



**DEPARTMENT OF CORRECTIONS  
Employee Services**



<b>Title:</b>	<b>Blood Borne Pathogens</b>	<b>DOC Policy: 20.6.7</b>
<b>Effective:</b>	<b>3/6/24</b>	<b>Supersedes: 12/01/15</b>
<b>Applicability: All Employees, Students, Volunteers and Contract Service Providers</b>		
<b>Directives Cross-Reference:</b>		
<p> <b>ORS 179.505 Disclosure of Written Accounts by Health Care Services Provider</b>  <b>ORS 192.558 Use or Disclosure by Health Care Provider or State Health Plan</b>  <b>ORS 433.085 HIV and Hepatitis Test at Request of Law Enforcement Officer</b>  <b>OAR 437, Division 2, Subdivision Z, Toxic and Hazardous Substances, 1910.1030 BBP</b>  <b>OAR 437-002-1030 Additional Oregon Rules for Bloodborne Pathogens</b>  <b>OAR 437-002-1035 Oregon Rule for Sharps Injury Log</b>  <b>DOC Policy 20.1.3 Code of Conduct</b>  <b>DOC Policy 20.1.7 Promotion and Maintenance of a Respectful Workplace</b>  <b>DOC Health Services P-B-02.2 Exposure Control Plan</b> </p>		
<b>Attachments:</b>		
<p> <b>Attachment A – Employee Information Following Exposure</b>  <b>Attachment B – Post Exposure – Roles/Responsibilities/Duties</b>  <b>Attachment C – Outline of BBP Roles and Responsibilities</b>  <b>Attachment D – Instructions for Filling Out Affidavit, Petition, and Order for Required Medical Testing</b>  <b>Form CD1398 – Offer/Declination of Hep B Vaccination</b>  <b>Form CD1401 – Supervisor’s Report of Employee’s Duties &amp; Description</b>  <b>Form CD1402 – Post-Exposure Follow-Up Checklist</b>  <b>Form CD1947 – Treating Physician Authorization Release of Information</b> </p>		

**I. PURPOSE**

To eliminate or minimize exposure to blood borne pathogens in the workplace by providing consistent guidance to all Department of Corrections (DOC) employees, supervisors and managers, and volunteers and contract service providers.

To provide guidance for the post-exposure process.

**II. DEFINITIONS**

- A. Adult in Custody (AIC):** Any person under the supervision of the Department of Corrections who is not on parole, probation, or post-prison supervision status.
- B. Adult on Supervision:** Any person under the supervision of the Department of Corrections who is on parole, probation, or post-prison supervision status.
- C. Blood Borne Pathogens (BBP):** Disease-causing microorganisms present in human blood. These pathogens include, but are not limited to, Hepatitis B Virus (HBV),

Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV).

- D.** Blood Borne Pathogens Safety Oversight Committee: The statewide multi-disciplinary committee responsible for conducting ongoing reviews of policies, plans, practices, training, exposure incidents, and equipment selection including medical sharps. The committee makes recommendations to the Director and appropriate managers to accomplish the aims and requirements of this policy and applicable regulations.
- E.** Contaminated Laundry: Laundry that has been soiled with blood or other potentially infectious materials or that may contain sharps.
- F.** Critical Incident Stress Management Team (CISM): A team responsible for the prevention and mitigation of disabling stress among emergency responders in accordance with the standards of the International Critical Incident Stress Foundation.
- G.** Engineering Controls: Controls (e.g., sharps containers, self-sheathing needles, etc.) that isolate or reduce the blood borne pathogen hazards from the workplace.
- H.** Exposure Control Plan: A written document which identifies occupational hazards and specifies the methods of protecting and training employees (DOC Health Services policy P-B-02.2 Exposure Control Plan).
- I.** Exposure Incident: Occurs when blood or other potentially infectious materials comes into direct contact with eye, mouth, other mucous membrane, non-intact skin, or penetrated skin. If blood or other potentially infectious material comes into contact with anything but mucous membrane or non-intact skin, it is considered indirect contact.
- J.** Facility Safety Liaison: Main contact for each specific location to facilitate safety related questions or concerns.
- K.** Job Hazard Analysis (JHA): A part of risk assessment in which the hazards that come along with a certain job or workplace are identified and mitigated before they occur.
- L.** Licensed Health Care Professional: A person who possesses a valid professional medical license and can provide consultation and medical treatment.
- M.** Other Potentially Infectious Materials (OPIM): Includes, but is not limited to, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, and any bodily 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.
- N.** 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) are not intended to function as protection against a hazard and are not considered personal protective equipment.
- O.** 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.
- P.** Sharps: Any object that can penetrate the skin (i.e., needles, scalpels, broken glass,

broken capillary tubes, exposed ends of dental wires, etc.).

