

	MARICOPA COUNTY SHERIFF'S OFFICE POLICY AND PROCEDURES	
	Subject AIRBORNE PATHOGENS	Policy Number CP-7
		Effective Date 03-14-24
Related Information CP-10, <i>Respirator Program</i> DA-4, <i>Custody Bureau Facility Maintenance and Tool Control</i> DQ-2, <i>Medical Isolation</i> GD-16, <i>Modified Duty</i> GD-19, <i>Injury or Death of an Employee or Volunteer</i>		Supersedes CP-7 (10/28/20)

PURPOSE

The purpose of this Office Policy is to establish guidelines and procedures which, when properly implemented, may safeguard employees and volunteers who may be exposed to airborne pathogens. The Office recognizes airborne pathogens pose a risk to the health of its employees due to the nature of their job duties. The Office has established these guidelines and procedures conforming to applicable Centers for Disease Control and Prevention (CDC) guidelines and Arizona Division of Occupational Safety and Health Administration (ADOSH) regulations intended to protect people from airborne pathogens.

Although this Office Policy refers to employees throughout, this Office Policy also applies with equal force to all volunteers. Volunteers include, but are not limited to, reserve deputies and posse members.

POLICY

It is the policy of the Office to require employees to carry out their job duties even in the presence of airborne pathogens. Employees shall take precautions to protect themselves against infection and report possible exposures immediately to their supervisor.

DEFINITIONS

Airborne Disease: An illness that is spread when droplets of pathogens are expelled into the air. Examples include but are not limited to tuberculosis (TB), influenza (flu), measles, mumps, and varicella (chickenpox).

Airborne Pathogens: Microorganisms that may be present in the air and can cause diseases in exposed humans.

Casually Transmitted: Any illness capable of being spread from one person to another by merely being in close proximity to the infected individual, without requiring intimate contact.

Employee: A person currently employed by the Office in a classified, unclassified, contract, or temporary status.

Engineering Control Systems: Apparatus and procedures that isolate, limit exposure, or remove airborne pathogens from the workplace, such as respiratory isolation rooms and High-Efficiency Particulate Air (HEPA) filters in applicable air vents.

Inmate: A person who has been accepted for confinement into an Office jail facility.

Mycobacterium Tuberculosis: An airborne pathogen that can cause Tuberculosis (TB) infection, which, in turn, may lead to active TB disease.

- A. TB Infection: A TB infection is caused by the Mycobacterium Tuberculosis Bacterium. The most common site for infection is the lungs (pulmonary TB); however, infection can occur in many body sites and systems (extrapulmonary TB). The infection is spread through the air after being expelled by persons with active TB disease. While the infection is casually transmitted, fairly intensive or prolonged exposure to a person with active TB disease is generally required for a TB infection to occur. Persons who have tested positive for a TB infection, but are totally free of symptoms, are not infectious.
- B. Active TB Disease: Active TB disease occurs when a TB infection overcomes the defenses of the infected person's immune system and begins to multiply and spread within the body. It is at this point the infected individual will begin to show the symptoms of active TB disease and become infectious to others. Generally, only persons with pulmonary TB disease can transmit infection to others. Symptoms of pulmonary TB disease include, but are not limited to, the following:
 - 1. A cough that lasts more than three weeks and produces sputum and blood;
 - 2. Chest pain;
 - 3. Fever, chills, and night sweats; and
 - 4. Easily tired, loss of appetite, and weight loss.

Occupational Exposure: Contact with a person known to be infected or suspected of being infected with an airborne disease during the performance of an employee's duties.

Pathogen: An agent capable of causing disease in humans.

Personal Protective Equipment (PPE): Specialized clothing or equipment used by an employee to protect themselves from exposure to blood, airborne or other potentially infectious materials (OPIM).

Prisoner: An individual deprived of their liberty and kept under involuntary restraint, confinement, or custody prior to being accepted into an Office jail facility.

Volunteer: A person who performs hours of service for civic, charitable, or humanitarian reasons, without promise, expectation, or receipt of compensation for services rendered. An employee may not volunteer to perform the same, similar, or related duties for the Office that the employee is normally paid to perform.

PROCEDURES

- 1. **Approved Equipment:** Personal Protective Equipment (PPE) shall be approved by the Office and made available to those employees and others identified by the Office as having a reasonable likelihood of being exposed to airborne pathogens. The Office shall repair or replace PPE, as needed, to maintain its effectiveness. PPE may include, but are not limited to, the following:
 - A. Respirators: A respirator shall be used to prevent the inhalation of airborne pathogens by employees when there is a reasonable likelihood of exposure. Office Policy CP-10, *Respirator Program* sets forth uniform procedures for the use and storage of respirators; and
 - B. One-Way Airway: A one-way airway mask shall be used whenever it is necessary to perform mouth-to-mouth CPR.

