

Bloodborne Pathogen Exposure Control Program	1
I. Purpose and Overview.....	1
II. Occupational Exposure Classification.....	1
A. Category I	2
B. Category II	2
C. Category III	2
III. Risk Categories by Fluid Type	2
A. Fluids Capable of Transmission from Exposure	2
B. Fluids Not at Risk of Transmission from Exposure	2
IV. Procedures	2
A. Universal Precautions	3
B. Engineering and Work Practice Controls	3
C. Personal Protective Equipment (PPE)	4
D. Housekeeping Procedures	6
E. Preventative Precautions/Hepatitis B Vaccination (4-4387).....	7
F. Employee Information and Training.....	8
G. System of Record Keeping	8
H. Human Immunodeficiency Virus (HIV) Inmate Roster	8
I. Community Acquired Methicillin-Resistant Staphylococcus Aureus Management (CA-MRSA) (4-4354M, b #1)	9
V. References	10
VI. Action.....	10
Referenced Forms	12
Attachments.....	12

Section-14 Health Services	OP-140125	Page: 1	Effective Date: 04/10/2018
Bloodborne Pathogen	ACA Standards: 2-CO-4E-01, 4, 4-4354M, 4-4358M, 4-4387, 4-ACRS-4C-09, 4-ACRS-4C-10		
Joe M. Allbaugh, Director Oklahoma Department of Corrections		Signature on File	

Bloodborne Pathogen Exposure Control Program

I. Purpose and Overview

The Bloodborne Pathogen Exposure Control Program provides a comprehensive procedure to eliminate or minimize inmate and employee exposure to bloodborne pathogens in the correctional environment. The plan includes appropriate management of biohazard waste and for the decontamination of medical and dental equipment. (4-4358M, 4-ACRS-4C-09)

For the purpose of this procedure, the following term will apply: “Facility head” refers to wardens, directors of Community Corrections Centers or district supervisors responsible for the housing and supervision of inmates.

II. Occupational Exposure Classification

Employees are classified into three categories based on the likelihood that their job duties may expose them to blood or other potentially infectious materials. (4-4354M, 4-ACRS-4C-10)

A. Category I

Assigned job duties that may routinely involve direct contact with blood, body fluids, or other potentially infectious materials to which universal precautions apply. For the purposes of the ODOC, these include:

1. Health care providers; and
2. Correctional/probation and parole officers.

B. Category II

Assigned job duties that do not routinely involve direct contact with blood, body fluids, or other potentially infectious materials to which universal precautions apply, but may occur during an emergency response. This includes all other institutional/community corrections staff not listed in Category I.

C. Category III

This includes staffs who do not routinely work in institutions, to include community corrections.

III. Risk Categories by Fluid Type

A. Fluids Capable of Transmission from Exposure

The following are "at risk" fluids capable of transmission from exposure:

1. Blood, semen, vaginal secretions;
2. Amniotic fluid, breast milk;
3. Pericardial, synovial, pleural, peritoneal fluids; and
4. Cerebrospinal fluid.

B. Fluids Not at Risk of Transmission from Exposure

Fluids not at risk for transmission (unless visible blood is present):

1. Feces, vomitus, urine;
2. Saliva, nasal secretions, sputum; and
3. Sweat, tears.

IV. Procedures

A. Universal Precautions

Universal precautions will be implemented whenever there is a potential for direct contact with blood, body fluids, mucous membranes, or other potentially infectious materials.

B. Engineering and Work Practice Controls

1. Hand Washing

- a. Hands will be washed before and after performing any clean or sterile invasive procedure, eating or preparing food, or touching inmates.
- b. Hands will be washed after any direct contact with blood, body fluids, or other potentially infectious materials; handling soiled linen or waste; handling devices or equipment soiled with blood or body fluids; contact with an open wound or drainage; specimen collection; removal of gloves; and after using the toilet.

