



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

APPLICABILITY
DEPARTMENT WIDE
FACILITY/SPANISH MANUALS

REVISION DATE
9/6/21

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NUMBER
DOC 890.600

POLICY

TITLE
**BLOODBORNE PATHOGEN PROTECTION
AND EXPOSURE RESPONSE**

REVIEW/REVISION HISTORY:

- Effective: 9/1/91
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SUMMARY OF REVISION/REVIEW:


II.A.2. - Adjusted language for clarification
 II.A.3. - Added language for clarification
 V.B.1.b., VI.B.1.a., and VII.A. - Adjusted for person-centered language

APPROVED:

Signature on file

CHERYL STRANGE, Secretary
 Department of Corrections

8/23/21
 Date Signed

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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](#); DOC 620.020 Non-Consensual Blood Draws; DOC 890.000 Safety Program; DOC 890.130 Job Safety Analysis, Hazard Assessments, and Personal Protective Equipment; DOC 890.200 Employee Occupational Health Records; Exposure Control Guide; [Records Retention Schedule](#)

POLICY:

- I. The Department will take reasonable steps to provide protection to employees, contract staff, volunteers, and workers under the Department’s jurisdiction who are at possible risk of exposure to Bloodborne Pathogens (BBPs).
- II. The BBP status of an individual under the Department’s jurisdiction 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 will be consistent with the Exposure Control Guide.

DIRECTIVE:

- I. Mandatory Education and Training
 - A. All employees, contract staff, volunteers, and porters 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, volunteers, and workers under the Department’s jurisdiction 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 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.

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2. Superintendents, the Reentry Center Administrator, and Field Administrators will establish procedures for replacing the contents of the PPE belt pouch kit.

a. The PPE belt pouch kit will contain at a minimum:

- 1) Protective disposable gloves,
- 2) Face shield for eye/nose/mouth protection,
- 3) One-way valve mask for resuscitation, and
- 4) Antimicrobial or germicidal hand wipes or towelettes (e.g., VioNex).

3. PPE will be used as outlined in the Exposure Control Guide located on the Department's internal website and DOC 890.130 Job Safety Analysis, Hazard Assessments, and Personal Protective Equipment.

III. Hepatitis B Virus (HBV) Vaccination

A. The HBV vaccination series will be offered at no cost to all employees whose normal job duties, as identified in the Exposure Control Guide, carry potential for exposure to BBP. 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. When an employee, contract staff, or volunteer experiences an event presenting possible risk of exposure, the person will be provided:



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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 severely contaminated PPE and/or 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 Exposure Control Guide.
 6. The opportunity to seek immediate medical care.
- B. Supervisors will relieve any person exposed from duty to seek immediate medical care.
- C. If there has been an occupational exposure to blood or body fluids, any employee, contract staff, or volunteer must be provided post-exposure follow-up.
1. Post-exposure information is available at the Blood and Body Fluid Exposures page on the Department's internal website.
 2. Questions about post-exposure follow-up should be directed to the Occupational Nurse Consultant (ONC) or the exposed person's health care provider.
- D. Post-Exposure Reporting
1. Employees, contract staff, or volunteers will complete an electronic version of DOC 03-133 Accident/Injury Report per DOC 890.000 Safety Program and notify their supervisor as soon as possible of the exposure event.
 2. Employees, contract staff, and volunteers may also submit DOC 03-269 Request for Source Person Testing/Test Results.
- E. The Regional Safety Manager will be notified of an incident through the electronic imaging file and record the exposure event on the OSHA 300 Log.
- V. Source Person Testing in Prisons



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- A. Questions about source person testing should be directed to the local Infection Prevention Nurse (IPN)/designee.
- B. If the IPN/designee concludes that a possible exposure to a BBP has occurred involving an incarcerated individual, the individual will be asked to consent to testing for BBP including HIV, hepatitis B, and hepatitis C. DOC 13-035 Authorization for Disclosure of Health Information will be completed to release the test results.
 - 1. The IPN/designee will:
 - a. Review requests to determine if a possible exposure to a BBP has occurred and respond to the requester within 72 hours.
 - b. Arrange for BBP testing of the incarcerated individual. Previous test results may be considered adequate per consultation with the Chief Medical Officer (CMO).
 - c. Communicate the following with the exposed person and advise to discuss results with the person's health care provider.
 - 1) The results of the test/when the results will be available, or
 - 2) An explanation of why testing and/or disclosure are not authorized.
 - d. Document the verbal disclosure of source person testing on DOC 03-269 Request for Source Person Testing/Test Results.
 - 1) The source person's BBP status and/or test results should also be released without identifying information (e.g., birth date, name, DOC number) to the exposed person's health care provider.
 - 2. The requester may appeal a refusal to authorize testing or disclosure of test results to the CMO/designee within 7 days of the exposure event.
 - a. If the CMO/designee denies the appeal, the exposed person may request the local health department order testing per RCW 70.24.340.
- C. Involuntary Testing
 - 1. In the event an incarcerated individual does not consent to BBP testing and disclosure of the test results, and the exposure resulted from the

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individual's behavior, the Secretary/Superintendent/designee may order BBP testing only if determined, per consultation with the CMO/designee, that the exposure event created a possible risk to the exposed person.

a. If the incarcerated individual still refuses, the individual may submit written objection within 24 hours to the Secretary/Superintendent/designee, who will review and consider the objection before BBP testing occurs.

1) The Secretary/Superintendent/designee may rescind an order for BBP testing after reviewing and considering the written objection.

b. The details of the exposure will be shared with the incarcerated individual, including an explanation of why it presents a possible risk of BBP transmission to the exposed person.

1) The CMO/designee will document on DOC 13-435 Primary Encounter Report and send it electronically to the facility IPN, who will ensure it is filed in the appropriate section of the health record.

2. If the incarcerated individual does not consent to BBP testing and disclosure of the test results, and the exposure was accidental (i.e., not related to the individual'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 testing to the exposed person.

a. The verbal disclosure of source person BBP 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 the person's health care provider.

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- a. The source person's BBP status and/or test results should also be released without identifying information (e.g., birth date, name, DOC number) 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. After the ONC/designee consults with the CMO/designee, and it is determined that a possible exposure to a BBP has occurred involving an individual under the Department's jurisdiction, the individual will be asked by the Field Administrator/designee 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. Upon receipt of the authorization for disclosure, the ONC/designee will:
 - a. Help facilitate BBP testing with a community provider if feasible. Previous test results may be considered adequate per consultation with the CMO/designee.
 - b. Communicate test results with the exposed person and advise them to discuss the results with the person's health care provider.
 - 1) The source person's BBP status and/or test results should also be released without identifying information (e.g., birth date, name, DOC number) to the exposed person's health care provider.
 2. If the individual 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 BBP testing results or harass or otherwise discriminate against that person. Any employee, contract staff, or volunteer who discloses confidential information relating to test results, without authorization per this policy, is subject to disciplinary action, civil liability, and/or criminal sanctions.

VIII. Recordkeeping

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- A. Records will be maintained as required by confidentiality laws and DOC 890.200 Employee Occupational Health Records.
- B. Completed, applicable 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: Bloodborne Pathogen; 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
- DOC 13-435 Primary Encounter Report