



**DEPARTMENT OF CORRECTIONS  
Human Resources**



<b>Title:</b>	<b>Blood Borne Pathogens</b>	<b>DOC Policy: 20.6.7</b>
<b>Effective:</b>	<b>7/1/06</b>	<b>Supercedes: 7/15/02</b>
<b>Applicability:</b>	<b>All employees, volunteers and contract service providers</b>	
<b>Directives Cross-Reference:</b>	<b>OAR 437, Division 2, Subdivision Z, Toxic and Hazardous Substances, 1910.1030 Bloodborne Pathogens, OAR 437-002-1030, OAR 437-002-1035; ORS 433.085 HIV and hepatitis test at request of law enforcement officer; procedure, DOC Policy 20.1.3 Code of Conduct, DOC Policy 20.6.1 Promotion and Maintenance of a Respectful, Workplace</b>	
<b>Attachments:</b>	<b>Attachment A - Offer/Declination of Hepatitis B Vaccination (CD1398) Attachment B - Hep. B Vaccination Program-Medical Report (CD1403) Attachment C - Employee Information Following Exposure Attachment D - Supervisor’s Report of Employees Duties and Description Attachment E - Post-Exposure Follow-up Checklist (CD1402) Attachment F - Post Exposure – Roles/Responsibilities/Duties Attachment G - Outline of BBP Roles and Responsibilities Attachment H - Information to the Source Patient in Blood and Body Fluid Attachment I - Instructions for filling out affidavit, petition, and order</b>	

**I. PURPOSE**

To minimize or eliminate exposure to blood borne pathogens in the workplace by incorporating an exposure control plan, a hepatitis B vaccination program for staff, and engineering and work practice controls.

**II. DEFINITIONS**

- A. Blood borne Pathogens: Pathogenic microorganisms present in human blood, which can cause disease in humans. These pathogens include, but are not limited to hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).
- B. Contaminated Laundry: Laundry that has been soiled with blood or other potentially infectious materials or that may contain sharps.
- C. Engineering Controls: Controls (e.g., sharps containers, self-sheathing needles, etc.) that isolates or reduces the blood borne pathogen hazards from the workplace.
- D. Employee Support Services (ESS) Counseling: Department staff on-site or on-call, trained as peer support to defuse, counsel and support staff during and after a crisis.

- E. Exposure Incident - Direct Contact: Occurs when eye, mouth, other mucous membrane, non-intact skin, or penetrated skin (parenteral exposure) comes into contact with blood or other potentially infectious materials during the performance of an employee's duties.
- F. Exposure Incident - Indirect Contact: Occurs when blood or other potentially infectious material comes into contact with anything but mucus membrane or non- ntact skin.
- G. License Health Care Professional – Any licensed health care professional who can provide consultation and/or medical treatment.
- H. Other Potentially Infectious Materials (OPIM): Include, but are not limited to, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, and any body fluid that is visibly contaminated with blood. Note: Feces, urine, nasal secretions, sputum, sweat, tears, and vomitus are not considered OPIM unless they contain visible blood.
- I. Parenteral: Piercing mucous membranes or the skin through such events as needle ticks, human bites, cuts, and abrasions.
- J. Personal Protective Equipment (PPE): Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function, as protection against a hazard is not considered personal protective equipment.
- K. Regulated Waste: Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps: and pathological and microbiological wastes containing blood or other potentially infectious materials.
- L. Sharps: Any object that can penetrate the skin (i.e., needles, scalpels, broken glass, broken capillary tubes, exposed ends of dental wires, etc.).
- M. Source Individual: Any living or dead individual whose blood or OPIM may be a source of occupational exposure to blood borne pathogens.
- N. Titer Test: A blood test conducted to determine if HBV antigens/antibodies are present in the blood and the level of immunity achieved.
- O. Universal Precautions: An approach to infection control, which treats all human blood and certain human body fluids as if they are infectious for HBV, HCV, HIV, or other blood borne pathogens.

### III. POLICY

- A. Volunteers and Contract Service Providers

The entire text of this policy applies to all DOC employees. Portions of the policy apply to volunteers and contract providers, and that information will be noted in designated sections.

1. With the exception of designated health service contract providers, volunteers and contract service providers should not normally involve themselves in situations where an exposure incident may occur.
2. Volunteers and contract service providers who become involved in an exposure incident and/or believe that they have been exposed to a blood borne pathogen are encouraged to seek medical attention with the time frames as outlined in Attachment F. Post Exposure – Roles/ Responsibilities/Duties, and are expected to comply with the reporting requirements of this policy. All costs (medical, hospital, testing, inoculations, etc.) associated within the parameters of this policy (pre or post costs) are the sole responsibility of the volunteer and/or contractor unless otherwise approved.
3. Appropriate training on blood borne pathogens shall be presented to volunteers and contract service providers prior to assignment.

