(Administrative Procedure #284)

Documentation Required

A recurrence or aggravation of an injury is considered a continuation of the original injury and requires corroborating medical documentation. The recurrence or aggravation may occur on or off duty.

For claim purposes, the date of recurrence is the first day of scheduled work the officer misses, no matter when the actual recurrence injury happened, such as when off duty.

Employees shall report recurring injuries/illnesses in the same manner as original injuries/illnesses, including an Attending Physician's Notification Form.

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The review and forwarding process is the same as for original work-related injuries and illnesses.

Supervisors shall document recurring injuries and illnesses on the Supervisor's Accident Investigation section of the Employee Injury Form. When completing this form, supervisors must include the date of the original injury or disease and the date of recurrence.

12. Examination by County Physician

Whenever the Chief of Police has reason to believe that an employee's health impedes satisfactory performance of his or her duties and responsibilities, the Chief of Police may require the employee to be examined by a physician retained by the County at no cost to the employee.

The County-retained physician will attest to the physical ability of the employee to remain on leave or return to work. At the Department's discretion, it may accept the employee's physician's recommendation in lieu of the County's physician's recommendation.

When there is confirming medical evidence that the employee has recovered and is able to satisfactorily perform his or her duties, any limitations imposed pursuant to previous Attending Physician's Notification Forms will be removed and the employee will be returned to full duty.

13. Job-Induced Psychological Disorders

If a mental health professional (independent of Psychological Services) diagnoses an employee with a job-induced psychological disorder, the employee's supervisor shall

follow reporting procedures as if it were a work-related injury/illness. The supervisor may contact the Psychological Services Division for assistance when preparing the reports.

The employee's Commander/Director shall decide the employee's duty status, such as reassignment or suspension pending case resolution.

14. Handling Medical Documents from Outside Agencies

Employees receiving correspondence from doctors/medical facilities or collection agencies regarding medical bills should immediately notify Risk Management.

Employees receiving hospital and doctor bills, receipts, certificates, x-ray reports, or other medical reports shall promptly forward them to Risk Management for processing.

The County's claim agent mails the Workers' Compensation Commission Employee's Claim Form (MPC1) to the employee.

The employee must complete the form and mail it to the Workers' Compensation Commission. Claims must be filed within two years. Failure to do so may bar a claim.

15. Disability Leave

Employee's Leave Status

Time absent from the job for medical treatment on the date of injury or occupational disease shall be charged to administrative leave.

An employee may be placed on disability leave when they incur an illness, injury, disability, or medical condition that prevents

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them from performing the duties of their position. Risk Management, in consultation with OHRM, determines an employee's eligibility for disability leave based on supporting medical documentation, provided that proper notifications of the injury or illness were made. Supervisors must receive approval from Risk Management prior to coding an employee's timesheet for disability leave.

Employees are not back-charged sick or annual leave for leave used while waiting for approval for disability leave.

If the injury or illness is subsequently determined not to be duty-related or does not require the employee to remain on disability leave, the employee shall be placed on sick leave, returned to full duty, or placed on light duty.

Suspension of police powers in these cases is determined on a case-by-case basis, after supervisory recommendation and command review. The employee's Bureau Chief makes the final decision.

Disability Leave

(Personnel Law, Section 16-224)

Employees who are disabled while working receive full salary for the period of temporary disability without charge against their leave balance, provided:

- ❑ The disability resulted from an injury or illness sustained directly in the performance of duties
- ❑ Risk Management, in consultation with the Office of Human Resource Management (OHRM), decides that the disability meets the eligibility criteria

Employees who are on disability leave for more than seven calendar days shall

telephone the Department's Risk Manager weekly to verify the continued disability. The Risk Manager shall document this contact in the Follow-Up Section of the Employee Injury Form.

Disability Leave Time Limitations

(Administrative Procedure #284)

Disability leave is limited to the period specified in the Attending Physician's Notification Form. Disability leave may be granted for up to 30 calendar days based on one Attending Physician's Notification. Employees on disability leave shall submit an Attending Physician's Notification Form to Risk Management at least every 30 calendar days in order to be eligible for additional disability leave.

Employees may be granted disability leave in half-day increments for follow-up medical appointments after a return to duty.

Disability leave shall not exceed 180 calendar days for any one injury or illness. If an employee remains totally incapacitated after the 180 days of disability leave, he or she shall be placed on either sick or annual leave or LWOP, as appropriate.

Additional Leave Periods

(Personnel Law, Section 16-189)

Employees on extended disability leave must be referred to the Medical Advisory Board (MAB) for an independent medical examination prior to the 120th day of leave. This will ensure that the County's medical provider has evaluated the employee before the 180th day.

