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Bloodborne Pathogen Exposure Control Plan		

POLICY

The Texas Department of Criminal Justice and its contractors will follow accepted administrative, work practice and personal protective procedures to reduce the risk of transmission of bloodborne pathogens to persons working in its facilities.

PROCEDURES

I. INTRODUCTION

The Texas Department of Criminal Justice (TDCJ) is committed to providing a safe and healthy work environment for all its employees. To further this goal, TDCJ has implemented an Exposure Control Plan (Plan) to comply with Chapter 81, Subchapter H of the Texas Health and Safety Code.

This Plan is designed to help identify, minimize, and/or eliminate risk from exposure to potentially infectious materials to which a worker may be exposed during their employment.

Diseases caused by organisms classified as bloodborne pathogens can be transmitted from an infected individual to another person by contact with blood or other body fluids. These diseases include but are not limited to Hepatitis B virus (HBV), Hepatitis C virus (HCV) and Human Immunodeficiency virus (HIV).

Workers are required to:

1. Learn what tasks may result in exposure;
2. Follow the work routines established by this Plan;
3. Report any incidents involving exposure; and
4. Assist co-workers in understanding and complying with the requirements of this Plan.

Following these steps will help minimize risk from "occupational exposure". Occupational exposure means reasonably anticipated contact between eyes, mucous membranes of the nose or mouth or broken skin with blood, body fluids or other potentially infectious materials that may occur in the performance of duties. Occupational exposure from blood includes all forms of human blood whether it is liquid, semi-liquid or dried/caked blood. Some types of exposure may be less risky than others, but all occupational exposures must be reported to one's supervisor.

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Even though most offenders do not have a bloodborne infection, the practice of "Universal Precautions" is the safest way to prevent any potential for exposure. 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, HCV and other bloodborne pathogens. For healthcare workers, a broader practice called "Standard Precautions" has replaced and encompasses Universal Precautions.

II. EXPOSURE DETERMINATION

A. Exposure Categories -TDCJ job classifications fall into three exposure categories for protection against occupational exposure to bloodborne pathogens, according to the tasks required in the particular job classification. These job categories are as follows:

1. **Category I:** Job classifications in which performance of tasks that involve potential exposure to human blood, body fluids, or tissues is required on a regular basis. All procedures or other job-related tasks that involve an inherent potential for mucous membrane or skin contact with human blood, body fluids, or tissues, OR a potential for spills or splashes of them are Category I job tasks. Use of appropriate personal protective equipment will be required for every employee engaged in Category I tasks.

Examples of Category I tasks include: use of force, contact body search, providing emergency first aid, cell search, drawing blood, providing medical or dental care, etc..

Job classifications or titles that require category I tasks include:

- a. Correctional officer
- b. Sergeant of correctional officers
- c. Lieutenant of correctional officers
- d. Captain of correctional officers
- e. Major of correctional officers
- f. Wardens and assistant wardens
- g. All dentists
- h. All nurses
- i. All physicians
- j. All podiatrists
- k. Dental assistant
- l. Dental hygienist

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- m. Dental lab supervisor
- n. All lab technicians
- o. Physical therapist
- p. Physical therapist assistant
- q. All medical aides
- r. All medical technicians
- s. Medical technologist
- t. Occupational therapist
- u. Occupational therapist assistant
- v. All physician extenders
- w. All radiological technicians
- x. All respiratory therapists
- y. Correctional medication aide

2. **Category II:** Job classifications that do not regularly require the performance of tasks that involve exposure to human blood, body fluids, or tissues but in which employees may occasionally be required to perform unplanned Category I job tasks or in which the tasks required may entail exposure to blood or body fluids in exceptional circumstances.

The normal work routine involves no exposure to blood, body fluids, or tissues, BUT exposure or potential exposure may be required as a condition of employment. Appropriate personal protective equipment will be readily available to every employee engaged in Category II tasks.

