
 Department of Corrections and Community Supervision DIRECTIVE	TITLE Bloodborne Pathogen Exposure Control Plan		NO. 4320
			DATE 02/18/2022
SUPERSEDES DIR #4320 Dtd. 11/13/19	DISTRIBUTION A	PAGES PAGE 1 OF 4	DATE LAST REVISED
REFERENCES (Include but are not limited to) 29 CFR 1910.1030; ACA Expected Practices 5-ACI-6A-12, 5-ACI-6B-06; Directives #2121, #3090, #3096, #4065, #4929; General Housekeeping Manual; Infection Control Manual; OSHA Bloodborne Pathogens Standard; Health Services Policy Manual	APPROVING AUTHORITY 		

- I. **POLICY:** To ensure the protection of all employees against transmission of bloodborne diseases such as HIV, Hepatitis B, Hepatitis C, and to comply with the OSHA standard on bloodborne pathogens.
- II. **SCOPE:** This applies to Departmental employees at risk of infection by percutaneous or permucosal exposure to blood, blood products, and blood-contaminated body fluids. The risk depends on the tasks performed. It applies in the correctional setting to all employees, volunteers, and contractors with incarcerated individual contact.
- III. **RESPONSIBILITY:** The Deputy Commissioner/Chief Medical Officer is responsible for identifying tasks and procedures where occupational exposure to infectious material may occur.
 The Superintendent (or designee) is responsible for:
 - A. Implementing engineering and work practice controls to eliminate or minimize employee bloodborne exposure.
 - B. Ensuring that employees are trained in the prevention of bloodborne infection.
 - C. Offering the Hepatitis B vaccine.
 - D. Ensuring that employees are provided with sufficient personal protective equipment (PPE).
 - E. Maintaining records of such activities.
- IV. **INFORMATION:** Hepatitis B is preventable by vaccination. Hepatitis B immunity occurs as a result of prior infection or immunization. Optimal levels of immunity protect the employee and protect others from being infected. A consistent program of immunization diminishes the number of susceptible employees; it is an adjunct to safe work practices.
 There is no vaccine for HIV or Hepatitis C disease. Strict adherence to work practices, including the use of standard precautions, PPE, and engineering controls, where appropriate, significantly reduces the possibility of bloodborne pathogen transmission in the workplace.
- V. **EXPOSURE DETERMINATION:** All employees have the potential for bloodborne exposure because many situations have the potential for exposure to bodily fluids.
 - Refer to Health Services Policy Manual (HSPM) 1.12C, "Employee/Non-Employee Bloodborne Pathogen Exposure Protocol; HIV/Hepatitis B/Hepatitis C."
 - Refer to HSPM 2.01 Dental Program – "Infection Control Guidelines – Dental Services."

VI. METHODS OF COMPLIANCE: All employees should follow standard precautions to avoid exposures. Standard precautions are the minimum infection prevention practices that apply to all situations, regardless of suspected or confirmed infection status of the individual in any setting. Work practice controls reduce the likelihood of exposure to bloodborne pathogens by altering the manner in which a task is performed (e.g., prohibiting the re-capping of needles by a two-handed technique). Engineering controls isolate or remove the bloodborne pathogens hazard from the workplace (e.g., sharps disposal containers). These practices are designed to both protect the employee and prevent the spread of infections.

Standard precautions include basic medical and nursing standards, as well as both work practice and engineering controls:

- A. Hand Hygiene: Washing hands or any body part, with soap and water should occur as soon as possible after contact with blood or potentially contaminated body fluids. Employees must thoroughly wash their hands immediately after removal of gloves or other PPE. Hand-washing with soap and water is preferable; however, alcohol-free hand sanitizers may be used if soap and water is not immediately available.
- B. Personal Protective Equipment (PPE) (e.g., gloves, gowns, masks): The use of PPE provides a physical barrier to prevent contact between skin/mucus membranes/airways to potentially infectious materials. PPE should be used whenever possible exposure is anticipated.
 - Refer to Directive #2121, "Personal Protective Equipment."
- C. Safe Injection Practices: These are measures taken to perform injections in an optimally safe manner for patients, health care personnel, and others. A safe injection does not harm the recipient, does not expose the provider to any avoidable risks, and does not result in waste that is dangerous to the community. Injection safety includes practices intended to prevent transmission of bloodborne pathogens between one person and another, or between a healthcare worker and a patient, and to prevent harm such as a needle-stick injury. New products designed to eliminate or minimize exposure will be reviewed as they become available, but not less than once per year by the "New Products Committee." This Committee is composed of health care staff, and security staff when necessary. The Committee will document and maintain records of all product reviews. Products suited to correctional operations will be purchased for use by appropriately trained staff. The training will be conducted by the vendor or DOCCS Health Services designees (i.e., nurse educators) and recorded on the RTF-SLMS training form and entered in SLMS.
 - Refer to Directive #4929, "Controlled Drugs, Needles, Syringes & Sharps."
- D. Safe Handling of Potentially Contaminated Equipment or Services in the Environment: Facility living, and workspaces shall be maintained in a clean and sanitary condition following the housekeeping and decontamination procedures and schedules already defined in the existing policies and directives.
 - Refer to Directive #3096, "Housekeeping: Health Care Areas."
 - Refer to General Housekeeping Manual: Section VIII, "Blood and Body Fluid Spills Decontamination Procedure."
 - Refer to HSPM 7.08, "Regulated Medical Waste."
 - Refer to Infection Control Manual, "Disinfection and Sterilization," and "Environmental Infection Control Practices."