2. **Inspection and Maintenance of Engineering Control Systems:** The Office utilizes Maricopa County Facilities Management or a contracted maintenance provider for the regular inspection and maintenance of engineering control systems. In addition, all employees shall be responsible for immediately reporting any deficiency or malfunction of an engineering control system to the designated facility maintenance officer or designated employee. Jail facility personnel shall follow the guidelines and procedures, as specified in Office Policy DA-4, *Custody Bureau Facility Maintenance and Tool Control*.
3. **TB Testing:** The Mantoux Tuberculin Skin Test (TST) is one of the most commonly used tests for determining TB infection. TB testing shall be provided at no charge to employees as follows:
 - A. The Occupational Safety Division (OSD) shall be responsible for providing baseline TB screening for all newly hired detention personnel and deputies. Division commanders shall be responsible for ensuring newly hired civilian employees, who will be working in jail facilities, are provided with a baseline screening from the OSD.
 - B. The OSD shall also be responsible for providing annual testing for all employees working in all jail facilities, the Court Operations Division, the Transportation Division, the Detention Inmate Medical Services Division, and the Institutional Services Division. Annual testing is also available for any employee who requests it through the OSD.
 - C. Individuals who have written documentation of either a previous positive TST result, or treatment for TB disease, should not take the TST again. Instead, these individuals may be provided with an alternate form of TB testing such as a chest x-ray. Once a negative chest x-ray is on file, the employee shall only be sent for a follow-up chest x-ray if they become symptomatic. The employee shall be provided with an Annual Positive TB Assessment Questionnaire as an alternative to the TST.
4. **TB Exposure:** The OSD is responsible for providing written notification to all employees identified as having potentially had a TB occupational exposure. Notification shall be provided through an *MCSO Administrative Broadcast* to all employees and will be maintained within the OSD folder on the Office's shared drive in the Occupational Safety Division\Exposures folder.
 - A. The notice shall inform employees they have potentially been exposed to a person with active TB disease.
 - B. The notice shall inform employees of the locations, dates, and times where they can obtain TB testing. The TB testing shall normally be conducted both immediately and 8-10 weeks after an exposure.
 - C. The Maricopa County Risk Management Online Claim Form found on the Office Portal Manager link to Risk Management shall be completed by an employee's supervisor if an employee has a positive reaction to the TB test and an employee has a previous negative reaction to a TB test on file with the Office. Documenting the exposure and treatment as an industrial illness provides a record of the exposure and treatment and permits Risk Management to pay for the medical treatment.
5. **Follow-up Testing and Preventative TB Medication:** As a result of a positive TB test, following an occupational exposure, the OSD's nurse may recommend an employee receive a chest x-ray at a contracted occupational health clinic. This x-ray shall be provided at no cost to the employee. After the chest x-ray is read, the contracted occupational health clinic may recommend the employee receive preventative TB medication.
 - A. The contracted occupational health clinic shall provide the results from the employee's chest x-ray to the OSD's nurse and the Leave Management Section. The contracted occupational health clinic

will consult with the employee about their x-ray results. The clinic will also provide the OSD nurse with copies of their findings.

- B. Medically recommended preventative TB medication for a TB occupational exposure shall be available through the contracted occupational health clinic at no cost to the employee.

- 6. **Exposure to Highly Contagious Casually Transmitted Airborne Diseases:** There are several highly contagious casually transmitted airborne diseases. Some of the most common highly contagious diseases caused by airborne pathogens are measles, mumps, rubella, and varicella (chickenpox). Although measles, mumps, rubella, and chickenpox are common childhood illnesses, they can be very serious illnesses to adults who have not previously had the diseases.

- A. Under no circumstances shall an employee with a highly contagious airborne disease or suspected highly contagious airborne disease report in person to the workplace. Employees who have a highly contagious airborne disease, or suspect they have a highly contagious airborne disease, shall notify their supervisor of the situation by telephone.

- B. Employees who have a highly contagious airborne disease or suspected highly contagious airborne disease shall not return to work until they have been medically cleared to do so.