- Q.** Source Individual: Any living or dead individual whose blood or OPIM may be a source of occupational exposure to blood borne pathogens.
- R.** Titer Test: A blood test conducted to determine if HBV antigens and antibodies are present in the blood and the level of immunity achieved.
- S.** Treating Physician Authorization Release of Information (CD1947): Template letter providing medical professionals directions for obtaining AIC health information when treating staff for a potential BBP exposure. See ORS 179.505 and 192.558.
- T.** 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.
- U.** Work Practice: The established and accepted methods for performing tasks, called standard operating procedures, would include the accepted practices of licensed or certified professionals.

### **III. POLICY**

#### **A. General**

Department of Corrections staff may be exposed to blood and other potentially infectious materials in the performance of their duties. It is the policy of the DOC to comply fully with Occupational Health and Safety Regulations to eliminate or reduce the potential for exposure through the use of engineering controls and work practices, to establish written exposure control plans, to provide appropriate PPE, to provide training, to provide recommended immunizations, and to conduct an ongoing review of its equipment, procedures, and exposure incidents.

1. DOC will provide confidential investigations, treatment, and follow-up for all exposure incidents following guidelines established by the Centers for Disease Control.
2. DOC will establish and maintain records and reports required under the Blood Borne Pathogens Standard.
3. This policy applies to all DOC locations, institutions, and functional units.

#### **B. Exposure Control Plan**

1. Each functional unit has an exposure control plan to minimize or mitigate exposure of employees, volunteers, or contract service providers to blood borne pathogens.
2. Each site-specific plan will, at a minimum, include the following elements:
  - a. A copy of DOC Policy 20.6.7 and all attachments;
  - b. A copy of Oregon OSHA Subdivision Z (OR-OSHA);

- c. A list of job titles where exposure can be anticipated;
  - d. A description of training;
  - e. A description of preventive measures;
    - A. Universal precautions;
    - B. Hepatitis vaccination;
  - f. A description of local methods of hazard control;
    - A. Engineering and work practice controls;
    - B. Personal protective equipment;
    - C. Housekeeping;
    - D. Labeling and communication;
    - E. Post-exposure control measures;
  - g. A description of actions to take in the event of an exposure incident;
  - h. A description of recording and reporting requirements; and
  - i. A set of appendices with information specific to the functional unit or site.
3. Each functional unit or site-specific exposure control plan shall be reviewed at least annually by the facility safety liaison or designee and a health service staff member, or more often as necessary to eliminate or reduce risks. A record of the review process will be maintained.
  4. Training in all aspects of the functional unit or site-specific exposure control plan will occur at the time of initial assignment, or when changes in equipment or work practices are adopted.
    - a. Refresher training is required annually or more often as necessary to eliminate or reduce risk.
    - b. Training will be provided by qualified persons.
    - c. Training will be provided at no cost to the employee.
    - d. Training will encompass the training elements required under OR-OSHA.
    - e. Each employee will have an opportunity to have questions answered.
    - f. Training records will be maintained.
    - g. Appropriate training on blood borne pathogens shall be presented to students, volunteers, and contract service providers prior to assignment.
  5. Hepatitis B Vaccinations Program (HBV)

- a. Vaccinations for HBV and titer testing will be offered to all employees at no cost to the employee. Employees can go to any medical provider and turn in their receipt to their location's business office for reimbursement. Hepatitis B vaccinations are tracked in Workday.
- b. Offer/Declination of Hepatitis B Vaccination (CD1398) should be offered and filled out by all staff within the first 30 days of employment, even if vaccination is declined. The form is in the employee new hire packet and will be kept in a permanent record in Workday for all employees. Employees who decline vaccination may later request the series by contacting their Human Resources representative.