B. Exposure Control Plan

1. The department has an exposure control plan to minimize or mitigate exposure of employees, volunteers or contract service providers to blood borne pathogens.
2. Exposure Determination: The following broad classifications of department employees have been determined to have a higher risk of occupational exposure to blood or body fluids. These include, but are not limited to institution security staff, staff that conduct searches, physical plant personnel, health services workers, safety manager, education staff, recreation staff, and food service staff.
3. Hepatitis B (HBV) Vaccination Program for Employees
  - a. Vaccination for HBV will be offered to all employees listed in the exposure control plan at no personal expense. It shall be made available after the employee receives required training and within ten days of initial assignment.
  - b. Employees shall be informed how to obtain HBV vaccination.
  - c. Employees shall complete the Offer/Declination of Hepatitis B Vaccination form (Attachment A). Any employee declining vaccination is also required to sign this declination form declining Hepatitis Vaccination. The completed form shall be forwarded to the department's Central Records Unit and placed in the employee's confidential medical file. Copies of this form shall not be in any other file location. No records concerning hepatitis B vaccination shall be maintained or filed at institutions or other work locations, all records are to be maintained in the central medical file.

- d. It is the employee's responsibility to complete the HBV vaccination series when offered.
  - e. Each functional unit shall appoint an HBV vaccination coordinator to assist employees with obtaining vaccinations, completing forms, and notification of scheduled clinics. This person will forward Attachments A and B (Hepatitis B Vaccination – Medical Report) to the department's Human Resources Division Records.
  - f. Information from the Centers for Disease Control (CDC) about HBV shall be provided at time of vaccination.
  - g. If the U.S. Public Health Service recommends a routine booster of hepatitis B vaccine at a future date, such booster dose shall be made available in accordance with this policy.
  - h. Department HBV vaccination shall always be administered by a licensed health care provider.
  - i. The cost of HBV vaccination shall be reviewed and approved by the department's Administrator of Safety and Risk. Approved bills shall be forwarded to the department's fiscal services for payment.
  - j. A titer test may be done when a workplace exposure occurs and it is prescribed or determined appropriate by the treating physician.
  - k. Costs for individual requests for titer tests from the employee are the responsibility of the employee.
4. An unusual incident report shall be completed for any exposure incident of direct contact or indirect exposure to blood or other potentially infectious materials (OPIM). It shall include the protective measures and universal precautions used and an explanation if protective measures and universal precautions were not used. Volunteers and/or contract service providers who may have been involved and/or witnessed an exposure incident may be required to submit supplemental documentation for the unusual incident report.
5. Health Services shall:
- a. Have a written exposure control plan/procedure detailing the process to identify, evaluate, and select engineering controls and work practice controls including safer medical devices. This evaluation shall be done annually, at a minimum.
  - b. Involve non-managerial line staff responsible for direct patient care in the evaluation process.
  - c. Document the reasons for the selection or non-selection of safer medical devices and/or other control measures.

- d. Ensure that all affected employees are informed on the process for selecting safer medical devices.
- e. Ensure employees are trained in the use of safer medical devices before the employee(s) use those devices.
- f. Have a sharps injury log at each institution that provides medical care. The sharps injury log shall contain at a minimum:
  - (i) The type and brand of device involved in the incident;
  - (ii) The department or work area where the exposure occurred; and
  - (iii) An explanation of how the incident occurred. This log shall be maintained for five years.
- g. Follow current Centers for Disease Control (CDC) healthcare industry guidelines for hepatitis B vaccination and testing (enforced by OR-OSHA).

6. This policy shall be reviewed and/or updated annually or sooner if necessary.

A. Exposure Control Measures/Practices

- 1. Engineering and Work Practice Controls (also applies to all DOC volunteers and contract service providers)
  - a. Universal precautions shall be practiced at all times.
  - b. Antiseptic hand cleaners or towelettes shall be available to employees for immediate use if hand-washing facilities are not readily available. Employee shall wash with soap and water at first available opportunity.
  - c. Red bags or red containers shall always be considered biohazard waste and disposed of as bio-waste.
  - d. Exposure control kits shall be distributed in the workplace to provide appropriate PPE to respond to a potential exposure or spill and/or to clean up a spill that involves blood or OPIM.
  - e. Additional work practice controls shall be implemented as tasks change or need arises.
  - f. Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except as noted below.
  - g. Shearing or breaking of needles is prohibited.



- c. PPE includes but is not limited to gloves, gown, laboratory coat, face shield or mask, eye protection, and CPR mouth guard.
  - d. PPE shall not permit blood or OPIM to pass through to or reach clothing, skin, or mucus membranes under normal conditions of use.
  - e. Disposable gloves shall be worn at all times when it can be reasonably anticipated that there may be contact with blood or OPIM.
  - f. Contaminated PPE shall be changed as soon as possible.
  - g. All contaminated PPE shall be removed prior to leaving the work area and properly disposed of or cleaned (see i. below).
  - h. Masks, eye protection, and/or face shields shall be used whenever splashes, spray, spatter, or droplets of blood or OPIM may be generated.
  - i. Re-usable PPE (utility gloves, face shields, goggles, etc.) shall be cleaned, disinfected after use, and inspected prior to re-use.
4. Labels and Signs (also applies to all DOC volunteers and contract service providers)
- a. Labels shall include the biohazard symbol with the word BIOHAZARD and shall be fluorescent orange or orange-red with lettering and/or symbols in a contrasting color.
  - b. Labels shall be an integral part of the container or attached firmly to the container in a conspicuous location.
  - c. Red bags and red containers, i.e., sharp containers, are always considered bio-waste and need not be labeled with biohazard warnings.
  - d. Biohazard warning labels shall be affixed to all containers used to ship or transport-regulated waste product, blood, or OPIM except as in "e" below.
  - e. Containers of blood, blood components, and/or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements.
  - f. Biohazard warning labels shall be affixed to all refrigerators and freezers containing blood or OPIM.
  - g. Contaminated laundry shall be labeled as in "a" above or yellow bags may be used. Yellow bags shall be labeled "Contaminated Laundry." Alternative labeling is permitted if conditions outlined in section "III,B,6, Laundry" are met.