Employees who are close to exhausting their allotment of disability leave may request additional leave periods. Officers may be granted up to two additional 90-day periods

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of disability leave. Civilian employees may be granted one additional 90-day period of disability leave.

Employees shall prepare a memorandum requesting a grant of additional disability leave and submit it through the chain of command to the Chief of Police. The Chief of Police shall review the request along with other relevant documentation to decide the appropriateness of recommending the continuance of disability leave.

Additionally, employees who may be eligible to receive one or both of the contractually authorized 90-day extensions of disability leave must be referred to the MAB for a re-evaluation prior to the 60th day of each 90-day extension. Employees applying for any extension of disability leave will have their duty status and medical condition, including a report from the treating physician stating the current diagnosis, prognosis, and treatment plan, reviewed by the MAB.

Disability leave use is cumulative and does not require consecutive use periods. The Personnel Services Division will send a letter to employees consistently granted disability leave for two or more pay periods, advising them that their Family and Medical Leave (FMLA) runs concurrently with disability leave. When an employee uses fifteen or more weeks of disability leave during a calendar year, their FMLA leave entitlement will be exhausted.

Civilian Employees

Civilian employees covered by the PCEA may be placed on disability leave after obtaining a completed Attending Physician's Notification Form. Risk Management, in consultation with OHRM, shall determine

eligibility for disability leave for PCEA-covered civilian employees.

All other civilian employees not returning to work following a job-related injury or occupational disease, shall be placed on sick leave, annual leave, LWOP, or personal leave until the Office of Human Resource Management (OHRM) establishes the employee's eligibility for disability leave or detail assignment.

Granting of Disability Leave

(Administrative Procedure #284)

Sworn employees shall request that the physician thoroughly review the Attending Physician's Notification Form and position description for police officers before completing the form to ensure that light duty is mentioned as an option in lieu of no duty.

If the MAB decides that light duty was justified when an employee was off work, further disability leave may not be granted. The employee's refusal to accept a light duty assignment renders him or her ineligible for disability leave during the period of temporary disability.

Risk Management will, upon notification and verification of any job-related injury or occupational disease, review the documentation to make a preliminary determination whether disability leave or light duty is appropriate for the injured employee. This decision shall be made within 24 hours of receipt of documentation and shall be based on reasonable information available from the supervisor's report and the Attending Physician's Notification Form.

Unless a medical question arises, the OHRM shall determine final eligibility for disability leave or light duty within three working

days of receiving the Attending Physician's Notification Form and the Supervisor's Accident Investigation Report from Risk Management. The OHRM will inform both Risk Management and the employee of its decision.

Medical Questions

If a medical question arises regarding any employee's eligibility for disability leave, the Department's Risk Manager and OHRM may refer the question to the MAB. The MAB shall make a determination on the medical question.

Denial of Disability

Disability leave shall not be granted when the OHRM decides that the employee's disability is not work-related. In such cases, the employee shall be placed on either sick or annual leave, or LWOP status.

If the OHRM establishes the fact that the employee is not disabled, the Chief of Police shall order the employee to return to duty.

If the employee refuses to return to work, the Chief of Police may initiate disciplinary action for being AWOL and/or insubordinate.

Assignment of Workers' Compensation Benefits

Employees shall assign to the County such non-medical benefits as awarded for the temporary disability by the Maryland Workers' Compensation Commission.

16. Communicable or Infectious Disease Exposures

Employee's Responsibilities

Employees who sustain potential infectious disease exposure shall notify their supervisor immediately, or as soon as they become aware of the exposure.

Any on-duty employee who is exposed to a communicable disease, blood or body fluid, or other potentially infectious materials (to include needle sticks) shall immediately notify the Department's Infection Control Officer via the 24-hour Post-Exposure Hotline. The Infection Control Officer will arrange for any necessary counseling, treatment, or referrals. To be effective, required post-exposure prophylaxis must be started within two hours of the exposure.

Employees shall not report to a medical care facility prior to contacting the Infection Control Officer. The only exception to this directive is when an emergent situation exists, such as a broken bone or deep wound requiring sutures.

Employees shall complete the Infection Control Exposure Report and forward it to the Infection Control Officer within 24 hours of the exposure.

An employee exposed to the blood or other body fluids of an individual transported to a medical care facility shall ensure that the CCN and his or her ID number are placed on the individual's admission/medical forms.

The employee shall also ensure the CCN and his or her ID number are placed on the ambulance reports when the individual is transported by ambulance.

Placing these numbers on the appropriate forms allows subsequent notifications to the employee when necessary.

Dissemination of Information

Any employee having information relating to another employee's infectious disease exposure shall not divulge such information except, as necessary:

- ❑ To a medical care facility
- ❑ To a source having a legitimate need to know
- ❑ Up the chain of command

Supervisor's Responsibilities

Supervisors shall investigate each reported infectious disease exposure.