**C. Exposure Incidents Involving AICs**

- 1. An exposure incident is a potential medical emergency and prompt referral to a qualified health care provider may be necessary.
  - a. First aid will be provided at the institution.
  - b. Accurate and thorough records of the incident will be initiated and maintained.
  - c. The employee will be referred to a medical provider and provided a copy of Treating Physician Authorization Release of Information (CD1947).
  - d. The medical provider will supply a written opinion.
  - e. Exposure incident records will be maintained for at least 30 years beyond the last day of employment.
- 2. Supervisor: A post-exposure evaluation will be conducted by a manager of the affected person following the latest recommendation(s) from the Centers for Disease Control and include completion of Supervisor's Report of Employee's Duties & Description (CD1401) and Post-Exposure Follow-Up Checklist (CD1402). Supervisors will use Attachment B Post Exposure – Roles/Responsibilities/Duties and Attachment C Outline of BBP Roles and Responsibilities as guidance for processing exposure incidents.  
  
Employee: Attachment A Employee Information Following Exposure, Attachment B Post Exposure – Roles/Responsibilities/Duties and Attachment C Outline of BBP Roles and Responsibilities will be provided to the affected person.
- 3. Volunteers and contractors who have been exposed, or believe they have been exposed, to a BBP are encouraged to seek private medical attention within the time frames outlined in the exposure control plan and are expected to comply with the reporting requirements of the plan. All costs associated with medical care are the sole responsibility of the volunteer or contractor unless otherwise approved.

**D. Exposure Incidents Involving Other Persons (Such as Adults on Supervision, Staff, Visitors)**

- 1. An exposure incident is a potential medical emergency and prompt referral to a

qualified health care provider may be necessary.

- a. First aid will be provided.
  - b. Accurate and thorough records of the incident will be initiated and maintained.
  - c. The employee will be referred to a medical provider.
  - d. The medical provider will supply a written opinion.
  - e. Exposure incident records will be maintained for at least 30 years beyond the last day of employment.
2. Supervisor: A post-exposure evaluation will be conducted by a manager of the affected person following the latest recommendation(s) from the Centers for Disease Control and include completion of Supervisor's Report of Employee's Duties & Description (CD1401) and Post-Exposure Follow-Up Checklist (CD1402). Supervisors will use Attachment B Post Exposure – Roles/Responsibilities/Duties and Attachment C Outline of BBP Roles and Responsibilities as guidance for processing exposure incidents.

Employee: Attachment A Employee Information Following Exposure, Attachment B Post Exposure – Roles/Responsibilities/Duties and Attachment C Outline of BBP Roles and Responsibilities will be provided to the affected person.

As an employee of the Department of Corrections, per ORS 433.085, if you come into contact with blood or OPIM of another person(s) you may petition the court to have that person tested for HIV and Hepatitis B and C. You can ask the judge to order the testing without the source individual even being notified or present. Refer to Attachment D Instructions for Filling Out Affidavit, Petition, and Order For Required Medical Testing.

3. Volunteers and contractors who have been exposed, or believe they have been exposed, to a BBP are encouraged to seek private medical attention within the time frames outlined in the exposure control plan and are expected to comply with the reporting requirements of the plan. All costs associated with medical care are the sole responsibility of the volunteer or contractor unless otherwise approved.

#### **E. Blood Borne Pathogens Safety Oversight Committee**

A Blood Borne Pathogens Safety Oversight Committee, composed of representatives from Employee Services, Health Services, and Operations functional units, shall:

1. Meet regularly to provide ongoing oversight of the Blood Borne Pathogens Safety Program; to review policies and procedures and recommend necessary changes; to review the HBV vaccination program; and to review and analyze incidents of blood borne pathogen exposure.
2. Monitor the agency's BBP safety training programs and make recommendations regarding their content and compliance with OR-OSHA requirements.
3. Identify, evaluate, and recommend engineering controls and work practice controls including safer medical devices. This evaluation shall be done annually, at

a minimum, and it will comply with OR-OSHA requirements for line staff.

