POLICY

BLOODBORNE PATHOGEN (BBP) PROTECTION AND EXPOSURE RESPONSE

REVIEW/REVISION HISTORY:

Effective: 9/1/91
Revised: 2/15/94
Revised: 4/1/94
Revised: 12/31/95
Revised: 1/31/98
Revised: 2/25/04
Revised: 8/14/06
Revised: 8/14/07
Reviewed: 8/13/08
Revised: 7/16/09
Revised: 2/13/12
Revised: 8/25/14
Revised: 7/20/15

SUMMARY OF REVISION/REVIEW:

Removed statute reference

APPROVED:

Signature on file

BERNARD WARNER, Secretary
Department of Corrections

6/22/15
Date Signed
POLICY

REFERENCES:

DOC 100.100 is hereby incorporated into this policy; RCW 70.24.340; RCW 70.24.370; WAC 137-100; WAC 246-100; WAC 296-823; ACA 4-4387; DOC 620.020 Non-Consensual Blood Draws; DOC 670.020 HIV Infection and AIDS; DOC 890.130 Hazard Assessments and Personal Protective Equipment; DOC 890.200 Employee Occupational Health Records; DOC Safety and Exposure Control Guide; Records Retention Schedule

POLICY:

I. The Department will take reasonable steps to provide protection to employees, contract staff, and volunteers at possible risk of exposure to bloodborne pathogens (BBPs).

II. An offender’s Human Immunodeficiency Virus (HIV) and viral hepatitis status may be disclosed to an employee/contract staff/volunteer who has experienced an event presenting a possible risk of exposure and has requested source person testing.

A. Events presenting possible risk may include, but are not limited to:

1. Mucous membrane or non-intact skin exposure to blood, semen, and/or vaginal fluids.

2. A needle puncture or penetrating wound resulting in exposure to blood, semen, and/or vaginal fluids.

III. Implementation of infection control should be consistent with the DOC Safety and Exposure Control Guide.

DIRECTIVE:

I. Mandatory Education and Training

A. All employees, contract staff, and volunteers will be provided initial training in BBP protection and exposure response upon hire/assignment, followed by annual refresher training.

II. Personal Protective Equipment (PPE)

A. PPE and immediate access to protective clothing will be available as needed to all employees, contract staff, and volunteers who are at possible risk of exposure to blood and/or other body fluids. PPE belt pouch kits will be issued as specified in the DOC Safety and Exposure Control Guide.

1. Issued PPE belt pouch kits will be worn at all times by custody and recreation employees, and readily available for all other personnel.
2. Each PPE belt pouch kit will contain, at a minimum:
   a. Protective disposable gloves,
   b. Face shield for eye/nose/mouth protection,
   c. One-way valve mask for resuscitation, and
   d. Antimicrobial or germicidal hand wipes or towelettes (e.g., VioNex).

3. PPE will be used as outlined in the DOC Safety and Exposure Control Guide and DOC 890.130 Hazard Assessments and Personal Protective Equipment.

III. Hepatitis B Virus (HBV) Vaccination

A. The hepatitis B virus vaccination series will be offered at no cost to all employees whose normal job duties carry potential for exposure to BBP (e.g., job duties requiring direct offender contact per the DOC Safety and Exposure Control Guide). Completion of the vaccination series will be documented on DOC 03-172 Hepatitis B Vaccine Consent/Waiver and Vaccination Record.

   1. There is no time limit for an employee to request the vaccination.

   2. Future vaccines and boosters will be provided according to the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices.

B. Contract staff and volunteers will not be provided hepatitis B vaccination at Department expense and will be encouraged to obtain vaccination through their health care provider or employer.

C. Hepatitis B titer testing (i.e., blood test that measures the presence and amount of antibodies in the blood) will be suggested upon completion of the vaccination series, but will not be provided at Department expense. Employees, contract staff, and volunteers should request titer testing from their health care provider.

IV. Post-Exposure Follow-Up

A. Any employee, contract staff, or volunteer must be provided post-exposure follow-up if s/he experiences an occupational exposure to blood or body fluids.

B. When an employee, contract staff, or volunteer experiences an event presenting possible risk of exposure, s/he will be provided:

   1. Resources to clean up and conduct an assessment to determine the extent of exposure.
2. Clean clothing, as needed.

3. A red biowaste bag(s) for disposal of items such as PPE and/or severely contaminated clothing.

4. Rice bags and/or yellow bags for contaminated clothing that can be laundered onsite.

5. A mechanism for disposal of contaminated items consistent with the DOC Safety and Exposure Control Guide.

6. The opportunity to seek immediate medical care.

C. Post-exposure information is available at the Blood and Body Fluid Exposures page on iDOC.

D. Post-Exposure Reporting

1. Employees, contact staff, or volunteers will complete DOC 03-133 Accident/Injury Report and notify their supervisor as soon as possible of the exposure event.
   a. Employees, contract staff, and volunteers may also submit DOC 03-269 Request for Source Person Testing/Test Results.