2. Disposal of Contaminated Sharps and Regulated Waste

- a. Contaminated needles will not be bent, recapped, or removed from the syringe after use. An FDA-approved sharps destruction device is the only method acceptable for the destruction of contaminated needles.
- b. All other sharp instruments or disposable devices used for invasive procedures will be placed in an FDA approved puncture resistant contaminated sharps container immediately after use.
- c. Contaminated sharps containers are readily accessible to employees, located as close as possible to the immediate area where the sharps are to be used or can be reasonably anticipated to be found, and maintained in an upright and secure position throughout use.
- d. Disposable contaminated sharps containers will be closed and replaced when 3/4 full to prevent protrusion of contents.
- e. Disposal of all regulated waste will be in accordance with all applicable federal and state regulations.
- f. Appropriate disposal of waste in designated regular, red bag or sharps containers is required and in accordance with [Attachment A](#), Section X. entitled "Decontamination Handbook for Bloodborne Pathogens" (attached).

3. Work Area Restrictions

- a. Eating, drinking, applying cosmetics or lip balm, handling contact lenses or storage of food items is not permitted in any area where contaminated items are handled or stored, or in work areas where there is a reasonable likelihood of occupational exposure to bloodborne pathogens.
- b. Food, drink, or food serving items will be stored in refrigerators, freezers, or cabinets or stored on shelves, countertops, or other work spaces separate from those where blood and/or other potentially infectious materials are present.
- c. Health care professionals who have exudative lesions or weeping dermatitis will refrain from all direct inmate contact and from handling inmate care equipment until the condition has resolved and it has been determined they are no longer infectious.
- d. All procedures involving blood or other potentially infectious materials will be performed in such a manner as to minimize splashing, spraying, spattering and/or from generating droplets of these substances.

C. Personal Protective Equipment (PPE)

Personal protective equipment (PPE) consists of items such as gloves, masks, respirators (for TB precautions only), eye protection, gowns, resuscitation equipment and shoe covers. PPE eliminates or minimizes exposure to bloodborne pathogens. This equipment is provided at no cost to the employee.

1. General Guidelines

- a. The employee will use PPE when contact with blood, body fluids, mucous membranes, or other potentially infectious material can be reasonably anticipated. PPE is not needed when contact only involves intact skin or sweat.
- b. PPE will be readily accessible and available in appropriate sizes at the employee work station or work site.
- c. PPE manufactured and intended for re-use, such as goggles or resuscitation equipment, will be cleaned or laundered by the agency at no cost to the employee.
- d. The agency will repair or replace any PPE as needed to maintain its effectiveness.

- e. Any garment penetrated by blood or other potentially infectious material will be removed immediately or as soon as feasible.
- f. All PPE will be removed at the end of the exposure episode in a manner that best minimizes the possibility of cross-contamination prior to the employee's departure from the work station or work site.
- g. Contaminated PPE will be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

2. Gloves

- a. Disposable gloves will be worn when it can be reasonably anticipated that the employee may have direct contact with blood or other potentially infectious material, mucous membranes, and non-intact skin.
- b. Disposable gloves will be discarded immediately after use.
- c. Disposable gloves will be changed between each inmate contact and between contacts with sites of potential contamination on the same inmate.
- d. Disposable gloves will be worn when handling regulated waste, during blood spill, cleanup, and during decontamination of potentially infectious materials.
- e. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. Gloves must be discarded if they are cracked, peeling, torn, punctured or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

3. Masks, Eye Protection and Face Shields

- a. Masks and eye protective devices (i.e., goggles, glasses with solid side shields, or chin length face shields) will be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious material may be reasonably anticipated.
- b. Protective eyewear will be worn in conjunction with a face mask if used in lieu of a full face shield.

4. Disposable Gowns, Aprons and Other Protective Body Clothing
 - a. Impervious fluid-resistant gowns, aprons, and other protective body clothing will be worn by any employee who can reasonably anticipate an exposure to blood, body fluids, or other potentially infectious material.
 - b. Protective body clothing will be removed and replaced between inmate contacts, or whenever the fabric is torn or becomes visibly contaminated.
 - c. Protective clothing will be considered regulated contaminated waste and will be disposed of in accordance with this procedure.

5. Shoe Covers

Shoe covers or boots will be worn by any employee who can reasonably anticipate gross contamination exposure to blood, body fluids, or potentially infectious material. Shoe covers will be considered regulated contaminated waste and will be disposed of in accordance with this procedure. Boots and leather goods may be brush-scrubbed with soap and hot water to remove contamination.