5. Housekeeping (also applies to all DOC volunteers and contract service providers)
  - a. Contaminated work areas and equipment shall be cleaned and disinfected as soon as possible to prevent unnecessary exposure.
  - b. Institution Body Fluid Inmate Clean-up Teams shall have a written procedure detailing:
    - (i) Training of the inmates on body fluid clean-up procedures;
    - (ii) Offer/Declination of Hepatitis B Vaccination;
    - (iii) Activation of the team;
    - (iv) Body fluid spill decontamination and/or clean-up procedures;
    - (v) Disposal of waste; and
    - (vi) Report procedures.
  - c. Eating, drinking, smoking, applying cosmetics or lip balm, and handling of contact lenses in biohazard work areas i.e., medical examination rooms, medical labs, urinalysis labs, etc. is prohibited.
  - d. No food or drink shall be stored in refrigerators, freezers, shelves, cabinets, or on counter tops where blood or OPIM are present or areas identified as a biohazard work area (see "c" above).
6. Laundry (also applies to designated contract service providers)
  - a. Contaminated laundry shall be handled as little as possible with a minimum of agitation.
    - (i) Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.
    - (ii) Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with section III, B,4,J., Labels and Signs.
    - (iii) If universal precautions are used in the handling of all soiled laundry, from point of generation to laundering, alternative labeling is sufficient if it permits all employees to recognize the containers as requiring compliance with universal precautions.
    - (iv) Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from a bag or container, the laundry shall be placed and transported in

bags or containers that prevent soak-through and/or leakage of fluids to the exterior.

- b. Red bags shall not be used for clothing that is to be laundered. Items in red bags are to be disposed of as biohazard waste.
  - c. All employees who have contact with contaminated laundry shall wear appropriate PPE.
  - d. If contaminated laundry is sent off site to a laundry facility which does not use universal precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color coded in accordance with section III.B,4,a. Labels and Signs.
7. Medical Procedures Involving Blood or OPIM (also applies to designated contract service providers)
- a. Procedures shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
  - b. Mouth pipetting is prohibited.
  - c. Specimens of blood or OPIM shall be placed in leak-proof containers.
  - d. Risk reducing medical procedures and equipment (needles etc.) shall be continually evaluated.
8. Regulated Waste (also applies to all DOC contract service providers and volunteers who may encounter sharps during the course of their assignment)
- a. Sharps Containers
    - (i) Sharps containers shall be provided and placed in appropriate locations. A procedure or process shall be developed to provide appropriate sharps control in mobile nursing situations.
    - (ii) Sharps containers shall be located in laundry sheet shake areas (that launder linens from outside the Department of Corrections) due to the high incidence of sharps and/or needles mixed with the laundry.
    - (iii) Sharps containers shall be maintained in an upright position when in use and shall be monitored visually by a designated supervisor for replacement and disposal when necessary.
    - (iv) At no time shall sharps containers be physically inspected as to contents or volume.

- (v) At no time shall any item in a sharps container be removed.
- (vi) Sharps containers shall be closeable, puncture resistant, labeled or color coded, and leak proof on the sides and bottom.
- (vii) Sharps containers shall be closed prior to removal or replacement to prevent spillage.
- (viii) If there is any type of leakage from a closed sharps container, the leaking container shall be placed immediately within another larger sharps container and closed.
- (ix) Sharps containers shall be disposed of in accordance with all federal, state, and local regulations.

9. Other Regulated Waste (also applies to all DOC volunteers and contract service providers)

- a. Regulated waste shall be in containers which are:
  - (i) Closeable;
  - (ii) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping;
  - (iii) Labeled or color coded in accordance with section III,B,4,a. of this policy; and
  - (iv) Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
- b. If outside contamination of the regulated waste container occurs, it shall be placed in a second container which shall meet all the requirements stated in "a" above.
- c. Red bags, sharps containers, and/or other regulated wasted containers shall not be physically inspected as to content or volume.
- d. Disposal of all regulated waste shall be in accordance with all federal, state, and local regulations.

B. Post Exposure (Employee Information can be found in Attachment C) (also can be used for reference by all DOC volunteers and contract service providers):

- 1. Roles and responsibilities for the exposed employee, supervisor/manager, safety manager, Heath Services, etc. are generally outlined in Attachment F (Post Exposure - Roles/ Responsibilities/Duties).
- 2. The treating physician shall determine if post-exposure prophylaxis is necessary and the appropriate lab tests for communicable disease exposure, which may include but are not limited to:

