



**OFFICE OF THE DIRECTOR OF POLICE
THE UNIVERSITY OF TEXAS SYSTEM
TRAINING BULLETIN 025**



**COVID-19 VIRUS DISEASE OFFICER GUIDELINES
FEBRUARY 25, 2020**

I. PURPOSE

The purpose of this training bulletin is to inform and provide guidance to University of Texas System Police (UTSP) personnel with regard to COVID-19 Virus Disease, formerly known as the Novel Corona Virus. This information is provided on behalf of the Office of Director of Police (ODOP).

This training bulletin shall be read in conjunction with ODOP/UTSP Policy 846, "UTSP Encounters with Communicable Diseases," Training Bulletin 006 "Ebola Virus Disease Officer Guidelines" October 13, 2014, Training Bulletin 007 "Control And Reports Of Communicable Diseases" updated February 20, 2020, Training Bulletin 008 "Review and Summary of Pertinent Case Law On Isolation and Quarantine" updated February 20, 2020, and Training Bulletin 009 "Overview of the Law Enforcement Role in Isolation and Quarantine Related Issues" updated February 20, 2020.

II. BACKGROUND

The coronavirus disease 2019 (abbreviated "COVID-19") is a respiratory disease caused by the "SARS-CoV-2" virus which is a novel (meaning new) coronavirus first detected in an outbreak in Wuhan City, Hubei Province, China in December of 2019. Since then COVID-19 has now been detected in 32 locations internationally, including the United States. Coronaviruses are a large family of virus that are common in various species of animals (i.e. camels, cattle, cats, bats). Rarely, animal coronaviruses can infect people and then spread between people such as "MERS-Cov," "SARS-CoV," and the recent "SARS-CoV-2."

The initial patients in Wuhan, China had a link to seafood and live animal market suggesting an animal to person spread. However, later patients reported not having exposure to animal markets which was indicative that the virus was then able to spread person to person. China has reported the sustained person to person spread in the community, as have other locations across the globe recently making the source and location of infection hard to determine. While the complete picture is this novel coronavirus is yet to be fully understood, reported illnesses have ranged from mild to severe, including illness resulting in death.

III. COVID-19 TRANSMISSION

Current understanding about how the virus that causes coronavirus disease 2019 (COVID-19) spreads is largely based on what is known about similar coronaviruses. The virus may have originated from animals but is now thought to spread mainly from person to person. Specifically, the virus spreads between people who are in close contact (within approximately six feet) via respiratory droplets produced when someone infected coughs or sneezes. These droplets can land in the mucous membranes of people (nose, mouth and less commonly eyes) who are in close

proximity or can be inhaled into the lungs. Alternatively, it is possibly that a person may become infected with COVID-19 by touching a contaminated surface or object that the virus is present on and subsequently touching their nose, mouth, or eyes. However, eyes are not currently thought to be the main way the virus spreads.

People are thought to be the most contagious when they are the most symptomatic, meaning when they are displaying the most signs and are the sickest. It is possible for some spread to occur before people show symptoms, and there have been some reported instances of this occurring with this new corona virus, but it is not thought to be the main method of transmission.

The ease of transmission, or how easily a virus spreads from person to person varies. Some viruses are highly contagious (i.e. measles), while other viruses are less so. The sustainability of the spread is another factor, that is whether the spread continues over multiple generations of people. The causal virus to COVID-19 has appeared to spread easily and sustainably in the Hubei province and other parts of China and is possibly sustainably spread in other minor breakouts such as Iran and Italy. There has been a few reported person-to-person spread cases in the United States, although this occurred only among a few close contacts and has not spread any further to date.

The transmission information is what has been learned about the novel coronavirus as of February 2020. As this is a new virus and an emerging disease there is still much to learn about the transmissibility, severity, and other features. The Center of Disease Control (CDC) website should be referred to for up to date information regarding the specifics and epidemiology of COVID-19.

IV. PATIENT SIGNS AND SYMPTOMS SUGGESTING THE POSSIBILITY THAT A PATIENT MAY BE POTENTIALLY CONTAGIOUS

Information gathered from confirmed cases of the coronavirus disease 2019 (COVID-19) report that illness have ranged from mild symptoms to severe illness and death. Symptoms include:

- Fever
- Cough
- Shortness of breath

CDC indicated that at this time (February 2020), symptoms of COVID-19 may appear in as few as 2 days or as long as 14 days after exposure. This information is based on what was previously observed with the incubation period of MERS-CoV viruses. The latest situation summary updates are available on CDC's coronavirus disease 2019 (COVID-19) web page at <https://www.cdc.gov/coronavirus/2019-ncov/summary.html>

V. PREVENTION

To date, there is currently no vaccine to prevent coronavirus disease 2019 (COVID-19). The best preventative method to prevent illness is to avoid being exposed to the virus. The CDC recommends everyday preventative actions are recommended to help prevent the spread of respiratory diseases, including:

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth.

- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.
- Follow CDC's recommendations for using a facemask.
 - CDC does not recommend that people who are well wear a facemask to protect themselves from respiratory diseases, including COVID-19.
 - Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for [health workers](#) and [people who are taking care of someone in close settings](#) (at home or in a health care facility).
- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
 - If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.