4. Conduct the required annual review of the BBP policy and safety programs and recommend changes to the policy committee.
5. Make recommendations to the Director and functional unit managers for improvements to policies, processes, and equipment.

**F. Reports and Records**

1. Reports and records required by OR-OSHA and DOC will be initiated, completed, and maintained.
2. Records to include vaccinations; training; exposure incident reporting and follow up; product and equipment evaluations and follow up; minutes of meetings of committee and work groups; and copies of reports to the Director and functional unit managers will be maintained.
3. Storage location, reports and records content, and level of confidentiality of reports and records will be determined by the appropriate functional unit manager, facility safety liaison or designee, medical provider, committee, or work group.
4. Records and reports will be managed and maintained in accordance with DOC retention schedules, Oregon law, and OR-OSHA requirements.

**III. IMPLEMENTATION**

This policy will be adopted immediately without further modification.

Certified: \_\_\_\_\_ signature on file  
Julie Vaughn, Rules Coordinator

Approved: \_\_\_\_\_ signature on file  
Heidi Steward, Deputy Director



## **EMPLOYEE INFORMATION FOLLOWING EXPOSURE TO BLOOD BORNE PATHOGENS**

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

#### **Initial Action**

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 roomer (ER) for evaluation. The ER physician will speak to you about the exposure incident and review the Supervisor's Report of Employee's Duties and Description of Exposure Incident (CD1401) to determine your treatment. The ER 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 begin taking the prescribed drug treatment and later discontinue it after discussion with loved ones or your physician, or when negative source tests are known. Further follow up may be through your personal physician.

#### **Risk of HIV Infection After Exposure**

The risk is decreased if the needle first passed through clothing or a glove, was not a hollow needle, or when 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.

If you have 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 (AT)?**

The antibody test is a blood test 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**

Most DOC workers have been immunized or have been offered immunization against Hepatitis B by receiving a series of three shots. Having Hepatitis B antibodies protects you from becoming infected.

#### **Risk of Hepatitis C After Exposure**

The severity of the Hepatitis C illness varies but is usually very mild. There is no vaccine for Hepatitis C at present.

If the source results for Hepatitis C antibody testing are negative, no further testing needs to be done. If the source results for Hepatitis C antibody testing are positive, your Hepatitis C antibody test will be repeated at 6 months. There is no preventive treatment for Hepatitis C available. If you become infected with Hepatitis C, you will need to be seen 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**

If you have been exposed to a blood borne pathogen, it is important to protect your sexual partner. Until you test negative at your final antibody 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 is discouraged until you test negative at your final antibody test because HIV has been isolated from human breast milk.

If you elect not to have HIV testing or Hepatitis B or Hepatitis 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.**



## POST EXPOSURE - ROLES/RESPONSIBILITIES/DUTIES

NOTE: This is only a general listing of roles, duties and responsibilities and general order of process. The severity and nature of the incident may affect this process. In most situations, this outline should be followed. Attachment C Outline of BBP Exposure Roles and Responsibilities summarizes duties in the exposure incident.

A. Employees 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 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 endeavor to notify the appropriate chain of command manager.
2. Be given the opportunity to shower and change 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 (CD1401). This report is used by the treating physician to help assess the employee patient exposure incident.
4. Provide the supervisor or manager the name of the source individual, if known.
5. Be given the time to receive consultation and treatment from an outside licensed health care professional within 2 hours for any workplace exposure incident. It is the employee's choice to seek medical consultation or treatment.
6. For exposure incidents involving AICs: If the employee seeks consultation or treatment from an outside licensed health care professional, the Treating Physician Authorization Release of Information form (CD1947) will be provided to the employee to take with them to the visit.

For Exposure Incidents Involving Other Persons (Such as Adults on Supervision, Staff, Visitors): The employee will follow the process outlined on the Post-Exposure Follow-Up Checklist (CD1402). As an employee of the Department of Corrections, per ORS 433.085, if you come into contact with blood or OPIM of another person(s) you may petition the court to have that person tested for HIV and Hepatitis B and C. You can ask the judge to order the testing without the source individual even being notified or present. Refer to Attachment D Instructions for Filling Out Affidavit, Petition, and Order for Required Medical Testing.