2. Supervisors should relieve the employee, contract staff, or volunteer from duty to seek immediate medical care.

E. The Safety Officer will record the exposure event on the OSHA 300 Log.

F. Questions about post-exposure follow-up should be directed to the Occupational Nurse Consultant (ONC) or the exposed person’s health care provider.

V. Source Person Testing in Prisons

A. Questions about source person testing should be directed to the local Infection Prevention Nurse (IPN)/designee.

1. The IPN/designee will review requests to determine if a possible exposure to a BBP has occurred and will respond to the requester within 72 hours with either:
   a. The results of the test or when the results will be available, or
   b. An explanation of why testing and/or disclosure are not authorized.
2. The requester may appeal a refusal to authorize testing or disclosure of test results to the Chief Medical Officer (CMO)/designee within 7 days of the exposure event.

3. If the CMO/designee denies the appeal, the exposed person may request the local health department order testing per RCW 70.24.340.

B. If the IPN/designee concludes that a possible exposure to a BBP has occurred, the offender will be asked to consent to testing for BBP, including HIV, hepatitis B, and hepatitis C, and will complete DOC 13-035 Authorization for Disclosure of Health Information to release the test results.

1. The IPN/designee will:
   a. Arrange for BBP testing of the offender, unless previous test results are considered adequate per consultation with Health Services.
   b. Communicate test results with the exposed person and advise him/her to discuss the results with his/her health care provider.

   1) The verbal disclosure of source person testing will be documented on DOC 03-269 Request for Source Person Testing/Test Results.

   2) The source person’s de-identified HIV/BBP status should also be released to the exposed person’s health care provider.

C. Involuntary Testing

1. In the event an offender does not consent to BBP testing and disclosure of the test results, and the exposure resulted from the offender’s behavior, the Secretary/Superintendent/designee may order pretest counseling and HIV testing only if s/he determines, per consultation with the CMO/designee, that the exposure event created a possible risk to the exposed person.

   a. If the offender still refuses, s/he may submit written objection within 24 hours to the Secretary/Superintendent/designee, who will review and consider the objection before HIV testing occurs.

   1) The Secretary/Superintendent/designee may rescind his/her order for HIV testing after reviewing and considering the written objection.
2. If the offender does not consent to BBP testing and disclosure of the test results, and the exposure was accidental (i.e., not related to the offender’s behavior), the CMO/designee may be contacted to facilitate a court order for involuntary BBP testing.
   a. When a court order for involuntary BBP testing is obtained, the Secretary/Superintendent/designee will facilitate involuntary testing.

3. Involuntary testing, if necessary, will be conducted per DOC 620.020 Non-Consensual Blood Draws.

4. The Secretary/Superintendent/designee will provide the results of any HIV testing to the exposed person.
   a. The verbal disclosure of source person HIV testing results will be documented on DOC 03-269 Request for Source Person Testing/Test Results.

5. At the time of disclosure, the exposed person will be advised to discuss the results with his/her health care provider.
   a. The source person’s de-identified HIV status result should also be released to the exposed person’s health care provider.

VI. Source Person Testing for Non-Prison Facilities/Offices

A. Questions about source person testing should be directed to the local ONC/designee.

B. If the ONC/designee concludes that a possible exposure to a BBP has occurred, the offender will be asked to consent to testing for BPP, including HIV, hepatitis B, and hepatitis C, and will complete DOC 13-035 Authorization for Disclosure of Health Information to release the test results.

1. The ONC/designee will:
   a. Arrange for offender BBP testing, unless previous test results are considered adequate per consultation with Health Services.
   b. Communicate test results with the exposed person and advise him/her to discuss results with his/her health care provider.

   1) The source person’s de-identified BBP status result should also be released to the exposed person’s health care provider.
### POLICY

#### BLOODBORNE PATHOGEN (BBP) PROTECTION AND EXPOSURE RESPONSE

2. If the offender does not consent to BBP testing and disclosure of the test results, the CMO/designee may be contacted to facilitate a court order for involuntary BBP testing.

#### VII. Confidentiality

A. It is a violation of state law to disclose another person’s sexually transmitted disease testing results or to harass or otherwise discriminate against that person. Unless explicitly authorized to do so by this policy, any employee, contract staff, or volunteer who discloses confidential information relating to test results is subject to disciplinary action, civil liability, and/or criminal sanctions.

#### VIII. Recordkeeping

A. Records will be maintained as required by confidentiality laws and DOC 890.200 Employee Occupational Health Records.

B. Bloodborne pathogens and exposure forms will be maintained in the Employee Occupational Health Record per the Records Retention Schedule.

### DEFINITIONS:

The following words/terms are important to this policy and are defined in the glossary section of the Policy Manual: Body Fluids; Health Care Provider; Human Immunodeficiency Virus (HIV); Personal Protective Equipment (PPE). Other words/terms appearing in this policy may also be defined in the glossary.

### ATTACHMENTS:

None

### DOC FORMS:

- [DOC 03-133 Accident/Injury Report](#)
- [DOC 03-172 Hepatitis B Vaccine Consent/Waiver and Vaccination Record](#)
- [DOC 03-269 Request for Source Person Testing/Test Results](#)
- [DOC 13-035 Authorization for Disclosure of Health Information](#)