For information about handwashing, see CDC's Handwashing website
<https://www.cdc.gov/handwashing/>

For information specific to healthcare, see CDC's Hand Hygiene in Healthcare Settings
<https://www.cdc.gov/handhygiene/index.html>

These are everyday habits that can help prevent the spread of several viruses. CDC does have specific guidance for travelers. <https://wwwnc.cdc.gov/travel/notices/warning/novel-coronavirus-china>

VI. OFFICER GUIDELINES

- a. Routine public contact currently poses no substantial risk to police officers.
- b. Any officer's potential exposure to COVID-19, or someone infected with COVID-19, shall be reported to a UTSP supervisor immediately; the exposed officer should be medically evaluated/treated immediately.
- c. Supervisors who have been so notified shall immediately notify the institution Chief of Police and the Chief of Police shall, in turn, immediately notify the Office of the Director of Police; ODOP will then immediately contact the Medical Director, or Deputy Medical Director, UT System Police, for further guidance and direction.
- d. Prisoners with suspected COVID-19 shall be evaluated by EMS personnel and transported, if necessary, to a medical facility via ambulance, and not via UTSP vehicle.

VII. EXCERPTS FROM APPLICABLE STATE STATUTES-

Sec. 81.050 Mandatory Testing of Persons Suspected of Exposing Certain Other Persons to Reportable Diseases, Including HIV Infection

(a) The executive commissioner by rule shall prescribe the criteria that constitute exposure to reportable diseases. The criteria must be based on activities that the United States Public Health Service determines pose a risk of infection.

(b) A person whose occupation or whose volunteer service is included in one or more of the following categories may request the department or a health authority to order testing of another person who may have exposed the person to a reportable disease:

- 1) a law enforcement officer;
- 2) a fire fighter;
- 3) an emergency medical service employee or paramedic;
- 4) a correctional officer;
- 5) an employee, contractor, or volunteer, other than a correctional officer, who performs a service in a correctional facility as defined by Section 1.07 (Definitions), Penal Code, or a secure correctional facility or secure detention facility as defined by Section 51.02 (Definitions), Family Code;
- 6) an employee of a juvenile probation department; or
- 7) any other emergency response employee or volunteer.

(c) A request under this section may be made only if the person:

- (1) has experienced the exposure in the course of the persons employment or volunteer service;
- (2) believes that the exposure places the person at risk of a reportable disease; and
- (3) presents to the department or health authority a sworn affidavit that delineates the reasons for the request.

(d) The department or the departments designee who meets the minimum training requirements prescribed by department rule shall review the persons request and inform the person whether the request meets the criteria establishing risk of infection with a reportable disease.

(e) The department or the departments designee shall give the person who is subject to the order prompt and confidential written notice of the order. The order must:

- (1) state the grounds and provisions of the order, including the factual basis for its issuance;
- (2) refer the person to appropriate health care facilities where the person can be tested for reportable diseases; and
- (3) inform the person who is subject to the order of that persons right to refuse to be tested and the authority of the department or health authority to ask for a court order requiring the test.

(f) If the person who is subject to the order refuses to comply, the prosecuting attorney who represents the state in district court, on request of the department or the departments designee, shall petition the district court for a hearing on the order. The person who is subject to the order has the right to an attorney at the hearing, and the court shall appoint an attorney for a person who cannot afford legal representation. The person may not waive the right to an attorney unless the person has consulted with an attorney.

(g) In reviewing the order, the court shall determine whether exposure occurred and whether that exposure presents a possible risk of infection as defined by department rule. The attorney for the state and the attorney for the person subject to the order may introduce evidence at the hearing in support of or opposition to the testing of the person. On conclusion of the hearing, the court shall either issue an appropriate order requiring counseling and testing of the person for reportable diseases or refuse to issue the order if the court has determined that the counseling and testing of the person is unnecessary. The court may assess court costs against the person who requested the test if the court finds that there was not reasonable cause for the request.

(h) The department or the departments designee shall inform the person who requested the order and the designated infection control officer of the person who requested the order, if that person is an emergency response employee or volunteer, of the results of the test. If the person subject to the order is found to have a reportable disease, the department or the departments designee shall inform that person and the person who requested the order of the need for medical follow-up and counseling services. The department or the departments designee shall develop protocols for coding test specimens to ensure that any identifying information concerning the person tested will be destroyed as soon as the testing is complete.

(i) Repealed by Acts 2015, 84th Leg., R.S., Ch. 1, Sec. 3.1639(28), eff. April 2, 2015.

(j) For the purpose of qualifying for workers compensation or any other similar benefits for compensation, an employee who claims a possible work-related exposure to a reportable disease must provide the employer with a sworn affidavit of the date and circumstances of the exposure and document that, not later than the 10th day after the date of the exposure, the employee had a test result that indicated an absence of the reportable disease.

(k) A person listed in Subsection (b) who may have been exposed to a reportable disease may not be required to be tested.

(l) In this section, "test result" has the meaning assigned by Section 81.101 (Definitions).

Added by Acts 1991, 72nd Leg., ch. 14, Sec. 17, eff. Sept. 1, 1991. Amended by: Acts 2005, 79th Leg., Ch. 320 (S.B. 665), Sec. 1, eff. September 1, 2005. Acts 2009, 81st Leg., R.S., Ch. 925 (H.B. 3005), Sec. 1, eff. June 19, 2009. Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. 219), Sec. 3.0228, eff. April 2, 2015. Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. 219), Sec. 3.1639(28), eff. April 2, 2015. Acts 2015, 84th Leg., R.S., Ch. 1278 (S.B. 1574), Sec. 9, eff. September 1, 2015.



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