	<b>State of Alaska Department of Corrections Policies and Procedures</b>		<b>Index #:</b> 202.03	<b>Page 1 of 12</b>	
			<b>Effective:</b> 04/04/08	<b>Reviewed:</b>	
			<b>Distribution:</b> Public	<b>Due for Rev:</b>	4/09
	<b>Chapter:</b>	Personnel			
<b>Subject:</b>	Blood Borne Pathogens				

I. Authority

In accordance with 22 AAC 05.155, the Department of Corrections shall develop and adopt policies and procedures that are consistent with laws for the guidance, government and administration of correctional facilities, programs and field services.

II. Alaska Statutes

- 33.30.011
- Alaska Administrative Code
- 22 AAC 05.120
- Standards for Adult Local Detention Facilities 3<sup>rd</sup> Edition 1991
- 3-ALDF-4D-01, 4D-03,
- Standards for Adult Correctional Institutions 4<sup>th</sup> Edition 2004
- 4-4329, 4-4331

III. Purpose

To establish policy and procedures for the control of blood borne pathogens.

IV. Application

To all employees

V. Definitions

As used in this document, the following definitions shall apply:

- A. Administrative Managers:  
Division Directors, Superintendents, Chief Probation Officers, Assistant Superintendents, Field Office Supervisors, CO IVs, Field Office Supervisors, Shift Supervisors, Institutional Health Care Officers, functional unit managers, etc.
- B. Blood Borne 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. Contaminated  
The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- D. Decontamination  
Use of mechanical or chemical means to remove, inactivate, or destroy blood borne 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.
- E. Engineering Controls  
Controls that isolate or remove blood borne pathogen hazards from the workplace, e.g., puncture-resistant disposal containers for contaminated sharp instruments and resuscitation bags, self-sheathing needles, etc.
- F. Exposure Incident  
A specific exposure to the eye, mouth, or other mucous membranes,

non-intact skin, parenteral exposure to blood or high risk fluids that results from the performance of an employee's duties.

G. 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.

H. Parenteral Exposure

A piercing of the mucous membranes or the skin barrier from events such as needle sticks, human bites, cuts, and abrasions.

I. Personal Protective Equipment (PPE)

Specialized clothing or equipment worn for protection against a hazard. General work clothes (uniforms, pants, shirts or blouses) are not intended to function as protection against a hazard and are not considered to be PPE.

J. Regulated Waste

Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbial wastes containing blood or other potentially infectious materials.

K. Sharps

Needles, surgical blades, scissors, and razor blades, etc., that could potentially puncture the body's protective barrier.

L. Sterilize

Use of a physical or chemical procedure to destroy all microbial life, including highly resistant bacterial endoscopes.

M. Universal Precautions

An approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other blood borne pathogens.

(Also called "Standard Precautions.")

VI. Policy

A. Universal precautions shall be observed by all Department staff to prevent contact with blood or other potentially infectious materials (OPIM). Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious.

B. Engineering and Work Practice Controls shall be used to eliminate or to minimize the likelihood of exposure incidents. Where occupational exposure remains after commencement of these controls, personal protective equipment also shall be used.