- a. A baseline HIV test to establish sero status at time of incident. Additional HIV testing shall be at intervals recommended by the CDC.
  - b. An HBV titer test to determine presence of HBV antibody. If the titer test shows employee does not have HBV antibodies, employee shall follow recommendations of treating physician.
  - c. A hepatitis C test to determine the presence of antibodies to hepatitis C. Additional hepatitis C testing shall be at intervals recommended by the CDC.
3. To the extent possible all exposure incidents will remain confidential.
  4. At no time shall anyone involved in a blood borne pathogens incident be discriminated or retaliated against.
  5. Employees shall adhere to the department's Code of Conduct (DOC Policy 20.1.3), Promotion and Maintenance of a Respectful Workplace (DOC Policy 20.6.1), etc in relation to the exposed staff member by restricting any discussion about the exposure incident to those staff that have a need to know and to only that information necessary to complete required reports.
  6. The employee should first seek through Health Services staff to obtain a signed Release of Information form and/or voluntary consent for testing. If voluntary consent is not obtained, the employee may follow procedures outlined in statute, i.e., Obtaining Testing of an Exposure Source who Refuses to Voluntarily be Tested for HIV and Hepatitis B or C (ORS 433.085 HIV and hepatitis testing at request of law enforcement officer; procedure). This option is currently available only to certain categories of employee affected by this statute, i.e., corrections officers, parole officers, police officers and firefighters/paramedics.
    - a. An exposed employee (as defined in ORS 433.085) may petition the circuit court for an order to compel the testing (HIV, HEP B &C) of the source person.
    - b. The functional unit manager shall designate a staff person to assist the exposed employee in filling out the appropriate petition to the court.
    - c. The petition submitted to the court must set forth the facts and circumstances of the contact and the reasons the petitioner and a medically trained person representing the petitioner, if available, believes the exposure was substantial and the testing would be appropriate. The petition must also include information sufficient to identify the alleged source person and the location of the alleged source person, if known. The court shall hold an ex parte hearing within the time frames as listed in ORS 433.085.

- d. Costs associated with filing the petition shall be the responsibility of the Department of Corrections through the DOC Safety & Risk Manager.
- e. If the court orders a test, the court shall direct the source person to allow the required test to be performed. The court order will be directed to the agency with custody of, or to the person with legal control over the source person. The source person shall be provided a copy of the court order. The agency or other person in control of the source person shall ensure that the required test is performed.
- f. Testing will be performed by a licensed health care provider.
- g. The petitioner shall designate a physician to receive the test results.
- h. The court order shall be served on the source person in the manner directed by the court.
- i. The results of any test ordered by the court are confidential and subject to the confidentiality provisions of ORS 433.045 (3).
- j. If the test results are negative, the court may order the source person to submit to additional testing six months after the first test was conducted.
- k. The cost of any testing ordered shall be the responsibility of the Department of Corrections through the DOC Safety & Risk Manager.

C. Training for Employees

- 1. Training shall be provided at time of initial assignment, at initial vaccination clinics, and at least annually thereafter. Training shall include:
  - a. Where to obtain a copy of OR-OSHA Division 2, Subdivision Z, Toxic and Hazardous Substances, 1910.1030 Blood borne Pathogens.
  - b. A general explanation of blood borne pathogens and the epidemiology, symptoms, and modes of transmission of blood borne pathogens.
  - c. An explanation of this procedure and the means by which the employee may obtain a copy of this written plan.
  - d. Appropriate methods for recognizing tasks and other activities that may involve exposure to blood and/or OPIM.
  - e. An explanation of universal precautions.
  - f. An explanation of appropriate engineering controls and work practices to reduce or prevent exposure.
  - g. Types, selection, and proper use, and disposal of PPE.

- h. Information on the hepatitis B vaccine.
  - i. Appropriate actions to take in an incident that may involve blood or OPIM.
  - j. Procedure to follow if an exposure incident occurs.
  - k. Information on post-exposure evaluation and follow up.
  - l. Biohazard labeling and color-coding required for labels, signs, bags, or containers.
  - m. Cleanup procedures in case of a blood or OPIM spill including:
    - (i) Activation of the Inmate Body Fluid Clean-up Team; and/or,
    - (ii) Procedures for staff to clean up a spill.
  - n. An opportunity for questions and answers concerning blood borne pathogens.
2. Additional training shall be provided when changes such as modification of tasks or procedures affect the employee's exposure potential.
  3. The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.
  4. Training records shall be maintained by Human Resources Division Training unit.
    - a. Training records shall be made available to OR-OSHA upon request.
    - b. Training records shall include:
      - (i) Dates of training;
      - (ii) Course transcript;
      - (iii) Names of trainees;
      - (iv) Name and qualifications of trainers.
    - c. Training records shall be maintained for three (3) years.
    - d. Employee training records shall be made available to the employee.

D. Medical Record Keeping for Employees

1. Department Human Resources Division Records personnel shall maintain confidential medical records related to blood borne pathogen exposure incidents including any or all of the following:
  - a. Name and social security number of employee.
  - b. Offer of Vaccination and Acceptance or Declination (Attachment A).
  - c. Hepatitis B Vaccination Program-Medical report (Attachment B). This includes hepatitis B vaccination status and licensed health care professional's written opinion on whether HBV vaccination is recommended.
  - d. Documentation of occurrence of exposure, any post-exposure evaluation, and follow-up by a licensed health care professional. Results and conclusions of medical evaluation and/or lab reports shall not be provided to the department.
  - e. A copy of the information provided to the health care professional, including a description of the employee's duties as they relate to the exposure incident and documentation of the routes of exposure and circumstances of the exposure.
2. Employee medical records shall be kept confidential and not disclosed, without the employee's written consent, except as required by OR-OSHA and/or the Americans with Disabilities Act, Title 1.
3. Upon written request employee medical records shall be made available to the employee.