Supervisors shall ensure the exposed employee contacts the Infection Control Officer. Within one working day following the incident, the employee shall schedule an appointment for an evaluation of the incident to determine appropriate medical follow-up procedures.

Medical Advice

For medical advice concerning communicable and infectious disease contacts, employees shall contact the Infection Control Officer.

17. Infectious Disease Exposure Guidelines

Needle Stick/Sharp Instrument Injuries

Aside from sexual activity and accidental exchange of body fluids, these injuries represent the greatest risk of transmission of

the HIV and hepatitis viruses. Extraordinary precautions should be taken to prevent needle stick/sharp instrument injuries. When conducting searches, employees should never blindly place their hands in areas where there may be sharp objects that could puncture the skin.

Any employee receiving a needle stick or sharp instrument injury should allow the injury to bleed freely, then immediately wash the area for at least 30 seconds with running water and soap or other approved detergent/hand cleaner. As these injuries represent a significant communicable disease exposure risk, the employee shall seek immediate medical treatment. The attending physician should be made aware of the circumstances surrounding the injury in order to determine the appropriate treatment. Applicable provisions of this section and section **1. Work-Related Injuries** of this chapter shall be followed.

Mouth-to-Mouth Exposures

When possible, employees shall use disposable airway equipment, resuscitation bags or protective face shields. Any employee performing mouth-to-mouth resuscitation on a respiratory arrest victim shall immediately respond to the medical care facility where the victim was transported. The employee shall notify the attending physician of the incident so that a preliminary diagnosis can be made and a possible diagnostic test may be performed to rule out the presence of infectious disease.

When mouth-to-mouth resuscitation is performed on an infant or a person with a history of recent cold or fever, the attending physician should be requested to obtain throat cultures of the person. Applicable procedures outlined in this section and in section **16. Communicable or Infectious**

Disease Exposures of this chapter shall be followed.

Sexually Transmitted Diseases

Employees may receive anonymous testing for sexually transmitted diseases from the Health Department.

Handling Prisoners Infected With Contagious Disease

Known infected prisoners are processed in accordance with **VOLUME II, CHAPTER 4. ARREST, TRANSPORT, & PROCESSING**. They shall be isolated from other prisoners if their behavior is violent, unpredictable, or they are unable to control body fluids. If the prisoner is transferred to another authority, the custody officer shall notify the receiving agency that the prisoner has an infectious disease. This notification shall be made prior to the transfer and shall be restricted to those with a need to know. The notification shall be documented in the narrative section of the appropriate report.

Skin Contact with Potentially Infected Material

In the event of skin contact, the affected area should immediately be washed for at least 30 seconds with soap, detergent, or hand cleaner and warm running water. Prompt washing is an effective method of preventing the spread of various infectious diseases.

Although rare, transmission may occur when infected blood contacts breaks in the skin such as chafed areas, cuts, or abrasions. Before beginning a tour of duty, employees should cover these areas with a waterproof bandage or dressing to provide an additional barrier to infected blood or body fluids.

Bandages should be changed when they become soiled or wet.

Surface or Object Contact

Any area within a Departmental facility or vehicle that has been contaminated by the fluids of any person shall be cleaned with a detergent, and then disinfected for 20 minutes with a freshly mixed solution of one part bleach to nine parts water. Employees shall ensure that the contaminated area is not used until such cleansing is accomplished. Employees cleaning contaminated areas shall wear disposable gloves. Employees may contact the Office of Central Services, Facilities Management Division for guidance and assistance with the cleaning procedures.

Clothing Contact

The coverall uniform should be worn if the soaking of clothing by blood or body fluids is likely. Contaminated clothing shall be promptly cleaned in a hot washing/drying cycle or by dry cleaning. Disposable latex gloves shall be worn when handling contaminated clothes.

Processing Incident Scenes

Employees shall wear disposable latex gloves when processing any incident scene where blood or blood-contaminated items are present and must be handled. The coverall uniform should be worn if the soaking of clothing by body fluids is likely.

Handling Contaminated Evidence

All contaminated evidentiary items shall be submitted in paper bags after complete air-drying. Appropriate sections of the Adhesive Evidence Label shall be completed and the label placed in the lower right corner of the

bag. The bag shall be clearly marked
“Contains Possible Contaminated Items.”

Disposal of Contaminated Items

Contaminated, disposable articles such as latex gloves should be treated as infectious waste. Articles shall be placed in biohazard bags and the bags placed in biohazard receptacles. Alternately, the items may be soaked in a fresh mixture of one part bleach and nine parts water. Articles should then be placed in a second bag and disposed of in a standard trash receptacle.