6. Resuscitation Bags, Pocket Masks, and Other Ventilation Devices

- a. Disposable airway equipment or resuscitation bags will be single service items that will be disposed of after use. Reusable resuscitation equipment will be thoroughly cleaned and disinfected after each use according to the manufacturers' recommendations.
- b. Pocket mouth-to-mouth resuscitation devices will be accessible to all trained personnel who provide, or may potentially provide, emergency treatment. Devices with one-way valves are preferable.

- D. Housekeeping Procedures

Housekeeping procedures, including decontamination of spills, critical to non-critical cleaning of medical and dental equipment, and cleaning of all types of surfaces, will be in accordance with [Attachment A](#) entitled "Decontamination Handbook for Bloodborne Pathogens."

1. Laundry

- a. Contaminated laundry will be handled as little as possible with minimal amount agitation, and will not be sorted or rinsed at the location of use.

- b. Contaminated laundry will be bagged or put into an appropriate container at the location where it was used.
- c. Contaminated laundry will be placed and transported in bags or containers that are appropriately labeled or color coded to indicate a biohazardous risk.
- d. Contaminated laundry will be placed in a leak proof container whenever it is wet and presents a reasonable likelihood of soaking through or leaking from the bag or container.
- e. Any person who has contact (i.e., involved in bagging, transport, or laundering) with contaminated laundry will wear gloves and other appropriate personal protective equipment and adhere to universal precautions.

2. Clean-up and Decontamination Protocol

Specific procedures required for cleaning and decontaminating equipment, environmental surfaces and work surface, following blood, body fluid, or potentially infectious material spills, will be in accordance with the "Decontamination Handbook for Bloodborne Pathogens" ([Attachment A](#)). Decontamination training will be provided through the facility's Medical Services staff.

E. Preventative Precautions/Hepatitis B Vaccination (4-4387)

The Hepatitis B vaccine series is available to employees classified in exposure Categories I, II, and III, and to any inmate or employee who has had a work-related exposure to a bloodborne pathogen.

1. Employees will be offered the vaccine unless there is evidence that they had previously received the complete Hepatitis B vaccine series, antibody testing reveals that the employee is immune, or the vaccine is contraindicated for medical reasons.
2. Post-vaccination testing for serologic response will be conducted from one to six months (ideally at six weeks) after the initial Hepatitis B vaccine series has been completed.
3. Any employee in exposure risk Categories I and II who declines the Hepatitis B vaccine series will be required to sign the "Hepatitis B Vaccine Declination Form" ([DOC 140125C](#), attached).

F. Employee Information and Training

1. All employees will be required to participate in a bloodborne pathogen training program at the time of their initial job placement and annually thereafter. All training will be provided during routine working hours and at no cost to the employee.
2. Updated training will be provided when modification of tasks or procedures affect the employees' occupational risk to exposure. Additional training may be limited in scope to the newly defined exposure potential.
3. All training materials will be consistent in content and vocabulary to educational level, literacy, and language for the employee.
4. Training may be conducted online at:

http://www.ok.gov/doc/Organization/Administrative_Operations/Employee_Services/Employee_Development/Training_Login_Page.html

G. System of Record Keeping

1. Records related to employee exposure will be filed in the Medical Services Unit through the remainder of their employment with DOC plus 30 years as per OSHA guidelines:
<http://www.osha.gov/Publications/pub3110text.html>
2. Training records will be maintained in accordance with [OP-100101](#) entitled "Employee Development."

H. Human Immunodeficiency Virus (HIV) Inmate Roster

1. A current inmate roster will be maintained for inmates who have tested positive for HIV (confirmatory test must be positive for diagnosis).
2. The inmate roster will include the following information and warning label:
 - a. Name;
 - b. DOC number; and
 - c. Date of positive reactivity to the ELISA and/or Western Blot serological test.