#### **IV. IMPLEMENTATION**

This policy will be adopted immediately without further modification.

**Oregon Department of Corrections  
Offer/Declination of Hepatitis B Vaccination**

**Attachment A**

To: All Department of Corrections Employees

Subject: Hepatitis B Vaccination

The Department of Corrections offers hepatitis B vaccination to every employee who may be at risk of an occupational exposure to blood or other potentially infectious material in accordance with OR-OSHA rules regarding blood borne pathogens. The following broad classification of Corrections employees have been determined to have a risk of occupational exposure to blood other potentially infectious material:

- |                      |                       |                  |
|----------------------|-----------------------|------------------|
| Institution Security | Health Services       | Physical Plant   |
| Food Service Staff   | Education Staff       | Recreation Staff |
| Safety Manager       | Staff who do Searches |                  |

If specific tasks in your job provide a risk of occupational exposure to blood borne pathogens and you are not included in the above classifications please discuss your concerns with your supervisor immediately and make arrangements to be included in the next vaccination clinic.

The vaccination consists of a series of three inoculations provided by the Department at no cost to Department employees. The vaccine is a synthetic compound in a yeast derivative. It is not a live virus vaccine. The first vaccination is given; the second follows 30 days later; the series is ended normally with the third vaccination six months from the date of the first. In the future if a booster is recommended by the U.S. Public Health Service it also shall be provided at no cost to the employee.

OR-OSHA and DOC policy requires that the Department of Corrections have on file a form indicating that you accept or decline the offer to be vaccinated.

**COMPLETE AND CIRCLE YOUR CHOICE BELOW:**

Print Name:	Soc. Sec. No.:
Signature:	Date:
Functional Unit:	
<b>Please Circle Either 1, (A, B, or C) to Decline or 2, to Accept</b>	
<p>1. I DECLINE TO BE VACCINATED BECAUSE:</p> <p>1. I have previously completed or started and intend to complete the HEP B Vaccination elsewhere.</p> <p>2. I understand due to my occupational exposure to blood or other potentially infectious material, I may be at risk of acquiring hepatitis B virus infection. I have been given the opportunity to receive this vaccination at no cost to myself; however, I decline to be vaccinated at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B. If in the future I want to be vaccinated, I can receive the vaccination series at no cost to me by notifying my supervisor and requesting to be scheduled for vaccination.</p> <p>3. I do not have a risk of occupational exposure to blood or other potentially infectious materials and decline to be vaccinated.</p>	
<p>2. I WANT THE HEPATITIS B VACCINATION OFFERED BY MY EMPLOYER AT NO COST. I ALSO AGREE TO COMPLETE THE VACCINATION SERIES IN THE APPROPRIATE TIME FRAME.</p>	

Return this form to: DOC - Human Resources - Records  
1793 13<sup>th</sup> Street SE  
Salem, OR 97302-2595

HEPATITIS B VACCINATION PROGRAM - MEDICAL REPORT

NAME: \_\_\_\_\_ SOC. SEC. NO.: \_\_\_\_\_

FUNCTIONAL UNIT: \_\_\_\_\_

HEPATITIS B VACCINATION STATUS

1<sup>st</sup> Vaccination Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Lot #: \_\_\_\_\_ Licensed Healthcare Professional

2<sup>nd</sup> Vaccination Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Lot #: \_\_\_\_\_ Licensed Healthcare Professional

3<sup>rd</sup> Vaccination Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Lot #: \_\_\_\_\_ Licensed Healthcare Professional

Declination Form Received, Signed, and Dated: \_\_\_\_\_

LICENSED HEALTHCARE PROFESSIONAL'S WRITTEN OPINION

1. Hepatitis B Vaccination Date: \_\_\_\_\_

- Is indicated
- Is not indicated
- Employee has received vaccination

Signature: \_\_\_\_\_  
Licensed Healthcare Professional

2. Post-Exposure Evaluation/Follow-Up Date: \_\_\_\_\_

- Employee has been informed of results of evaluation.
- Employee has been told about any medical conditions resulting from exposure, which may require further evaluation and treatment.

Signature: \_\_\_\_\_  
Licensed Healthcare Professional

## **Attachment C**

### **Oregon Department of Corrections**

#### **Employee Information Following Exposure to Blood borne Pathogens**

##### **Occupational Exposure to Blood and Body Fluids**

###### **Initial Action**

It is important to wash wounds with soap and water and flush exposed mucous membranes as soon as possible after an exposure. You may also need to shower and change clothing.

You may go to the Emergency Room for evaluation. The Emergency Room Physician will talk to you and review the Supervisor's Report of Employee's Duties and Description of Exposure Incident (CD 1401) to determine your treatment. The Emergency Room physician may offer or recommend that you take medication. Since it is important to begin medication as soon as possible (within hours rather than days) in order to prevent HIV infection, you may want to start it and later discontinue it after discussion with loved ones, your physician, or if/when negative source tests are known. Further follow-up may be thorough your own physician.

###### **Risk of HIV Infection after Exposure**

The probability of being infected after a single needle stick from a person infected with HIV is 0.3%. The risk is decreased if the needle first passed through clothing or a glove, was not a hollow needle, or the source has HIV with an undetectable viral count. The risk of infection after mucous membrane or non-intact skin exposure is much lower than after a needle stick exposure. The vast majority of people do not have HIV infection. The prevalence of HIV inside the Oregon Department of Corrections (ODOC) is just under 1%. \*

If you have had a significant exposure, your treating physician will offer you the opportunity to begin drug treatment. A workers compensation claim may be filed.