7. Present a copy of the Supervisor's Report of Employee's Duties and Description of Exposure Incident (CD1401) to the treating physician.
8. Complete or help complete any other reports concerning the incident that may be required.
9. Complete a Workday Safety Report.
10. Complete the worker section of a Report of Job Injury or Illness (SAIF 801 form), if the employee intends to file a claim for an on-the-job injury or illness. Give the signed form to

the department's Workers' Compensation specialist for completion.

11. As soon as possible, provide information to Health Services to prepare for a request by the staff members treating physician for AIC health information.
12. Within the limitations of ORS 433.085, seek to have the source individual tested for HIV and Hepatitis B or C by petitioning the circuit court for an order compelling the testing. Notify supervisor or manager of intent to compel source individual to submit to testing.

B. Supervisor or Manager shall:

1. Arrange for the exposed employee to be released from their post, as soon as possible.
2. Follow the post-exposure process. If a manager in the chain of command cannot be immediately located or notified, the manager who takes the report is responsible and shall follow the post-exposure process.
3. Give the exposed employee the opportunity to shower and change clothing, dependent on the exposure incident.
4. Review the workplace exposure incident with the employee and complete the required documentation on a Supervisor's Report of Employee's Duties and Description of Exposure Incident (CD1401). The supervisor or manager shall endeavor to provide a copy to the employee before the employee is seen by a licensed health care professional.
5. 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.

For exposure incidents involving AICs, provide the employee with a copy of DOC policy 20.6.7 Attachment A - Employee Information Following Exposure to Blood Borne Pathogens, Attachment B - Post Exposure Roles/Responsibilities/Duties and Attachment C - Outline of BBP Roles and Responsibilities; and the Treating Physician Authorization Release of Information form (CD1947), and a copy of the Supervisor's Report of Employee's Duties and Description of Exposure Incident form (CD1401). The treating medical provider can contact the location's Health Service Staff Manager or designee who will help provide the needed source health information.

For exposure incidents involving Other Persons (Such as Adults on Supervision, Staff, Visitors), provide the employee with a copy of DOC policy 20.6.7 Attachment A - Employee Information Following Exposure to Blood Borne Pathogens and a copy of the Supervisor's Report of Employee's Duties and Description of Exposure Incident form (CD1401). Supervisors will assist the exposed employee as needed and as appropriate in petitioning the court to compel testing of source individuals.

Note: If the employee refuses to seek medical attention or consultation, the supervisor or manager shall document that fact on the Post-Exposure Follow-Up Checklist (CD1402). If the exposed employee(s) changes their decision on seeking treatment or consultation and the exposed employee chooses to seek medical attention or consultation, the employee(s) shall

be released as soon as possible to do so.

6. Upon receipt of the AIC source individual's name, provide the source AIC's name to Health Services.
  7. Arrange for the employee's contaminated clothing to be laundered or sent to a laundry labeled as "contaminated laundry" and returned before the employee(s) takes possession of the clothing.
  8. Complete the employer section of Report of Job Injury or Illness (Form 801), if the employee intends to file a claim for an on-the-job injury or illness, and forward to the department's insurer.
  9. Offer CISM counseling as soon as possible to those involved in an exposure incident.
  10. Complete the supervisor's accident investigation report in Workday
  11. Respect the exposed staff member by restricting any discussion about the exposure incident to those staff that have a need to know.
- C. Health Services shall: (Note: Health Services involvement in this process is limited to issues concerning the AIC source individual(s)).
1. Per DOC policy 20.6.7 Bloodborne Pathogens, use the Treating Physician Authorization Release of Information form (CD1947) to release health information to the health care provider concerning the AIC source individual identified by the exposed employee(s) as soon as possible.
  2. Refer to Medical Services for further medical testing of the source AIC, as soon as possible, if needed. Medical Services will obtain written consent for testing from source AIC before blood can be drawn.
  3. Upon receipt of such information, release results of further testing of the source AIC to the health care provider identified by the exposed employee as soon as possible.
- D. Policy Statements
1. At no time shall anyone involved in an exposure incident be discriminated or retaliated against.
  2. Employees shall adhere to DOC Policy 20.1.3 Code of Conduct, DOC Policy 20.1.7 Promotion and Maintenance of a Respectful Workplace, 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.