VII. Procedures

---

#### A. General Requirements

1. The following procedures for handling specimens shall be followed:
    - a. Use needles/sharps with self sheathing covers;
    - b. Contaminated needles/sharps will not be recapped, bent, broken or sheared off for disposal;
    - c. Immediately dispose of sharps in impervious containers after use. During use, containers for contaminated sharps shall be easily accessible to personnel; located as close as possible to the immediate area where the sharps are used; maintained in an upright position throughout use; routinely replaced; and not be overfilled;
    - d. Once an item is placed in a sharps container, it may not be removed;
    - e. The sharps container shall be replaced when it reaches the "full line."
  2. Employees are required to wash their hands and other skin as needed with anti-bacterial or antiseptic soap and water and/or flush mucous membranes with water immediately or as soon as possible under these circumstances:
    - a. After any possible contact with blood or other potentially infectious material;
    - b. Upon removal of gloves and other protective equipment worn while in contact with blood or OPIM;
    - c. Patient contact that involves non-invasive procedures;
    - d. Before and after handling food products, medications, linen or clothing;
    - e. After cleaning;
    - f. Before and after using the restroom.
  3. The following procedures for handling medical specimens shall be observed:
    - a. Universal precautions shall be observed to prevent contact with blood or OPIM when collecting, testing or packaging;
    - b. Specimens shall be collected in compliance with orders;
    - c. Specimens leaving the medical department shall be placed in designated leak-proof containers, appropriately labeled, and placed in zip-lock plastics bags for handling and transport.
      - 1) Leak-proof containers are used to prevent leakage during collection, handling, processing, storage and transport.
      - 2) If outside contamination of a primary specimen container occurs, that container is placed within a second leak-proof container and labeled for handling and transport.
    - d. Pickup by or delivery to the testing facility will take place as soon as practical.
  4. Use appropriate personal protective equipment as specified in
-

section 4 below if it is anticipated there will be contact with blood or body substances.

5. Report any significant exposures to blood or body fluids.
6. Eat, drink, apply cosmetics, and handle contact lenses only in designated areas.
7. Never store food or drink in refrigerators where the Department keeps blood or other potentially infectious materials.
8. Observe universal precautions to prevent contact with blood or other potentially infectious materials.

#### B. Vaccination

The hepatitis B vaccine and vaccination series shall be offered to all employees who have occupational exposure, unless the employee has previously received the complete hepatitis B vaccination series, or antibody testing has revealed the employee is immune, or the vaccine is contraindicated for medical reasons. The hepatitis vaccine is offered during the employee's initial orientation period and within 10 working days of initial assignment; following an exposure incident (depending on the employee's immune status); or at any time the employee wishes to start the series.

1. 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. (Forms 202.03C and 202.04A are maintained in the employee's immunization file which is confidential.)
2. Employees who decline 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.
3. If a routine booster dose of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster doses shall be made available at no cost to the employee.
4. An employee need not be prescreened before receiving Hepatitis B series.

#### C. Training

The Training Academy and Medical Director or designee shall establish and maintain an active training program for all personnel. New employees must be provided this training upon initial assignment. Employees shall receive the training annually under OSHA regulations, and additional training when changes such as modification of tasks or procedures affect the employee's occupational exposure. Additional training may be limited to addressing the new risks of exposure. Training will include an opportunity for interactive questions and answers and will be conducted by a person knowledgeable in the subject matter contained in the training program as it relates to the workplace.

---

The training program shall contain a minimum of the following elements:

- a. An accessible copy of the regulatory text of the OSHA standard, Bloodborne Pathogens. - 1910.1030;
  - b. A general explanation of the epidemiology and symptoms of bloodborne diseases;
  - c. An explanation of the modes of transmission of bloodborne pathogens;
  - d. An explanation of the Department's exposure control plan and the means by which to obtain a copy of the written plan;
  - e. An explanation of the appropriate methods of recognizing tasks and other activities that may involve exposure to blood and OPIM;
  - f. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and PPE;
  - g. Information on the types, proper use, location, removal, handling, decontamination and disposal of PPE;
  - h. An explanation of the basis of selection of PPE;
  - i. Information on the hepatitis B vaccine, including information on its efficiency, safety, method of administration, the benefits of being vaccinated, and the fact that the vaccination is available to all at-risk employees free of charge;
  - j. Information on the appropriate actions to take and persons to contact when an exposure incident occurs, including the method of reporting and the medical follow-up that will be available;
  - k. Information on the post-exposure evaluation and follow-up the Department is required to provide the employee following an exposure incident; and
  - l. An explanation of the required signs, labels and/or color-coding used.
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)
1. Appropriate personal protective equipment shall be provided in appropriate sizes at no cost to the employee in areas where
-

exposure to bloodborne pathogens is likely to occur.