- C. The following protocol shall be used regarding an occupational exposure to measles, mumps, rubella, and chickenpox:

1. Determine if exposed Office employees have either received prior vaccination for measles, mumps, rubella, and chickenpox (MMRV) or have previously had the disease(s). Until determined if exposed employees are not contagious, they should be taken off-duty or placed on modified duty for the duration of the employee's potential contagious period for the particular disease. The OSD shall assist in determining the employee's potential contagious period;
2. If an employee provides evidence of immunity, or their vaccination record shows they have received the MMRV vaccines, no further follow-up is needed;
3. If an exposed employee states they have not had any of the diseases and have not received the MMRV vaccines, or if the employee cannot recall having one of the diseases or having been vaccinated, they shall be offered an opportunity to be administered a blood titer test by the OSD or a contracted occupational health clinic. The test will disclose if the employee is immune to one of the diseases. If the test indicates they are immune to one of the diseases, no further follow-up is needed. Employees who turn down the blood titer test may be taken off-duty or placed on modified duty for the duration of the employee's potential contagious period for the particular disease(s);
4. Identify any pregnant female employees who were exposed to the disease(s). Those employees should notify their obstetrician immediately; and
5. If an employee is placed on modified duty status, as specified in Office Policy GD-16, *Modified Duty*, the division commander of the respective unit shall ensure the employee does not have contact with anyone who has not had the disease(s).

- 7. **Blood Titer Testing:** A blood titer test measures the amount of antibodies in blood which can determine a person's immunity to a given disease.

- A. A blood titer test for an occupational exposure is available through the OSD or contracted occupational health clinic at no cost to the employee.

- B. If an employee is sent to the contracted occupational health clinic for a blood titer test, the employee's supervisor shall complete a Maricopa County Risk Management Online Claim Form in order to process the exposure as an industrial illness. Processing the exposure and treatment as an industrial illness provides a record of the exposure and treatment and permits Risk Management to pay for any necessary medical treatment.
 - C. Results from a blood titer test are generally available within three business days. The OSD's nurse shall provide the blood titer test results to the employee.
8. **Notification Requirements for Occupational Exposure:** Notification of exposure to confirmed or suspected casually transmitted airborne diseases shall be made within 24 hours of exposure.
- A. The OSD shall notify employees who may have been exposed to a prisoner or inmate with a confirmed or suspected casually transmitted airborne disease that a possible exposure situation existed. Employees to be notified include, but are not limited to classification, detention, and transportation personnel.
 - B. Employee responsibilities when an occupational exposure occurs include, but are not limited to:
 - 1. Notifying their immediate supervisor, as soon as possible;
 - 2. Seeking medical testing to determine exposure, as specified in this Office Policy; and
 - 3. Completing a detailed memorandum regarding the exposure and forwarding it to their supervisor. The memorandum shall be completed as soon as possible following the occupational exposure and shall include, but not be limited to, the following:
 - a. The date, time, and location of the exposure;
 - b. The exposure circumstances or crime under investigation, including the *Incident Report (IR)* number and any related case numbers;
 - c. The specific nature of the exposure;
 - d. The name and serial number of the exposed employee;
 - e. The name, date of birth, booking number, and address or location of the source individual of the exposure, if known;
 - f. The names, serial numbers, and assignments of employees deemed to have been at risk during the exposure; and
 - g. Any other relevant details.
 - C. Supervisor responsibilities when an occupational exposure occurs include, but are not limited to, the following:
 - 1. The supervisor shall complete a detailed memorandum within 24 hours of notification of the exposure. The memorandum shall be submitted through the chain of command to the OSD. The memorandum shall include, but not be limited to, the following:
 - a. The circumstances surrounding the exposure;
 - b. The PPE the employee was wearing, or the reason PPE was not worn;

- c. The engineering controls in place at the time of the exposure, if any;
 - d. The work practices in place at the time of the exposure;
 - e. Whether or not the exposure could have been avoided;
 - f. Recommended or enacted changes to avoid similar exposure; and
 - g. The affected employee's memorandum regarding the exposure.
- 2. Complete the Maricopa County Risk Management Online Claim Form, as specified in this Office Policy, regarding the occupational exposure and if applicable, any work-related injury resulting from the occupational exposure. All forms and documentation shall be completed and forwarded, as specified in Office Policy GD-19, *Injury or Death of an Employee or Volunteer*.
- D. The OSD shall send written notification to all employees who were identified as having been at risk during the incident if the source of the exposure is known to have, or is later determined to have, a confirmed casually transmitted airborne disease.
 - E. Any claim by an employee who has incurred a work-related injury or illness as a result of an occupational exposure must be supported by proper documentation. A job classification with occupational exposure shall not be solely sufficient to sustain such a claim. Other than specified in this Office Policy, an occupational exposure, in and of itself, shall not be reported as a work-related injury or illness unless one of the following criteria exists or develops:
 - 1. Loss of consciousness;
 - 2. Modification of an employee's job or restriction of work motion;
 - 3. The recommendation of medical treatment beyond first aid, regardless of dosage; and
 - 4. A positive test for airborne disease infection when previous test results have been negative.