For exposure incidents involving AICs, the Department of Corrections will provide support for affected employees throughout this process as described in DOC policy 20.6.7 Bloodborne Pathogens and within DOC policy 20.6.7 B Post Exposure – Roles/Responsibilities/Duties. form.



## Outline of BBP Roles and Responsibilities

**All: Restrict discussion of BBP incident respecting privacy of those involved**

Employee	Supervisor	Health Services
Wash or shower or change clothing	ASAP allow employee to shower or change (provide clothing and arrange for laundering of employee's clothing, if needed)	Render emergency care, as needed
Notify supervisor of exposure incident ( )	Encourage employee to seek medical evaluation or treatment	For Exposure Incident Involving AICs: Contact AIC source.
Assist supervisor by providing information, including source if known, for CD1401 and CD1402	Document exposure and gather evidence for Supervisor's Report CD1401	Provide AIC health information to employee's physician upon request.
Seek (or refuse) emergency medical evaluation or treatment (provide CD1401)	For Exposure Incident Involving AICs: Provide staff a copy of DOC policy 20.6.7 Attachment A-C and CD1401 prior to staff seeking medical treatment	
Provide name and address of treating physician to Health Services	For Exposure Incident Involving Other Persons: Provide staff a copy of DOC policy 20.6.7 Attachment A-D and CD1401 prior to staff seeking medical treatment	
For Exposure Incident Involving AICs: If seeking medical treatment, take CD1947 to appointment	Notify Health Services of incident and source, if known	
For Exposure Incident Involving Other Persons: Follow process in Attachment D to petition for medical information	Complete Supervisor's Report CD1401 and CD1402	
Assist or complete Workday Safety Report	Offer *CISM counseling services to affected staff	
Assist or complete Form 801	Complete supervisor's section of Workday Safety Report	
Return EMSR* to supervisor, HR Manager, or Worker's Compensation Specialist Assist/Complete SAIF 801	Assist or complete SAIF 801, if needed	

\*EMSR = Employee Medical Status Report

\*CISM = Crisis Incident Stress Management



**FOR EXPOSURE INCIDENTS INVOLVING OTHER PERSONS  
(SUCH AS ADULTS ON SUPERVISION, STAFF, VISITORS)**

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

**As an employee of the Department of Corrections, per ORS 433.085 if you come into contact with the blood or other potentially infectious materials of another person(s) you may petition the court to have that person tested for HIV and Hepatitis B and C. You can ask the judge to order the testing without the source individual 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 individual's location – such as, is the individual in custody, at home, in the hospital? Be specific.

Describe how you came into contact with the source individual's bodily fluids. The exposure needs to be a substantial contact, so be explicit. Discuss the exposure incident with a licensed medical professional and if they agree you need testing **include that information 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 public. Once the notary public has signed and placed their seal on the affidavit, attach 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 a charge or filing fee imposed, 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 of time 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 individual to be tested for HIV and Hepatitis B and C. If the affected individual is a Department of Corrections employee, cost of testing is paid by the Department of Corrections.

**STEP 6      SERVICE** - If the source individual is in custody, deliver the signed order to the institution or agency that has custody and direct the institution or agency that has custody to deliver a copy of the order to the source individual and arrange for the required testing on your behalf. If the source individual is out of custody, arrange with the local jurisdiction for service of the signed order to the source individual or seek alternative methods of service.



## Offer/Declination of Hepatitis B Vaccination

To: All Department of Corrections (DOC) 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 or 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 arrange to be included in the next vaccination clinic.

The vaccination consists of a series of three inoculations provided by DOC at no cost to DOC 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.

Oregon OSHA and DOC policy require that DOC retains a copy of a form indicating that you accept or decline the offer to be vaccinated.