- a. Personal protective equipment is considered “appropriate” only if it does not permit blood or other potentially infectious materials under normal conditions to pass through or reach the employee’s clothing, skin, eyes, mouth, or other mucous membranes for the duration of the time which the PPE will be used.
  - b. The Department shall clean, launder, and dispose of required PPE at no cost to the employee.
  - c. The Department shall repair or replace PPE to maintain effectiveness at no cost to the employee.
2. The following is a non-inclusive list of items classified as PPE:
- a. Gloves
  - b. Gowns/Aprons
  - c. Masks/Face shields
  - d. Goggles
  - e. Pocket masks/Ambu bags
  - f. Bouffant caps
  - g. Shoe covers
3. PPE is to be used in conjunction with the following activities:
- a. Physical contact with prisoner and/or patient require the wearing of gloves and, at the employee’s discretion, eye/face protection and/or gown;
  - b. CPR/mouth to mouth resuscitation requires the use of a CPR mask and gloves. The use of eye protection is optional;
  - c. When giving injections, the use of a hypodermic needle requires the wearing of gloves. Eye protection is optional;
  - d. Blood exposure related to patient care require wearing gloves. Eye/face protection is optional;
  - e. Physical contact with patients who have open skin lesions requires wearing gloves. Depending on the location of the lesions, eye/face protection and wearing a gown may be recommended;
  - f. Cleaning up blood or any contaminated items or surfaces requires wearing gloves. Eye/face protection and wearing gown are optional;
  - g. Handling regulated waste, waste liners and containers requires wearing gloves. The use of eye/face protection or wearing a gown is optional;
  - h. Handling contaminated linens requires wearing gloves. Eye/face protection and wearing a gown are optional;
  - i. General cleaning where there are no known contaminates
-

- that require wearing gloves.
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 the worker or co-workers. When an employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.
  4. 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.
  5. Employees shall wear appropriate gloves when they reasonably anticipate that they may have had contact with blood or other potentially infectious materials, mucous membranes, and non-intact skin; 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.
  6. Employees may decontaminate and reuse utility gloves if the integrity of the glove is not compromised. However they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when the ability to function as a barrier is compromised.
  7. Employees may not reuse disposable gloves.
  8. Employees shall wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or other potentially infectious material 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 in compliance with Policy and Procedure 806.01 "Institutional Sanitation." This written schedule for cleaning must specify appropriate decontamination methods based on the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area. The cleaning schedule must include directions for:
1. Decontaminating and sterilizing all equipment and environmental and work surfaces or areas that may be contaminated with potentially infectious materials as soon as possible in accordance with current OSHA regulations;
  2. Protective coverings, such as plastic wrap, aluminum foil, or
-

- imperviously-backed absorbent paper used to cover equipment and environmental surfaces shall be removed and replaced as soon as feasible when they become overtly contaminated.
3. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as practicable upon visible contamination.
  4. Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up as soon as practicable using mechanical means, such as brush/broom and dust pan, tongs or similar devices.
  5. Safely handling and storing reusable sharps: reusable sharps shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps are placed.
  6. Discarding contaminated sharps: contaminated sharps shall be discarded immediately in containers that are closeable, puncture-resistant, leak proof, labeled or color-coded. Containers are closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
  7. Regulated waste shall be placed in containers which are closable, constructed to contain all contents and prevent leakage of fluids during handling, storage or transport, labeled or color-coded and closed prior to removal to prevent spillage or protrusion of contents. If outside contamination of the regulated waste container occurs, it shall be placed in a second container that meets the above-listed criteria.
  8. Disposal of all regulated waste shall be in accordance with all applicable federal, state, and local regulations and placed in containers which are labeled or color-coded that are closable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping. If outside contamination of regulated waste container occurs, it shall be placed in a second container that meets the above-listed criteria.
  9. Handling contaminated laundry: Contaminated laundry shall be handled as little as possible with a minimum of agitation. Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use. Contaminated laundry shall be placed in and transported in bags or containers that are labeled or color-coded in order to recognize that the containers require compliance with Universal Precautions, and which prevent soak-through and/or leakage of fluids to the exterior. Employees who have contact with
-



contaminated laundry must utilize Universal Precautions, as well as wear protective gloves and appropriate PPE.

