

POLICY & PROCEDURES

CHAPTER:	4	Facility Services	4.2.11
SECTION:	2	Health Services	EFFECTIVE DATE: 7 / 21 / 2020
SUBJECT:	11	BLOODBORNE PATHOGENS	
STANDARDS: ACA – 4 – ALDF: 4C-16			
APPROVED:			REVIEW DATE: 7 / 21 / 20
_____ Dale Glass COMMISSIONER OF CORRECTIONS			
Rescinds: 4.2.11 dated 10/21/04 Cancel:			

I. POLICY

The Division of Corrections will establish standard operating procedures to prevent occupational transmission of bloodborne pathogens. The Division will ensure that employees follow these procedures when performing tasks where they may be exposed to infectious materials.

The Division will administer all health care-related activities under state and federal law (Occupational Safety and Health Administration (OSHA) standards on bloodborne pathogens) and Division policies to protect employees from the transmission of diseases such as HIV and HBV infection.

II. RESPONSIBILITIES

All Division of Corrections staff having direct contact with the inmate population and healthcare providers are responsible for adhering to the following procedures.

III. DEFINITIONS

None

IV. PROCEDURES

A. Work Practice Controls

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1. Do not recap sharps. Immediately dispose of sharps in impervious containers after use. Do not throw sharps in trash containers or leave on any work surface.
2. Wash hands whenever gloves are removed or changed.
3. Use appropriate personal protective equipment if it is anticipated there will be contact with blood or body substances.
4. Report any significant exposures to blood or body fluids immediately to the supervisor.
5. Eat, drink, apply cosmetics, and handle contact lenses only in specific areas.
6. Never store food or drink in refrigerators where the Medical Department keeps blood or other potentially infectious materials.
7. Observe universal precautions to prevent contact with blood or other potentially infectious materials.

B. Training

1. The Training Academy and the Health Care Provider will establish and maintain an active training program for all personnel concerning the transmission of bloodborne pathogens, universal precautions, use of personal protective equipment, engineering controls work practice controls, good housekeeping practices, and the benefits of vaccination versus exposure prevention. New employees must be provided this training upon initial assignment. Employees will receive the training annually under OSHA regulations.
2. The Human Resource Manager or designee is responsible for coordinating and documenting an employee's training. The manager will maintain training records for at least three years from the date of training.
3. 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.

C. Personal Protective Equipment (PPE)

1. Employees will use PPE where work practice controls are not feasible or whenever

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- engineering and work practice controls are insufficient to prevent occupational exposure. PPE includes gloves, gowns, laboratory coats, face shields or masks, and eye protection, etc. PPE do not include' general clothes such as uniforms, pants, shirts, or blouses.
2. PPE is adequate if it does not allow blood or other potentially infectious materials to pass through or reach the employee's work clothes, street clothes, skin, eyes, mouth, or mucous membranes under normal conditions.
 3. 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 workers.
 4. Employees will remove all PPE before leaving the work area or after a garment becomes contaminated. Employees will place all used PPE in designated areas or containers when being stored, washed, decontaminated, or discarded.
 5. Employees will wear appropriate gloves when they reasonably believe that they may have contact with blood or other potentially infectious materials, 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 but must discard the gloves when they show signs of wear or deterioration, e.g., cracking, peeling, tearing, or puncturing. Employees will replace gloves if they are torn, punctured or contaminated or if the gloves' ability to function as a barrier is otherwise compromised.
 7. Employees may not reuse disposable gloves.
 8. Employees will wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or other potentially infectious materials pose a hazard to the eye, nose, or mouth. Appropriate face protectors include glasses with solid side shields or a chin length face shield.

D. Housekeeping

Standard operating procedures will be established that include a schedule for cleaning any area with the potential for contamination. This schedule must specify appropriate decontamination methods and identify the tasks and procedures for staff. The Health Services Administrator will review the procedures and forward them to the Superintendent for final approval. The cleaning schedule must include directions for:

- decontamination and sterilizing all equipment and environmental and work

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surfaces areas that may be contaminated with potentially infectious materials as soon as possible in accordance with current OSHA regulations;

- removing and replacing protective coverings such as plastic wrap and aluminum foil;
- cleaning and decontaminating reusable receptacles, e.g., bins, pails, and cans;
- picking up broken glass;
- safely handling and storing reusable sharps;
- discarding contaminated sharps;
- labeling, closure, storing, handling, transporting, or shipping regulated waste;
- discarding all regulated waste under federal, state, and local regulations; and
- handling contaminated laundry.

E. Exposure

1. The following employees may be exposed to bloodborne pathogens in the performance of their duties:
 - a. health care employees (employees that handle sharps, perform any medical or dental procedures, or perform any invasive or other procedure that involves contact with blood or body fluids);
 - b. correctional officers;
 - c. probation/parole officers (field and facility);
 - d. employees that have any physical contact with inmates or visitors that could result in per mucosal (mucous-membrane) or percutaneous (through the skin) contact with blood or body fluids.
2. Employees should reduce the 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. The injured person or the first-aid responder should wash the wound thoroughly with soap and water, and clean the wound with a 10% Povidone-iodine, if available.

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- b. After cleaning the wound, the injured person should report to the City's Workmen Compensation health care provider for additional care if needed.
- 3. If an employee is exposed to blood or other high risk fluids, the employee must notify his supervisor and document the incident on an Incident Report and Report of Injury Report within 24 hours of the exposure incident or sooner if possible. The employee must include the route of entry, specific details concerning the incident, and identity of the source individual, if known, in the reports.
- 4. If an inmate in the custody of the Division is exposed to blood or other high risk fluids, the Shift Commander will ensure an Incident Report is completed and the inmate is immediately referred to the medical department.

F. Supervisor/Employer's Responsibility

- 1. The Shift Commander, or designee will 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 Data Analysis of On-Duty Accident – City of St. Louis". He also will make written recommendations on form for changes in work practices, equipment, or employee training to prevent similar exposures in the future.
- 2. The Shift Commander will immediately refer the employee to the City's health care provider for a medical evaluation and any prophylaxis or treatment. The medical evaluation must take place within seven days of the incident or sooner if possible.
- 3. If the injured employee refuses testing and medical follow-up, the employee must sign an Employee Informed Waiver of Medical Treatment Form.
- 4. The Detention Center Superintendent will ensure that the source individual is asked 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.
 - a.. If the source individual does not consent to a blood test, the Deputy Superintendent must document that they could not obtain the legally required consent to test the individual. He will forward this information to the Superintendent. The Division may request a court order by requesting assistance from the City Counselor's Office if the source individual has documented high risk behavior.
 - b. Following the post-exposure evaluation, the City's health care provider will be requested to immediately provide a written opinion to the Human Resource Manager stating that the employee has been informed of the results

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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.

5. The Human Resource Manager will keep all documentation concerning the exposure incident, immunization, and training. All documentation is confidential.