Examples of exposure risks for job classifications required to perform Category II tasks include: providing emergency first aid, handling contaminated laundry, cleaning blood spills, exposure to trash or waste that may contain sharps.

Job classifications or titles that require category II tasks include:

- a. Unit housekeeping personnel
- b. Paramedic district supervisor
- c. All laundry managers
- d. All psychologists
- e. All social workers
- f. Health services courier
- g. Offender laundry worker
- h. Offender SSI - Waste

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3. **Category III:** Job classifications that only require performance of tasks involving no exposure to human blood, body fluids or tissues.

The normal work routine involves no exposure to human blood, body fluids or tissues (although situations may be imagined or hypothesized under which anyone, anywhere, might encounter potential exposure to body fluids). Persons who perform these duties are not called upon as part of their employment to perform or assist in emergency medical care or first aid or to be potentially exposed in some other way. Under unusual circumstances, persons in job classifications requiring only Category III tasks may provide emergency first aid, but doing so is not expected as a job requirement.

Job classifications in category III include:

All other TDCJ and Correctional Managed Health Care job classifications not included in Category I or Category II

The list of tasks given as examples for each risk category is not complete; employees are expected to know through training and experience when a task involves exposure to a bloodborne pathogen and when personal protective equipment must be used.

III. WORK PRACTICES

- A. Standard precautions are observed to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious materials are considered infectious regardless of the perceived status of the source individual.
- B. Engineering and work practice controls are used to eliminate or minimize exposure to employees. Where risk of occupational exposure remains after institution of these controls, personal protective equipment is used. Examples of engineering and work practice controls include safety design devices, sharps containers, "contaminated laundry" bags, etc. Examples of personal protective equipment include gloves, face shields, waterproof gowns, etc.
- C. Supervisors and workers shall examine and maintain engineering and work practice controls within the work center on a regular schedule.

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- D. Handwashing facilities shall be available to the employees who incur exposure to blood or other potentially infectious materials. These facilities shall be readily accessible after incurring exposure.
- E. If handwashing facilities are not feasible (for example for security over the field force), either an antiseptic cleanser in conjunction with a clean cloth/paper towels, antiseptic towelettes or waterless disinfectant will be readily available. If these alternatives are used, then the hands or other affected body part are to be washed with soap and running water as soon as feasible.
- F. After removal of personal protective gloves, employees shall wash their hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water. If employees incur exposure to their skin or mucous membranes, then those areas shall be washed with soap and water or flushed with water as appropriate as soon as feasible following contact.
- G. Needle safety.
1. TDCJ employees ordinarily should not use needles in the execution of their jobs. However, needles may be found as a result of a shakedown or other situation and must be handled in the same manner as done by health care staff. These needles shall be considered contaminated and placed in a disposable sharps container without further manipulation, unless the needle is needed as evidence. If a needle is required as evidence it shall be placed in a rigid closable container that will not allow inadvertent needle stick injury. The container should be color coded (red) and/or biohazard labeled.
 2. Health care staff shall not recap, remove, bend or break used needles, and shall dispose of them in an appropriate container.
 3. Disposal of contaminated sharps
 - a. Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:
 1. closable;
 2. puncture resistant;
 3. leak proof on sides and bottom; and
 4. biohazard labeled or color-coded.
 - b. If required as evidence they will be stored as described for needles, above.

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c. During use, containers for contaminated sharps shall be:

1. easily accessible to personnel;
2. located as close as is feasible to the immediate area where sharps are being used or can be reasonably anticipated to be found;
3. maintained upright throughout use; and
4. not be allowed to overflow; and replaced routinely.

H. In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees shall not eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses.

I. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter/bench tops where blood or other potentially infectious materials are present.

IV. PERSONAL PROTECTIVE EQUIPMENT

A. All personal protective equipment used is provided without cost to employees.

B. Personal protective equipment shall be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment is considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of the time which the protective equipment is used.

C. Examples of personal protective equipment include gloves, eyewear with side shields, gowns, lab coats, aprons, shoe covers, face shields, and masks.