F. Occupational Exposure

1. Employees at Risk

Job classifications within the Department shall be rated as to the level of potential exposure to blood borne pathogens:

a. Category I: Job Classifications of the Department in which all employees have occupational exposure to blood borne pathogens:

- 1) All health care employees (employees who handle sharps, perform any medical or dental procedures, or perform any invasive or other procedure that involves contact with blood or body fluids);
- 2) All food service and facility maintenance staff ;
- 3) Correctional Officers;
- 4) Probation/Parole Officers (field and institutional);
- 5) Supervisory staff in the Correctional, Probation Officer, or Health Care job series.

b. Category II: Job Classifications of the Department in which some employees have occupational exposure to blood borne pathogens.

- 1) All other employees working in a correctional institution or field probation/parole office.

c. The Superintendent or Field Office Supervisor shall maintain a roster of employees in both Classification I and II. This exposure determination is made without regard to the use of PPE.

d. The supervisor or designee shall maintain a list of all tasks and procedures or groups of closely related tasks and procedures in which occupational exposure occurs, and that are performed by employees in Category I and II.

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.
  - b. Wash needle sticks and cuts with soap and water.
  - c. Flush splashes to the nose, mouth or skin with water.
  - d. Irrigate eyes with clean water, saline or sterile irrigates.
  - e. After cleaning the wound the injured person should seek private medical treatment.
    - 1) Immediately after initial first aid, employee should be encouraged to go to local emergency care or private phy-
-

- sician for care.
- 2) The employee should always bring completed workman's compensation paperwork with them when seeking medical care for an occupational exposure incident.
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 immediately and complete the following paperwork within 24 hours or sooner if possible.
    - a. Incident Report Form 809.03
    - b. Complete Needle/Blood and Body Fluid Exposure Report form (202.03A)  
The employee must include the route of entry, specific details concerning the incident, and identity of the source individual, if known.
    - c. Report of Occupational Injury or Illness (Worker's Compensation form)
    - d. A copy of the above reports are submitted to the employee's supervisor and forwarded to the institutional Superintendent or Chief Probation Officer and Institutional Health Care Officer and maintained in the employee's confidential immunization file.
  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 prisoner will be brought to the Medical Office for initial evaluation and treatment in accordance with the procedures described in this policy, as well as follow-up 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 exposure in the future. The supervisor or designee shall file this report in the employee's 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 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 when possible.
-

- a. The assistant superintendent, supervisor, or designee shall give the evaluating health professional;
    - (1) A copy of OSHA regulation (Standard 29CFR) Blood borne Pathogens- 1910.1030, available online at [www.osha.gov](http://www.osha.gov).
    - (2) The Needle/Blood and Body Fluids Exposure Report (202.03), indicating the circumstances and route of exposure.
    - (3) Information on the source individual's HIV and HEP B if available. The source individual must sign a release of information form before the Department may legally use this information; and
    - (4) All relevant medical record information, including the employee's vaccination status (202.04A).
    - (5) A description of the exposed employee's duties as they relate to the exposure incident, such as the employee's position description (PD).
  - b. If the injured employee refuses testing and medical follow-up, the employee shall sign an "Employee Informed Waiver of Medical Treatment" form (202.03B).
  - c. The assistant superintendent, supervisor, or designee shall ensure that staff asks 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) When the source individual is already known to be infected with HBV or HIV, further testing as to the HBV or HIV status is not required.
    - (3) 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.

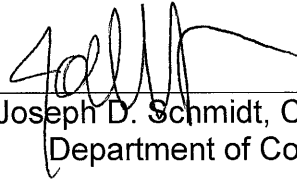
- (4) Results of the source individual's testing shall be made available to the exposed employee. The employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

2. Documentation

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

3/21/08

Date



Joseph D. Schmidt, Commissioner  
Department of Corrections

Authority: 8 AAC 61.010

Applicable Forms to this Policy:

202.03A  
202.03B  
202.03C