9. Transporting Prisoners or Inmates:

- A. Prisoners: When employees are told or suspect a prisoner may have a casually transmittable airborne disease, Correctional Health Services (CHS) personnel may be contacted through the Communications Division, or directly by phone, for a decision on where a prisoner is to be transported and booked.
 - 1. Employees shall make every effort to wear an approved N95 respirator in the prescribed manner, as specified in Office Policy CP-10, *Respirator Program*, regardless of the mask worn by the prisoner;
 - 2. A supervisor shall be contacted for guidance regarding the transportation of a suspected infectious prisoner to determine if:
 - a. They should continue transporting the prisoner to an Office intake facility; or
 - b. The Communications Division should be contacted to request emergency medical personnel be dispatched to assist with transporting the prisoner to a hospital.

3. Upon arrival at an Office intake facility, the prisoner shall remain in the transportation vehicle while intake personnel and CHS are notified so a further evaluation can be made, and appropriate precautions can be taken before escorting the prisoner into the intake facility; and
 4. Employees should make every effort to keep a suspected infectious prisoner away from other prisoners.
- B. Inmates: Inmates with a confirmed or suspected casually transmitted airborne disease shall be transported with the following precautions:
1. Employees shall make every effort to wear an approved N95 respirator in the prescribed manner, as specified in Office Policy CP-10, *Respirator Program*, regardless of the mask worn by the inmate.
 2. When requesting the transportation of potentially infectious inmates, CHS shall notify the Transportation Division, if additional PPE is required during the inmate transport; and
 3. Potentially infectious inmates transported to or from Office jail facilities, or anytime they are outside their jail housing unit, shall wear a protective mask.
- C. Known or potentially infectious prisoners and/or inmates shall not be transported with other prisoners and/or inmates and shall not be transported to court, unless special arrangements are made with the courts, Transportation Division, and/or the Court Operations Division.
- D. Employees who are required to be in a transport vehicle with a prisoner and/or inmate who is known or is suspected of having a casually transmitted airborne disease shall:
1. Ensure the vehicle's ventilation system is in a non-recirculation mode of operation at all times; and
 2. Upon the completion of transporting known infectious or potentially infectious prisoners and/or inmates, decontaminate the vehicle using approved methods or remove the vehicle from service until decontamination can be achieved.
10. **Inmates in Medical Isolation:** CHS shall determine if medical isolation is necessary for potentially infected or infectious inmates, as specified in Office Policy DQ-2, *Medical Isolation*.
- A. Appropriate warning signs shall be posted outside respiratory isolation rooms or housing units stating, "**RESPIRATORY ISOLATION.**" The signs must also indicate what precautions are required.
 - B. Employees who are required to enter respiratory isolation rooms or housing units shall wear an approved respirator, as specified in this Office Policy.
 - C. A housing unit on medical isolation protocol is on restricted movement status. No inmates are to be transferred out of a housing unit under isolation protocol to other non-protocol areas within the jail facilities until CHS has authorized the move. Only CHS is authorized to conduct screenings of inmates for immunity to diseases using a blood titer test.
 - D. In the event of a housing shortage and the empty beds in the isolated unit are needed, all inmates shall be screened by CHS to verify their immunity to the disease before being placed into a unit on medical isolation protocol. Those individuals who are non-immune to the disease shall not be assigned to a housing unit under isolation protocol.

- E. Inmates with a confirmed or suspected casually transmitted airborne disease, or exposure to same, who are in medical isolation, shall wear a mask at all times while out of a medical isolation room or housing unit. Non-compliant inmates, such as those who take off their masks, shall be returned to their medical isolation area and affected agencies or persons shall be notified by the jail facility commander or designee of the inmate's refusal to comply with isolation protocol.
- F. While wearing a mask, inmates in medical isolation may go to the medical clinic.
- G. Inmates whom CHS has verified to be immune to the disease or have been confirmed not to be infected may resume normal activity.
- H. Inmates in medical isolation may be transferred to another agency under the following guidelines:
 - 1. The other agency shall be notified regarding the inmate's medical isolation status; and
 - 2. The other agency shall approve the transfer and verify their capability to maintain the individual in isolation for the remainder of the isolation period.
- I. CHS shall be notified if an inmate in medical isolation has a pending release from custody.