D. All personal protective equipment shall be fluid resistant.

E. All personal protective equipment will be cleaned, laundered, and disposed of by the employer at no cost to employees.

F. All repairs and replacements are made by the employer at no cost to employees.

G. Any garments that is contaminated by blood shall be removed immediately or as soon as feasible and placed in an appropriate laundry or trash container.

H. All personal protective equipment shall be removed prior to leaving the work area and placed in a designated receptacle.

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- I. Gloves are worn where it is reasonably anticipated that employees will have hand contact with another person's blood, other potentially infectious material, non-intact skin, or mucous membrane.
- J. Latex sensitive employees will be provided with suitable alternative personal protective equipment.
- K. Disposable gloves are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.
- L. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves shall be discarded if they are cracked, peeling, torn, punctured, exhibit other signs of deterioration, or when their ability to function as a barrier is compromised.
- M. Masks in combination with eye protection devices, such as goggles, glasses with solid side shield, or chin length face shields, are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated.
- N. Caps or hoods and/or fluid resistant shoe covers or boots are worn in instances when gross contamination can reasonably be anticipated.

V. HOUSEKEEPING PRACTICES

- A. Facilities are to be cleaned and decontaminated with an Environmental Protection Agency (EPA) registered germicide to maintain an antiseptic clean environment at all times.
- B. All contaminated work surfaces shall be decontaminated after completion of procedures, immediately or as soon as feasible after any spill of blood or other potentially infectious materials, and at the end of the work shift. (Note that this applies to contaminated work surfaces, not to the entire facility.)
- C. Protective coverings (e.g., plastic wrap, aluminum foil, etc.) used to cover equipment and environmental surfaces shall be removed and replaced as soon as feasible when they become contaminated or at the end of the work shift.

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- D. All bins, pails, cans, and similar receptacles shall be inspected and decontaminated on a regularly scheduled basis or whenever they are found to be contaminated.
- E. Broken glassware that may be contaminated shall not be picked up directly with the hands, regardless of whether gloves are worn.
- F. Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping.
 - 1. It must be decontaminated as necessary before being removed from the facility or worksite unless decontamination of the equipment is not feasible.
 - 2. Employers shall place a biohazard label on any portions of the equipment that remain contaminated to inform employees, service representatives, and/or the manufacturer, as appropriate.

VI. REGULATED WASTE DISPOSAL

- A. All contaminated sharps shall be discarded as soon as possible in sharps containers located as close to the point of use as feasible in each work area.
- B. Sharps containers shall be taken to the medical department for disposal when they are approximately 2/3 full.
- C. Regulated medical waste other than sharps shall be placed in appropriate containers that are closable, leak resistant, labeled with a biohazard label or color-coded, and closed prior to removal from the area.
- D. If outside contamination of the regulated waste container occurs, it must be placed in a second container that is also closable, leak proof, labeled with a biohazard label or color-coded, and closed prior to removal.
- E. All regulated waste shall be properly disposed of in accordance with federal, state, county, and local requirements. Procedures for handling such waste are covered in detail in Infection Control Manual Policy B-14.25

VII. LAUNDRY PROCEDURES

- A. Laundry from the general offender population is not considered contaminated unless it is visibly stained with blood or other potentially infectious fluids. Laundry that is saturate with blood or caked with blood and is no longer serviceable must be disposed of as special medical waste. See Infection Control Policy B-14.25.

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- B. Contaminated laundry shall be handled as little as possible and placed in a water-soluble bag that is then placed in a yellow "contaminated laundry" bags at the location where it was used.
- C. Wet laundry shall be placed in leak resistant bags or containers that are closed before transporting to the laundry facility.
- D. Contaminated laundry shall not be sorted or rinsed in the area in which it was used.
- E. Any employee or offender who handles contaminated laundry shall use appropriate personal protective equipment to prevent contact with blood or other potentially infectious materials.
- F. Contaminated laundry may be cleaned at the same laundry facility that is used for non-contaminated laundry.