###### **What is the antibody test?**

A test is used to detect antibodies to HIV. The current recommendation is to test the exposed worker up to 6 months after a possible exposure to HIV. Testing is also recommended if the exposed individual develops symptoms suggesting acute HIV infection (fever, rash, swollen lymph nodes) or develops Hepatitis C infection.

###### **Risk of Hepatitis B after Exposure**

The probability of someone becoming infected following a needle stick injury with the source carrying the Hepatitis B virus is approximately 30%. Hepatitis B virus carriers are uncommon inside ODOC.

Most ODOC workers have been immunized or have been offered immunization against Hepatitis B by receiving a series of three (3) shots. Having antibody protects you from becoming infected.

###### **Risk of Hepatitis C after Exposure**

The probability of acquiring Hepatitis C following a needle stick injury from a positive source is less than 2%. The prevalence of Hepatitis C infection inside ODOC is about 30%. \* The severity of illness varies, but is usually very mild. There is no vaccine at present.

If source results are Hepatitis C antibody negative, no further testing needs to be done. If source results are positive, your Hepatitis C antibody test will be repeated at 6 months. There is no preventive treatment available. If you become infected, you will need to be followed on a regular basis by your physician so that your liver function tests may be monitored.

### **Source Results**

The results from testing the source will be given to your treating physician to discuss with you. Remember that these are confidential test results.

### **Consideration after Exposure**

On the small chance that you have been exposed to a blood borne pathogen, it is important to protect your sexual partner. Until you test negative at your final test, you should practice abstinence or use latex condoms during sexual intercourse. To protect others from possible exposure, refrain from donating blood, plasma, body organs, other tissues, or sperm. Do not share toothbrushes, razors, needles, or other implements that could be contaminated with blood. Breast-feeding should also be discouraged in the follow up period because HIV has been isolated from human breast milk.

If you elect not to have HIV testing or Hepatitis B/C screening done on yourself, the final outcome of any Workers Compensation claim filed for this exposure may be affected, as they recommend baseline testing within 2 weeks of exposure.

**\* Data from Oregon Health Division based on several years of annual sampling and testing for HIV and Hepatitis C.**

**Oregon Department of Corrections**

**Attachment D**

**Supervisor's Report of Employees Duties and Description of Exposure Incident**

Employee Name:	
Employee Job Title:	
Assigned Post:	
Location of Incident:	
Date of Incident:	
Time of Incident:	
Source Individual, If Known:	
Description of Employee's Duties at Time of Incident:	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Description or Nature of Exposure Incident, Include Route of Exposure, Sharps Involved, etc.:	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Was this a Direct Exposure Incident, i.e., Blood to Blood, or Other Contact with Mucous Membrane, etc.?  Please Describe Fully.	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Date:	
Name of Supervisor Completing Report:	
Signature:	



## ATTACHMENT F

### POST EXPOSURE - ROLES/RESPONSIBILITIES/DUTIES

NOTE: This is not to be considered an “all inclusive” listing of order or of duties and/or responsibilities as the severity and/or nature of the incident may affect this process, but in most situations generally this outline of responsibilities should be followed. Attachment G, Outline of BBP Exposure Roles and Responsibilities summarizes duties in the exposure incident.

- A. Employee's sustaining a workplace exposure incident shall:
1. Notify their supervisor immediately. If the supervisor is not available, notify a manager through the chain of command. If in the rare case that a manager is not available through the direct chain of command, the employee shall contact another manager (in institutions, this is usually the Officer-in-Charge), who will make every attempt possible to notify the appropriate chain of command manager.  
  
If a manager in the chain of command cannot be immediately located/notified, the manager who is given the information and responsibility shall work through this post exposure process. At a minimum the assigned safety manager should be contacted to assist through this event.
  2. Be given the opportunity to shower and make a change of clothing, dependent on the exposure incident.
  3. Provide information to the supervisor to facilitate completion of the Supervisor's Report of Employee's Duties and Description of Exposure Incident CD 1401 (Attachment D). This report is used by the treating physician to help assess the employee patient exposure incident.
  4. Provide the supervisor/manager the name of the inmate source individual, if known.
  5. Be given the time to receive consultation and/or treatment from an outside licensed health care professional within two (2) hours for any workplace exposure incident. It is the employee's choice to seek medical consultation and/or treatment.
  6. Present a copy of the Supervisor's Report of Employee's Duties and Description of Exposure Incident (Attachment D) to the treating physician.
  7. Complete or help complete any other reports concerning the incident that may be required.
  8. Complete page 1 of the Department's Employee/Volunteer Report of Incident/Near-Miss/Injury/Illness form, CD 1381 (5/02) and give to supervisor for completion of page 2.
  9. Complete the employee's section of a Workers' Compensation Claim form, (SAIF 801 form), if the employee intends to file a claim for an on-the-job injury/illness. Give the signed form to the assigned safety manager, for completion and forwarding to SAIF Corporation.

10. As soon as possible provide documentation to Health Services with a treating physician contact name and/or location so that Health Services can provide appropriate medical information concerning the health status or the inmate source if and when that information is available.
11. Within the limitations of ORS 433.085 - HIV and hepatitis testing at request of law enforcement officer; procedure, petition through the circuit court to compel testing of the source inmate if the inmate refuses to release medical information and further testing.

