

	State of Alaska	Index #: 202.03	Page 1 of 1
	Department of Corrections	Effective:	Reviewed:
	Policies and Procedures	Distribution:	Due for Rev:
	Chapter: Personnel		
Subject: Bloodborne Pathogens			

Policy

- A. The Department's administrative managers shall establish standard operating procedures to prevent occupational transmission of bloodborne pathogens. The managers shall ensure that employees follow these procedures when performing tasks where they may be exposed to infectious materials.
- B. The Department will administer all health care-related activities under state and federal law (Occupational Safety and Health Administration (OSHA) standards on bloodborne pathogens) and Departmental policies to protect employees from the transmission of diseases such as HIV and HBV infection.

Definitions

The definitions below apply to this policy:

- A. Administrative Managers: division directors, superintendents, assistant superintendents, district supervisors, shift supervisors, Institutional Health Care officers, functional unit managers, etc.
 - B. Bloodborne Pathogens: pathogenic microorganisms that may be present in human blood and can cause disease in humans. These pathogens include Hepatitis B virus (HBV) and Human Immunodeficiency Virus (HIV).
 - C. Decontamination: use of mechanical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item so they are no longer capable of transmitting infectious particles and the surface or item is safe for handling, use, or disposal.
 - D. Engineering Controls: controls that isolate or remove bloodborne pathogens hazards from the workplace, e.g., puncture-resistant disposal containers for contaminated sharp instruments and resuscitation bags, self-sheathing needles, etc.
 - E. Exposure Incident: a specific exposure to the eye, mouth, or other mucous membranes, non-intact skin, parenteral exposure to blood or high risk fluids.
 - F. High Risk Body Fluids: body fluids identified by the Centers for Disease Control as "having the greatest potential for transmitting HBV or HIV infection such as: blood and blood-tinged body fluids; semen and vaginal secretions; cerebrospinal fluid, pleural fluid, peritoneal fluid; pericardial fluid; synovial fluid; and amniotic fluid.
 - G. Parenteral Exposure: a piercing of the mucous membranes or the skin barrier from events such as needle sticks, human bites, cuts, and abrasions.
 - H. Sharps: needles, surgical blades, scissors, and razor blades, etc.' that could potentially puncture the body's protective barrier.
 - I. Sterilize: use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endoscopes.
 - J. Universal Precautions: the name for the policy regarding blood and body fluids of persons as potential sources of bloodborne and airborne pathogens. These precautions include using facemasks with eye shields, protective clothing, proper procedures for disposal of syringes/needles and similar safety precautions to prevent the spread of infectious diseases.
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Procedures

A. Work Practice Controls.

Employees shall follow the work practice control procedures below to reduce the likelihood of exposure incidents and to prevent injury and the possibility of bloodborne infections.

1. Do not recap sharps. Immediately dispose of sharps in impervious containers after use. Do not throw sharps in trash containers or leave on any work surface.
2. Wash hands whenever gloves are removed or changed.
3. Use appropriate personal protective equipment as specified in section 4 below if it is anticipated there will be contact with blood or body substances.
4. Report any significant exposures to blood or body fluids.
5. Eat, drink, apply cosmetics, and handle contact lenses only in specific areas.
6. Never store food or drink in refrigerators where the Department keeps blood or other potentially infectious materials.
7. Observe universal precautions to prevent contact with blood or other potentially infectious materials.

B. Vaccination.

Administrative managers will offer the Hepatitis B vaccine to all Department employees at risk of exposure (described in G.1.) within ten days of their job assignment.

Employees shall sign Form 202.03C, Hepatitis B Consent/Declination Form prior to being vaccinated. Vaccinations shall be reported on Form 202.04A, Employee Medical Immunization and PPD Record. Employees who refuse the vaccination for personal reasons must sign Form 202.03C. The employee's supervisor shall note an employee's refusal to sign this form in the employee's immunization/exposure file. An employee may elect to receive the vaccine at any time.