VIII. HEPATITIS B VACCINE

- A. All employees who have been identified as potentially having occupational exposure to blood or other potentially infectious materials are offered the hepatitis B vaccine, at no cost to the employee, under the supervision of a licensed physician or licensed healthcare professional.
- B. This includes persons in Category I or Category II job classifications. Additional employees may be offered the vaccine according to Health Services Division Policy B-14.4.
- C. The vaccine is offered after a new eligible employee receives bloodborne pathogen training and within 10 working days of their initial work assignment.
- D. Employees are not offered hepatitis B vaccination if they have previously received a complete hepatitis B vaccination series, if antibody testing has revealed that the employee is immune, or if the vaccine is contraindicated for medical reasons.
- E. Employees will receive the vaccine in the medical department at their initial facility of assignment.
- F. Employees who decline the Hepatitis B vaccine must sign a declination statement. (See Appendix C of Health Services Policy B-14.4).

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G. Employees who initially decline the vaccine but later elect to receive it may then have the vaccine provided at no cost to the employee.

IX. POST EXPOSURE EVALUATION AND FOLLOW UP

- A. When a TDCJ or Correctional Managed Health Care employee or volunteer believes he or she may have been exposed to bloodborne pathogens as a result of the employee's work-related duties they should wash the exposed area with soap and water or rinse exposed eyes, nose or mouth with water.
- B. They should report the exposure to their supervisor and report to the facility medical department for evaluation as soon as possible.

Timely evaluation of a potential exposure by qualified medical personnel is important because administration of preventive therapy within a few hours after the exposure is essential in some cases.

- C. Administrative aspects of an exposure should follow the procedures in PD-45, Worker's Compensation. Non-TDCJ employees should follow the policies and procedures of their employer.
- D. The medical management of an exposure is outlined in Correctional Managed Health Care (CMHC) Policy B-14.5.
- E. If an employee has an occupational bloodborne pathogen exposure when there are no medical staff on the unit, the protocol in Attachment B should be followed.

X. INTERACTION WITH HEALTHCARE PROFESSIONALS

- A. A written opinion shall be obtained from the healthcare professional who evaluates a TDCJ employee after an exposure incident. In order for the healthcare professional to adequately evaluate the employee, the healthcare professional shall be provided with or have access to:
 1. a copy of the TDCJ exposure control plan (this policy) and CMHC Policy B-14.5;
 2. a description of the exposed employee's duties as they relate to the exposure incident;
 3. documentation of the route(s) of exposure and circumstances under which the exposure occurred;
 4. results of the source individual's blood tests (if available); and

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5. medical records relevant to the appropriate treatment of the employee.

A. This information will be provided by the unit medical department if the employee is evaluated by an off-site healthcare professional during hours when medical staff are on the unit; otherwise items 1-3 will be provided by the supervising correctional officer.

B. The healthcare professional must provide a written opinion (Attachment A, same as Attachment K-1 of CMHC Policy B-14.5) that is limited to:

1. whether the Hepatitis B vaccine is indicated;
2. whether the employee has received the vaccine;
3. whether the exposure was a true bloodborne pathogen exposure;
4. whether the employee has been informed of the results of the evaluation;
5. whether additional follow-up is needed;
6. whether the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials (the written opinion to the employer is not to reference any personal medical information); and

C. The written opinion of the healthcare professional shall be submitted to the TDCJ Office of Public Health. The Office of Public Health must provide a copy of the written opinion to the employee within 15 days of completion of the evaluation.

XI. BIOHAZARD LABELS

A. Biohazard warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials, and other containers used to store, transport, or ship blood or other potentially infectious materials. Red bags or red containers may be substituted for labels.

XII. TRAINING

Training for all employees shall be conducted prior to initial job assignments that will require tasks where occupational exposure may occur. All employees shall also receive annual refresher training. This training shall be conducted within one year of the employee's previous training.