B. Supervisor/Manager shall:

1. Arrange for the exposed employee to be released from his/her post as soon as possible.
2. Give the exposed employee the opportunity to shower and make a change of clothing, dependent on the exposure incident.
3. Review the workplace exposure incident with the employee. Complete required documentation on a Supervisor's Report of Employee's Duties and Description of Exposure Incident (Attachment D). The supervisor/manager shall make every attempt to provide a copy to the employee before the employee is seen by a licensed health care professional.
4. Provide the exposed employee(s) time to access a licensed health care professional within a two hour window if the exposed employee chooses to seek medical consultation or treatment. Also provide the employee with a copy of Attachment C, Employee Information Following Exposure to Blood borne Pathogens.

Note: If the employee refuses to seek medical attention/consultation the supervisor/manager shall document that fact. If the exposed employee(s) changes his/her decision on seeking treatment/consultation and the exposed employee choose to seek medical attention/consultation, the employee(s) shall be released as soon as possible to do so.

5. Notify the assigned safety manager immediately when there is an exposure incident.
6. On receipt of the inmate source individual's name, the supervisor/manager will provide in written format the source inmate's name to Health Services.
7. Make arrangements for the employee's contaminated clothing to be laundered or sent to a laundry labeled as "contaminated laundry" and returned cleaned before the employee(s) takes possession of the clothing to take home.
8. Offer ESS counseling as soon as possible to those involved in a blood borne pathogens incident.
9. Complete the Supervisors section of the ODOC Employee/Volunteer Report of Incident/Near-Miss/Injury/Illness form, CD 1381. Copies shall be provided to the assigned safety manager, and to the extent possible shall be treated as confidential.

10. Respect the exposed staff member by restricting any discussion about the exposure incident to those staff that has a need to know.
11. Assist the exposed employee as needed and/or appropriate in petitioning the court to compel testing of the source inmate(s).

C. Safety Managers shall:

1. Assist the supervisor/manager in this process of post exposure procedures as needed.
2. Complete the Post-Exposure Follow-up Checklist (Attachment E).
3. Assist the exposed employee in the workers' compensation claim process if needed.
4. Document refusal by the exposed employee either to seek medical attention/consultation and/or to file a claim for workers' compensation benefits.
5. Maintain confidentiality concerning the exposure incident to the extent possible, only releasing information on a need to know basis or as required.

D. Health Services shall: (Note: Health Services involvement in this process is limited to issues concerning the inmate source individual(s)).

1. On receipt of the exposure source inmate's name and when it is appropriate, contact the source inmate about releasing known appropriate medical information and/or submitting to further appropriate testing.
2. Document the source inmate's willingness or unwillingness to supply medically appropriate information and/or to submit to further medical testing.
3. Release known appropriate medical information concerning the inmate source individual to the health care provider identified by the exposed employee(s) as soon as possible after consent is given by the inmate source.
4. Arrange for further medical testing of the source inmate as soon as possible after receiving verbal consent from the source inmate (he person ordering the test must sign the HIV consent form). Attachment H, Information to the Source Patient in Blood and Body Fluid Exposure from Health Services, may be given to the inmate source to facilitate requesting testing.
5. Release results of further testing of the source inmate to the health care provider identified by the exposed employee as soon as possible on receipt of such information.
6. Notify the exposed employee and the health care provider as soon as possible if the inmate source individual(s) refuses to release known information or submit to further testing so that the employee's health care provider can determine the appropriate care.

E. Policy Statements (III - Policy, C - Post Exposure (3) (4) (5) (6))

1. At no time shall anyone involved in a blood borne pathogens incident be discriminated or retaliated against.
2. Employees shall adhere to the Departments Code of Conduct (DOC Policy 20.1.3), Promotion and Maintenance of a Respectful Workplace (DOC Policy 20.6.1), and respect the exposed staff member by restricting any discussion about the exposure incident to those staff that have a need to know and to only that information necessary to complete required reports
3. Obtaining Testing of an Exposure Source who refuses to voluntarily be tested for HIV and Hepatitis B or C (ORS 433.085 HIV and hepatitis testing at request of law enforcement officer; procedure).
  - a. An exposed employee (as defined in ORS 433.085 – only certain employees are eligible) may petition the circuit court for an order to compel the testing (HIV, HEP B &C) of the source person.
  - b. The petition submitted to the court must set forth the facts and circumstances of the contact and the reasons the petitioner and a medically trained person representing the petitioner, if available, believes the exposure was substantial and the testing would be appropriate testing six months after the first test was conducted.
  - c. The cost of any the. The petition must also include information sufficient to identify the alleged source person and the location of the alleged source person, if known. The court shall hold an ex parte hearing within the time frames as listed in ORS 433.085.
  - d. If the court orders a test, the court shall direct the source person to allow the required test to be performed. The court order will be directed to the agency with custody of, or to the person with legal control over the source person. The source person shall be provided a copy of the court order. The agency or other person in control of the source person shall ensure that the required test is performed.
  - e. Testing will be performed by a licensed health care provider.
  - f. The petitioner shall designate a physician to receive the test results.
  - g. The court order shall be served on the source person in the manner directed by the court.
  - h. The results of any test ordered by the court are confidential and subject to the confidentiality provisions of ORS 433.045 (3).
  - i. If the test results are negative, the court may order the source person to submit to additional sting ordered shall be the responsibility of the Department of Corrections.