1. The vaccinations are not medically indicated if the employee has previously received the complete Hepatitis B vaccination series or antibody testing reveals that the employee is immune.
2. An employee need not be prescreened before receiving Hepatitis B series.

C. Training.

The Training Academy and the Health Care Operations Officer shall establish and maintain an active training program for all personnel concerning the transmission of bloodborne pathogens, universal precautions, use of personal protective equipment, engineering controls, work practice controls, good housekeeping practices, and the benefits of vaccination versus exposure prevention. New employees must be provided this training upon initial assignment. Employees shall receive the training annually under OSHA regulations.

1. The administrative manager or designee is responsible for coordinating and documenting an employee's training. The manager shall maintain training records for at least three years from the date of training.
2. Training records must include the following:
 - a. dates of training sessions;
 - b. contents or a summary of the training session;
 - c. name and qualifications of persons conducting the training; and
 - d. name and job title of all employees attending the training session.

D. Personal Protective Equipment (PPE):

Employees shall use PPE where work practice controls are not feasible or whenever engineering and work practice controls are insufficient to prevent occupational exposure. PPE includes gloves, gowns, laboratory coats, face shields or masks, and eye protection, etc. PPE do not include general clothes such as uniforms, pants, shirts, or blouses.

1. PPE is adequate if it does not allow blood or other potentially infectious materials to pass through or reach the employee's work clothes, street clothes, skin, eyes, mouth, or mucous membranes under normal conditions.
2. An employee may temporarily and briefly decline to wear PPE only under rare and extraordinary circumstances such as when, in the employee's professional judgment, the PPE prevents the delivery of health care or public safety services, or poses an increased hazard or life threatening situation to workers.
3. Employees shall remove all PPE before leaving the work area or after a garment becomes contaminated. Employees shall place all used PPE in designated areas or containers when being stored, washed, decontaminated, or discarded.
4. Employees shall wear appropriate gloves when they reasonably believe that they may have contact with blood or other potentially infectious materials, when performing vascular access procedures (e.g., drawing blood, catheterization, or using other instruments to access veins or arteries), and when handling contaminated items or surfaces.
5. Employees may decontaminate and reuse utility gloves but must discard the gloves when they show signs of wear or deterioration, e.g., cracking, peeling, tearing, or puncturing. Employees shall replace gloves if they are torn, punctured, or contaminated or if the gloves' ability to function as a barrier is otherwise compromised.
6. Employees may not reuse disposable gloves.
7. Employees shall wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or other potentially infectious materials pose a hazard to the eye, nose, or mouth. Appropriate face protectors include glasses with solid side shields or a chin length face shield.

E. Housekeeping.

Administrative managers or designees shall establish standard operating procedures that include a schedule for cleaning any area with the potential for contamination. This schedule must specify appropriate decontamination methods and identify the tasks and procedures for staff. The Health Care Operations Officer shall review the procedures and forward them to the appropriate Director for final approval. The cleaning schedule must include directions for:

1. decontaminating and sterilizing all equipment and environmental and work surfaces and areas that may be contaminated with potentially infectious materials as soon as possible in accordance with current OSHA regulations;
 2. removing and replacing protective coverings such as plastic wrap and aluminum foil;
 3. cleaning and decontaminating reusable receptacles, e.g., bins, pails, and cans;
 4. picking up broken glass;
 5. safely handling and storing reusable sharps;
 6. discarding contaminated sharps;
 7. labeling, closure, storing, handling, transporting, or shipping regulated waste;
 8. discarding all regulated waste under federal, state, and local regulations; and
 9. handling contaminated laundry.
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F. Exposure:**1. Employees at Risk:**

The following employees may be exposed to bloodborne pathogens in their jobs:

- a. health care employees (employees that handle sharps, perform any medical or dental procedures, or perform any invasive or other procedure that involves contact with blood or body fluids);
- b. correctional officers;
- c. probation/parole officers (field and institutional);
- d. employees that have any physical contact with prisoners or visitors that could result in per mucosal (mucous-membrane) or percutaneous (through the skin) contact with blood or body fluids.

