

The Importance of Personal Protective Equipment in Law Enforcement

Law Enforcement Officers face a variety of dangers, yet one of the most serious threats to officer health and well-being cannot be stopped by Kevlar, is not effected by OC spray, and even those officers most skilled at defensive tactics are powerless to defeat: pathogenic microorganisms causing infectious disease. Law enforcement officers are at risk for exposure to potentially infectious pathogens by the nature of their job. Be it rendering aid to the injured at a vehicle crash, fighting to control an intoxicated subject, or the arrest of a sick suspect, there are a multitude of situations where officers may be exposed to the diseases carried by those with whom they interact. Exposure to an infectious disease is an extremely stressful incident for an officer. Even when told by medical professionals that the potential of developing disease is slim, an exposure event can bring significant anxiety for the officer. Not just for their well-being, but for the possibility of bringing disease home to their families.

Pathogens that cause infectious diseases may be blood borne (HIV, Hepatitis), air borne (Tuberculosis, Influenza, Meningitis, Whooping Cough), or acquired by contact (MRSA, and others). Regardless of the mode of transmission, proper use of personal protective equipment (PPE) will minimize the chance for exposure. Unfortunately, many officers do not regularly use PPE or even carry it with them.

Emergency Medical Services (EMS) personnel have much more direct contact with injured and sick people than law enforcement officers do and have institutionalized the use of PPE. EMS personnel exit their units already wearing the appropriate PPE for the incident. In contrast, too few law enforcement personnel recognize the need for PPE; even though many calls for service in our profession are likely to be confrontational. How often do we see an officer responding to a violent incident, where the dispatch information even includes witness statements such as, “there is blood everywhere” or “covered in blood”, and the responding officer arrives on scene without first donning protective gloves? This officer may quickly find he is involved in a physical confrontation or foot chase with a bleeding subject, and have missed the opportunity to don PPE before going hands on with the subject.

Respiratory protection is also an important component of PPE. A properly fitted NIOSH approved disposable N95 mask will reduce the wearer’s risk of inhaling airborne particles, thereby protecting the wearer from whooping cough, influenza, tuberculosis, and other air borne pathogens. Officers do not need to diagnose a person’s ailment, they need to recognize the symptoms of a respiratory illness with potential for transmission through coughing, sneezing or wheezing, and don the mask. This is especially true if they will have prolonged close contact, such as transporting the person in a vehicle. The N95 mask is also highly effective when officers must enter locations with high concentrations of air borne particles or mold spores; a condition found in many hoarding houses.

Personal protective equipment will not protect an officer if it is not used and it cannot be used if it is not provided and made easily accessible. Law enforcement departments need to promote the use of PPE and ensure they are providing the best equipment possible. This includes provision of high risk infection control gloves that will not easily tear during law enforcement activities, NIOSH approved N95

particulate filtering face piece respirators, and a waterless hand sanitizer for officers who do not have access to hand washing facilities, i.e. officers on patrol.

Even with the most proactive procedures in place, pathogen exposures are inevitable. Departments must have an effective exposure control plan in place to assist officers. The Occupational Safety and Health Administration (OSHA) outlines protection standards for all occupations in which workers could be exposed to body fluids in their Bloodborne Pathogens Standard: Title 29 of the Code of Federal Regulations at 29 CFR 1910.1030. Adherence to the standards for prescribed protection provides the foundation for the development of both work environment and administrative policies that reflect the scope of infectious disease exposure, whether blood borne, air borne, or contact, and an understanding of their management.

The critical functional components of an exposure control plan are the need for immediate post exposure reporting, source blood testing, consultation with infectious disease specialists, and provisions for the counseling and treatment of exposed officers. Time is not always on the side of the exposed officer. Post-exposure prophylaxis treatment following an occupational exposure to HIV has a very short time frame to be effective. Departments cannot wait until after an exposure has occurred to try and figure out the legal, procedural, and medical requirements for drawing a source subject's blood, having it tested, and following up with necessary treatment for the exposed officer. Most fire and rescue services already have safety officers with knowledge of exposure management and they can serve as an invaluable resource.

The Fairfax County Police Department in Virginia has a Second Lieutenant assigned as a full time Safety Officer assisted by a team of ten Supplemental Safety Officers. The Safety Officer works closely with all entities on the Department to ensure safe working conditions at incident scenes, training venues, and any other sites where officers are deployed. Additionally the Safety Officer works closely with County Risk Management to identify injury trends or safety concerns, and identifies training needs and changes to policy or procedures related to safety. The Safety Officer is responsible for the Department's exposure control plan and a Safety Officer will respond to assist with risk exposures to officers. This has been found to be an effective way of handling risk exposures. Frequently an incident with a risk exposure to an officer will involve use of force, possibly an otherwise injured officer or prisoner, or other component requiring a supervisor's attention. To have a Safety Officer, familiar with risk exposure procedures, respond to take care of risk exposure aspect of the incident, frees up the supervisor to handle the other required duties and ensures all the proper procedures are followed and the exposed officer is properly cared for.

Benjamin Franklin's well known idiom, "An ounce of prevention is worth a pound of cure" is especially appropriate for infectious disease exposure control. With the proper equipment, training, and procedures in place we can all be better protected against this serious threat to officer safety.