"This roster of names is confidential and is only available to ODOC correctional officers, probation and parole officers, or other ODOC

employees or any employee of the Pardon and Parole Board who has, or will have, direct contact with an inmate when such inmate is infected with the Human Immunodeficiency Virus (HIV) or has the Acquired Immune Deficiency Syndrome (AIDS) disease, pursuant to 63 O.S. § 1-523. Failure to comply with this restriction will result in disciplinary action, including termination, and may also subject the violator to civil liability and criminal prosecution pursuant to 63 O.S. § 1-502.2 for failure to protect the privacy of a person named on the roster.”

3. The facility head will be responsible for acquiring the names and test results from the appropriate CHSA and compiling the results. This roster will be restricted from unauthorized individuals in accordance with 63 O.S. § 1-523 to include but not be limited to:
 - a. Media;
 - b. Inmates; and
 - c. Public.
4. Inmate rosters will be located within the facility head or assistant facility head's office and divisional office. The facility head, assistant facility head, and the regional director/division head will maintain the security and confidentiality of the roster. The facility head or designee will notify the affected district office when an inmate is released to a probation and parole district.
5. Any authorized employee reviewing the HIV inmate roster will sign the “HIV Inmate Roster Review Log” ([DOC 140125B](#), attached) to document each occurrence. The log contains the following language with the employee's signature and appropriate date:

“My signature below signifies that I have read and understand the warning restriction and the agency policy concerning the HIV Inmate Roster.”
6. The facility head will notify sheriff's deputies taking custody of inmates from ODOC for any reason that the facility has an HIV/AIDS roster. The deputies may review the roster if they desire to do so but the review must be in accordance with the agency's procedures and the deputies must read the warning and sign the log.
- I. Community Acquired Methicillin-Resistant Staphylococcus Aureus Management (CA-MRSA) (4-4354M, b #1)

The treatment guidelines for management of CA-MRSA, “Community Acquired Methicillin-Resistant Staphylococcus Aureus,” is located in MSRM 140125-03 entitled “Community Acquired Methicillin-Resistant

Staphylococcus Aureus Management.”

V. References

Policy Statement No. P-140100 entitled "Inmate Medical, Mental Health and Dental Care"

OP-100101 entitled "Employee Development"

MSRM 140125-02 entitled ""Bloodborne Pathogen Exposure Management"

MSRM 140125-03 entitled "Community Acquired Methicillin-Resistant Staphylococcus Aureus Management"

63 O.S. § 1-502.1-3

63 O.S. § 1-523

<http://www.ok.gov/doc/organization/administrativeoperations/employeeservices/employeeevelopment/trainingloginpage.html>

<http://www.osha.gov/Publications/pub3110text.html>

"Occupational Exposure to Bloodborne Pathogens; Final Rule, 29 CFR Part 1910.1030." Federal Register, Volume 56, No. 235, Pgs. 64175 through 64182, December 6, 1991

CDC-Updated US Public Health Service Guidelines for the Management of Occupational Exposure to HBV, HCV and HIV and Recommendations for Post Exposure Prophylaxis. MMWR June 29, 2001/50(RR11)

Infection Control Manual, Oklahoma State Department of Health, Oklahoma City, 1997 (Revised)

1997 AORN Standards, Recommended Practices, and Guidelines (Denver: Association of Operating Room Nurses, Inc. 1997) 273-274

APIC Infection Control and Applied Epidemiology Principles and Practice (Association for Professionals in Infection Control and epidemiology, Inc.), Mosby, 1996

VI. Action

The chief medical officer is responsible for compliance with this procedure.

The director of Health Services is responsible for the annual review and revisions.

Any exceptions to this procedure will require prior written approval from the agency director.

This procedure is effective as indicated.

Replaced: Operations Memorandum No. OP-140125 entitled "Bloodborne Pathogen Exposure Control Program" dated November 23, 2016

Distribution: Policy and Operations Manual
Agency Website

<u>Referenced Forms</u>	<u>Title</u>	<u>Location</u>
DOC 140125A	"Report of Injury or Unusual Occurrence/Encounter"	Attached
DOC 140125B	"HIV Inmate Roster Review Log"	Attached
DOC 140125C	"Hepatitis B Vaccine Declination Form"	Attached
<u>Attachments</u>	<u>Title</u>	<u>Location</u>
Attachment A	"Decontamination Handbook for Bloodborne Pathogens"	Attached