## Attachment G

### Outline of BBP Roles and Responsibilities

All: Restrict discussion of BBP incident respecting privacy of those involved			
Employee	Supervisor	Safety Manager	Health Services
Wash/shower & change clothing	ASAP allow employee to shower/change (provide clothing & arrange laundering of employee's clothing, if needed)		Render emergency care as needed
Notify supervisor of exposure incident and provide information for Supervisor's Report (CD 1401)	Encourage employee to seek medical evaluation/treatment	Encourage medical evaluation/treatment if employee refused (no SAIF claim possible)	Contact inmate source
Provide information, including source, if known, for CD 1401	Gather information and begin CD 1401	Document employee refusal of medical evaluation/treatment if needed	Document inmate will/will not release medical info./submit for testing
Seek (or refuse) emergency medical evaluation/treatment (provide CD 1401)	Notify Safety Manager of incident	Document employee refusal to file for Worker's Comp benefits	After consent, give known information to employee's physician ASAP
Provide name/address of treating physician to Health Services	Notify Health Services of incident and source, if known	Complete Post-Exposure Follow-Up Checklist	After consent, obtain samples from inmate source for further testing
Assist Supervisor to complete CD 1401	Complete Supervisor's Report (CD 1401)	Assist Supervisor in completing CF 1401	ASAP transmit test results to employee's physician
	Offer ESS counseling services to affected staff		ASAP inform employee/physician if inmate refuses to provide information or submit to testing
Assist/complete CD 1381	Complete Supervisor's section of CD 1381	Assist employee/supervisor in completing CD 1381	
Assist/complete SAIF 801	Assist/complete SAIF 801, if needed	Assist employee/supervisor in completing SAIF 801	
Petition to compel source inmate testing if needed	Assist in completing petition to compel source testing, if needed		

## OREGON DEPARTMENT OF CORRECTIONS

### Information to the Source Patient in Blood and Body Fluid Exposure from Health Services

A worker at \_\_\_\_\_  
Name of facility

has been exposed to your blood or body fluids. This means that an employee came in contact with your blood or body fluids, either by poking or cutting themselves with a sharp instrument such as a needle, or by having their mucous membranes (eyes, mouth, nose, etc.) or non-intact skin (open sores, burns, etc.) splashed by your blood or body fluid. The three main diseases that can be transmitted from one person to another this way are Hepatitis B, Hepatitis C, and HIV.

These diseases can sometimes be prevented with proper follow-up of exposed individuals. Therefore, we are asking you to agree to have your blood tested for these three diseases. We need to have your consent, including a special informed consent for HIV testing, before we can do these tests. The tests will be done confidentially and will be noted only in your health care record and in a confidential file in the exposed worker's medical record at his or her physician's office. You will be informed of the results by your ODOC physician. The results will only be known to you, to the ODOC physician or practitioner ordering the test, and to the employee's treating physician, who will discuss the results with the employee, who will be counseled that these results are confidential.

We very much appreciate your understanding and cooperation in consenting to have the testing performed. If you have any questions, please contact Health Services.

## OREGON DEPARTMENT OF CORRECTIONS

### INSTRUCTIONS FOR FILLING OUT AFFIDAVIT, PETITION, AND ORDER FOR REQUIRED MEDICAL TESTING

**As a correctional officer or parole and probation officer, if you come into contact with the bodily fluids of another person you may petition the court to have that person tested for HIV and hepatitis B and C. The statutory basis for this is in ORS 433.085. You can make the petition ex parte, which means you can ask the judge to order the testing without the source person even being notified or present.**

- STEP 1**      **PETITION** - Fill in the blanks, sign your name and that's it.
- STEP 2**      **AFFIDAVIT** - Fill in the blanks. Describe source person's location - i.e. is he/she in custody, at home, in the hospital? Be specific.
- Describe how you came into contact with the source person's bodily fluids. It needs to be substantial contact, so be explicit. Discuss with a licensed medical professional and if they agree you need testing PUT THAT IN THE AFFIDAVIT. Even if you have to call the medically trained individual on the phone and have them agree you need testing. Swear to and sign the affidavit in front of a notary. Once the notary has signed and placed his/her seal on the affidavit, attaché the affidavit to the petition.
- STEP 3**      **ORDER** - Fill in the caption of the order, but leave the rest of the page blank for the court to complete.
- STEP 4**      **FILE** - File the petition, affidavit, and order with the court, there should be no charge or filing fee imposed, if there is the Department will pay or reimburse the employee.
- STEP 5**      **HEARING** - The court is to hold an ex parte hearing in person or by telephone on the day of receipt of the petition, if possible, or within a reasonable period not to exceed three judicial days. If there are no mistakes in the petition and affidavit, the court will sign the order to require the source person to be tested for HIV and hepatitis B and C. Cost of testing is paid by the Department of Corrections.
- STEP 6**      **SERVICE** - If the source person is in custody, deliver the signed order to the institution or agency that has custody and direct it to deliver a copy of the order to the source person and arrange for the required testing. If the source person is out of custody, arrange to have the signed order delivered to the source person personally, or discuss alternative methods of service with the local jurisdiction.