- E. Safe Collection, Storage, and Disposal Procedures for the Incarcerated Individuals' Used Razors:
1. The use of razor boards in any area of the facility to store the assigned incarcerated individuals' razors is prohibited.
 2. Prior to razors being disposed of, staff must visually inspect each razor to ensure that the razor blade is intact. It is recommended that a magnet be used to augment the visual inspection.
 3. In order to minimize the possibility of staff manually handling the used razors, they should be collected in closeable, puncture-resistant containers (e.g., plastic wide-mouth container).
 4. Paper bags, plastic bags, or cardboard containers shall not be used.
 5. The collection container will be labeled as "Used Razors Only."
 6. The collection container will have a BIOHAZARD sticker affixed to the outside.
 7. While inside the facility, the collected razors must be strictly controlled and stored in a secure area.
 8. Contents of the collection containers are to be disposed of in terminal trash collection areas, such as compactors or dumpsters that are inaccessible to the incarcerated individuals.
 9. When emptying containers, staff will use protective frisk gloves, and will not handle the contents.
 10. Containers will be sanitized using Corcraft Germicidal Cleaner 128 prior to reuse.
- F. Respiratory Hygiene/Cough Etiquette: These measures contain respiratory secretions in individuals who have symptoms of a respiratory infection.
- Refer to Infection Control Manual, "Respiratory Hygiene/Cough Etiquette."
- G. Blood and Body Fluid Clean Up and Decontamination: This shall be accomplished in accordance with Directive #3090, "General Housekeeping Manual," Manual Section VIII, "Blood and Body Fluid Spills Decontamination Procedure," which includes the completion, by supervising staff, of [Form #3090A](#), "Blood and Body Fluid Spills – Decontamination Form."

VII. TRAINING: Bloodborne exposure training will be provided annually for all personnel regarding:

- General epidemiology and symptoms of bloodborne diseases
- Modes of transmission
- Standard precautions
- Use of PPE
- Engineering and work practice controls
- The benefits of the Hepatitis B vaccination
- Reporting of exposure incidents
- Post-exposure follow-up
- Signs, labels, and color coding identifying environmental hazards
- Bloodborne Pathogen Exposure Control Plan
- OSHA Bloodborne Pathogens Standard
- Cleaning and disinfection of equipment/environment

This training shall be given within ten days of initial assignment, and on an annual basis thereafter, for all employees. The instructor shall provide an opportunity for interactive questions and answers.

VIII. HEPATITIS B VACCINATION: The Hepatitis B vaccine is offered to all Department employees after the employee has received the training required in Section VII. The vaccine is to be offered at no direct cost to the employee and at a reasonable time and place. For new employees, the vaccine shall be offered within ten days of assignment. When the vaccine is offered, the employee will be asked to complete and sign [Form #3128](#), "Authorization/Declination to Receive Immunizations." An employee who declines to accept the vaccination may change their decision and choose to accept the vaccine at any time. The facility shall make this available in a timely manner. An employee's refusal to sign [Form #3128](#) will be noted on the form and filed in the employee's personnel file.

IX. HEPATITIS B POST-EXPOSURE EVALUATION AND FOLLOW-UP: Post-exposure evaluation and follow-up shall be made available at no direct cost to the employee following an occupational exposure in accordance with HSPM 1.12C.

X. RECORD KEEPING

A. Medical: Employee medical documentation, including vaccination status (acceptance and/or declination) and post-exposure evaluations, shall be kept confidential and shall be maintained by personnel in a confidential employee personnel file for the duration of employment plus 30 years.

Each facility shall ensure that all records of vaccine acceptances and vaccine refusals are entered into the KOCH system.

B. Training: The Superintendent (or designee) is responsible for the documentation of the training initiative as described in Section VII. Training records shall include the following:

1. Dates of the training sessions.
2. Contents (or a summary) of the training sessions.
3. Name and qualifications of persons conducting the training.
4. Names and job titles of all persons attending the training sessions.

Training records shall be maintained for at least three years from the training date. Each facility shall ensure that all records of training are entered into the SLMS system.

C. Exposure/Needlestick Incident Log: All exposure incidents will be reported consistent with Directive #4065, "Reporting Injuries and Occupational Illnesses," to Infection Control staff by emailing [Form #4320A](#), "Employee Bloodborne Pathogen Exposure Report (EBPER)," to the Communicable Infectious Disease Unit (CIDU) Nurse Administrator. The Infection Control Unit will maintain a confidential, facility specific log for the calendar year of the incident plus five years. This log will be made available to appropriate facility staff on an as needed basis.