In lieu of the preceding, employees may contact any hospital emergency room and request authorization to dispose of contaminated articles there. Employees may also contact any fire station for advice and possible assistance.

Reportable Contacts with HIV-Infected Persons

The following types of contacts with an HIV-infected person shall be documented on an Incident Report. A supervisor shall be immediately notified and ensure compliance with this and other written directives.

An incident involving exchange of body fluids of an HIV-infected person is:

- ❑ Any needle stick or sharp-instrument injury that breaks the skin
- ❑ The dousing of any mucous membrane, such as eyes and mouth, with the body fluids of an HIV-infected person
- ❑ Cardiopulmonary resuscitation with blood/body fluid exposure
- ❑ Any human bite

If an employee experiences a contact that does not fit into any of the above categories and the employee feels that the exposure

was significant, he or she may document the contact on an Incident Report. **See:** section **16. Communicable or Infectious Disease Exposures** of this chapter.

Following an evaluation by the Infection Control Officer, a determination shall be made whether medical treatment or testing is appropriate. If recommended, the employee shall notify his or her supervisor; the supervisor shall ensure compliance with applicable portions of section **16. Communicable or Infectious Disease Exposures** of this chapter. If a determination is made that medical treatment or testing is not necessary, no supervisory investigation is necessary.

The affected employee shall initiate an Infection Control Exposure Report at the time of the evaluation.

18. Contagious Disease Exposure Notification by Medical Care Facility

(Maryland Health Article 18-213)

Notification to PGPD

When the medical care facility determines that an employee has been exposed to certain diseases by a patient, it shall notify PGPD. The points of contact for notification are:

- ❑ Department’s Infection Control Officer
- ❑ Director, Personnel Services Division

One of the above persons shall determine whether any Departmental employees had contact with the patient. If so, he or she shall immediately contact each exposed employee for an evaluation of the incident to determine appropriate follow-up procedures. During this evaluation, the employee shall

initiate an Infection Control Exposure Report.

If medical treatment or testing is appropriate, the exposed employee shall immediately report the incident to his or her supervisor. It is recommended that the employee report to a County-contracted or designated health provider for treatment/testing.

When the Department receives any notification described in this subsection, the recipient shall ensure that the notification is passed to the point of contact.

The law requires notification for exposures to the following:

- ❑ Human Immunodeficiency Virus (HIV)
- ❑ Hepatitis B
- ❑ Meningococcal Meningitis
- ❑ Tuberculosis
- ❑ Mononucleosis

Notifications by Fire/EMS

When an employee receives a contagious disease exposure notification from the Fire/EMS Department, the employee shall immediately obtain the names of involved PGPD employees and pass the information to a Departmental point of contact.

Hepatitis Cases

When an employee sustains an exposure to Hepatitis-B, he or she shall comply with the provisions of section **16. Communicable or Infectious Disease Exposures** of this chapter. The employee should contact the Infection Control Officer regarding the Hepatitis-B Immune Globulin, Gamma Globulin, or Heptavax-B vaccine, as appropriate. For line-of-duty exposures, the

vaccine shall be provided at Departmental expense.

19. Suspected Carbon Monoxide Leaks in Vehicles

Carbon Monoxide Poisoning

An employee complaining of illness due to fumes while operating a Departmental vehicle shall stop the vehicle as soon as practicable and contact a supervisor. The supervisor shall:

- ❑ Contact Police Fleet Management to arrange for vehicle testing for carbon monoxide presence
- ❑ Deadline the vehicle

Police Fleet Management Responsibilities

On receipt of a complaint from a supervisor, Police Fleet Management personnel shall request a vehicle carbon monoxide detection test from the Prince George's County Health Department, Division of Air-Quality Control.

Upon request, the Health Department will conduct a carbon monoxide detection test and provide the results to Police Fleet Management. If the test discloses an unacceptable level of carbon monoxide or other noxious gas, the vehicle shall be deadlined until repairs are completed. Authorization to return a Departmental vehicle to operation must come from Police Fleet Management.

VI. GOVERNING LEGISLATION & REFERENCE

This General Order addresses:

- ❑ Commission on Accreditation for Law Enforcement Agencies, Standards 22.2.1, 22.2.4, 22.2.5, 22.2.10, 22.3.1, 22.3.2, 26.1.1, 41.2.5

Governing Legislation:

- ❑ Family and Medical Leave Act of 1993
- ❑ Maryland Code, Labor and Employment Article
- ❑ Maryland Code, Health Article Section 18-213
- ❑ Prince George's County Administrative Procedures #165 & #284
- ❑ Personnel Law, Sections 16-189 & 16-224

Reference:

- ❑ Negotiated Labor Agreements