2. First Aid:

Employees should reduce their risk of infection after an exposure incident occurs with immediate first aid and appropriate follow-up care.

- a. The employee should encourage an injury site to bleed after needle puncture, laceration, scratch, or other parenteral exposure. The injured person or the first-aid responder should wash the wound thoroughly with soap and water, and clean the wound with a 10% povidone-iodine (Betadine solution) if available.
- b. After cleaning the wound, the injured person should report to a health care provider for additional care if needed.

3. Reporting:

If an employee is exposed to blood or other high risk fluids, the employee must notify his or her supervisor, assistant superintendent, or designee, and document the incident on the Needle/Blood and Body Fluid Exposure Report form (202.03A) within 24 hours of the exposure incident or sooner if possible. The employee must include the route of entry, specific details concerning the incident, and identity of the source individual, if known, on the Exposure Report form.

4. Prisoner Exposure:

If a prisoner in the custody of the department is exposed to blood or other high risk fluids, the appropriate administrative manager shall see that a Needle/Blood and Body Fluid Exposure Form (202.03A) is completed. The Administrative Manager shall also see that procedures described in H1C and c(1) are followed regarding the source individual.

G. Supervisor/Employer's Role:

The assistant superintendent, supervisor, or designee shall investigate the exposure incident, coordinate the employee's follow-up care, and record the details of the incident (route, circumstances, source individual) on the Supervisor's Accident Investigation Report form (02-932). They also shall make written recommendations on the form for changes in work practices, equipment, or employee training to prevent similar exposures in the future. The supervisor or designee shall file this report in the employee's confidential immunization file.

1. Coordinating Employee Follow-Up Care:

The assistant superintendent, supervisor, or designee shall immediately refer the employee to a licensed health care professional outside of the facility for a medical evaluation and any prophylaxis or treatment, at the Department's expense. The medical evaluation must take place within seven days of the incident or sooner if possible.

- a. The assistant superintendent, supervisor, or designee shall give the evaluating health professional:
 - (1) a copy of the regulations governing exposure to bloodborne pathogens (if not already done) and a description of the exposed employee's duties as they relate to the exposure incident;
 - (2) the Needle/Blood and Body Fluids Exposure Report (202.03A). Information on the source individual's HIV and HEP B status, if available. The source " individual must sign a release of information form before the Department may use this information; and
 - (3) all relevant medical record information, including the employee's vaccination status (form 202.04A).
- b. If the injured employee refuses testing and medical follow-up, the employee must sign an Employee Informed Waiver of Medical Treatment form (202.03B).
- c. The assistant superintendent, supervisor, or designee shall ensure that staff ask the source individual to be assessed for HBV and HIV infection, including blood testing, if the person's status is unknown. If the source individual agrees to be tested, the individual must sign a release of information form and a HIV/HBV testing consent form.
 - (1) If the source individual does not consent to a blood test, the assistant superintendent or designee must document that they could not obtain the legally required consent to test the individual. He or she shall forward this information to the Deputy Commissioner. The Department may request a court order by requesting assistance from the Department of Law if the source individual has documented high risk behavior.
 - (2) Following the post-exposure evaluation, the licensed health care professional shall be requested to immediately provide a written opinion to the appropriate administrative manager stating that the employee has been informed of the results of the evaluation and told of the need, if any, for further evaluation or treatment. All other findings are confidential. The Department will give the employee a copy of the written opinion within 15 days of the evaluation.

2. Documentation:

The administrative managers shall keep all documentation concerning the exposure incident, immunization, and training. All documentation is confidential.

June 8, 1998
Date

Margaret M. Pugh
Margaret M. Pugh, Commissioner
Department of Corrections

Authority:
8 AAC 61.010
Applicable Forms:
02-932
202.03A
202.03B
202.03C

202.04A