Training for employees shall be conducted by a person knowledgeable in the subject matter and includes an explanation of the following:

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1. OSHA Bloodborne Pathogen Final Rule;
2. epidemiology and symptomatology of bloodborne diseases;
3. modes of transmission of bloodborne pathogens;
4. the TDCJ exposure control plan;
5. TDCJ Health Services and Infection Control Policies B-14.4, B-14.5, B-14.24, B-14.25, and B-14.31
6. procedures which might cause exposure to blood or other potentially infectious materials at this facility;
7. control methods which are used at the facility to control exposure to blood or other potentially infectious materials;
8. personal protective equipment available at this facility (types, use, location, etc.);
9. hepatitis B vaccine program at the facility;
10. procedures to follow in an emergency involving blood or other potentially infectious materials;
11. procedures to follow if an exposure incident occurs, to include U.S. Public Health Service Post Exposure Prophylaxis Guidelines and state Worker's Compensation documentation requirements;
12. post exposure evaluation and follow up;
13. signs and labels used at the facility; and
14. an opportunity to ask questions with the individual conducting the training.

XIII. RECORDKEEPING

Employees: Medical records pertaining to the exposure shall be maintained by the Office of Public Health, according to the requirements of the OSHA Bloodborne Pathogens Standard. Employee training records regarding bloodborne pathogens shall be maintained in the employee's unit/facility/department personnel file.

Offenders: Records for offender bloodborne exposures will be kept in the offender's medical record on the unit/facility. Offender training records regarding bloodborne pathogens shall be maintained in the offender's unit/facility file.

**Bloodborne Pathogens (BBP) Occupational Exposure Provider Statement
Health Services Policy B-14.5 Attachment K-1a**

Instructions to provider:

1. The definition of a true exposure according to CDC guidelines is:
 - Percutaneous injury (e.g., needle stick, puncture wound, laceration with a sharp object or a human bite); or
 - Contact of mucous membranes; or
 - Contact of non-intact skin (e.g., skin that is chapped, abraded or compromised by dermatitis or open wounds); or
 - Contact of several minutes duration of intact skin;
with
 - Blood and all body fluids visibly contaminated with blood, or semen or vaginal secretions; or
 - Cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, or amniotic fluid.
2. If follow-up evaluation or treatment are needed, please refer the patient to the medical department at the facility where they work. The employee may elect to continue follow-up and treatment elsewhere, but it will be at their own expense.
3. If HIV post-exposure prophylaxis is indicated, please administer the first dose of medications. The employee will be provided the rest of the medication at a TDCJ unit. Although we do not wish to override clinical decision making, our recommended post-exposure regimen includes zidovudine, lamivudine and lopinavir+ritonavir (Kaletra) – see * Policy 14.5, attachment K-3 for prescription form. Please sign this prescription form and send it back with the employee to be filled at the unit, if you choose to use our recommended regimen. If you choose an alternative regimen, please provide the employee with a prescription for a 6-day supply. We will continue the regimen for a total of 28 days if indicated based on results of baseline testing of the employee and the source.

Occupational Exposure Procedures when no medical staff are on the unit

If the exposure involved the contact of:

1. Blood
2. Semen or vaginal fluid
3. Any body fluid with visible blood in it
4. Saliva if there is visible blood or if the offender had dental work within the preceding 24 hours

To

1. Eyes, mouth or into the nostrils
2. Broken skin (cut or puncture within the previous 24 hours, or inflamed skin rash)
3. Intact skin if the exposure was for more than 5 minutes and the area exposed was more than 1" in diameter.

Then

1. Send employee to the closest facility with 24 hour medical coverage if the employee can be seen by medical staff at the facility within 1 hour of the exposure.
2. Call the on-call provider for advice if there is no facility with 24 hour coverage nearby.
3. If the on-call provider does not respond within 1 hour after the exposure, then send the employee to the nearest ER for evaluation and treatment. Send the forms in attachment K of CMHC Policy B-14.5 with the employee.