COMPLETE AND CIRCLE YOUR CHOICE BELOW:

Print Name:	Employee ID No:
Employee 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>A. I have previously completed or started and intend to complete the HEP B Vaccination elsewhere.</p> <p>B. 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>C. 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>	

**Supervisors: Upload this form to employee's Workday file.**



## Supervisor's Report of Employee's 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.	
Description or nature of exposure incident, include route of exposure, sharps involved, etc.	
Was this a direct exposure incident (blood or OPIM made direct contact with eye, mouth, other mucous membrane, non-intact skin, or penetrated skin)? Please describe fully.	
For Exposure Incidents Involving AICs only: The employee was provided the prepared Treating Physician Authorization Release of Information letter (CD1947) with institution specific information. Yes <input type="checkbox"/>	
Date	
Name of supervisor completing report	
Signature	





## Post-Exposure Follow-Up Checklist

**Supervisors: The following steps shall be taken and the information transmitted as noted for any incident of employee exposure to blood borne pathogens. Copy retained in employee's working personnel file.**

**Employee Name:** \_\_\_\_\_ **Date of Incident:** \_\_\_\_\_

Activity	Completion Date	
<b>For Exposure Incidents Involving AICs</b>		
A. Supervisor or employee reports incident in Workday	Workday incident report #:	
B. Unusual Incident Report (UIR) (CD1676e) completed.	Completion date:	
C. Employee provided copies of documentation and information regarding incident and a copy of OR-OSHA (OAR 437, Division 2, Subdivision Z, Toxic and Hazardous Substance, 1910.1030 Blood Borne Pathogens)	Date provided to employee:	
D. Did employee seek medical attention or treatment?	Yes _____ (Complete below)	No _____
1. If yes, employee completes Report of Job Injury or Illness (Form 801) and submits to Worker's Compensation Specialist.	Submitted: Yes _____	
2. Source Individual(s): If known; If AIC, include SID#	Name of Source Individual(s) and SID#:	
3. Employee provided the prepared Treating Physician Authorization Release of Information (CD1947) with institution specific information prior to leaving the institution.	Yes _____ No _____	
4. Post-Exposure Employee Medical Status Report (EMSR/Doctor's Note)	Cleared to return to work? Y/N _____	

<b>For Exposure Incidents Involving Other Persons (Such as Adults on Supervision, Staff, Visitors)</b>	
E. Name of staff to obtain source individual(s) consent of blood tests.	Name:  Date:
F. Consent from source individual(s) for blood testing obtained.	
G. Result of source individual(s) (inmate) blood testing sent to treating physician by Health Services.	Name:  Date:



## Treating Physician Authorization Release of Information

To: Medical professionals treating Oregon Department of Corrections (DOC) employees

From: DOC, \_\_\_\_\_  
(Name of location)

Subject: Authorization to obtain vital health information

Dear Treating Physician:

You are being provided this notification because you are treating a DOC employee. Senate Bill 367 (which took effect January 1, 2018 and is now law) permits a health care provider to disclose protected health information of an adult in custody (AIC) to the physician of a DOC employee who is exposed to the AIC's bodily fluids, if exposure is substantial and the AIC has tested positive for HIV, Hepatitis B or C, or other communicable diseases. The purpose of this legal allowance is to help you in your care for DOC staff who may have come into contact with bodily fluids while in the workplace.

Be advised that the staff member in your care needs you to call the facility at the following numbers in order to receive vital health information on AIC \_\_\_\_\_ (name), State Identification Number (SID) \_\_\_\_\_. This may help you better treat and or assist the individual in your care.

Be advised when calling the numbers below, do so in order and when you speak with of one of our medical professionals, please state the following: "I am \_\_\_\_\_. I am at \_\_\_\_\_ and I am treating a staff member from your facility. I am requesting information on **adult in custody [name and SID number]**, so I may best treat the staff member." Depending on the day or the time of day, it may be necessary to call more than one of the numbers below. We hope this will not discourage you in your effort to gain vital information from our team.

Medical Records \_\_\_\_\_

Medical Services Manager \_\_\_\_\_

Nurse Manager \_\_\_\_\_

Lead Nurse \_\_\_\_\_

SB 367 allows you to gain important information on the AIC involved in the exposure incident and the reason for the staff member's visit to you today. Through this law, you are authorized to speak to one of our medical professionals and gain pertinent information about the source individual to help in your treatment of the DOC staff member.

Thank you.

Oregon Department of Corrections