

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.60.17	Page 1 of 6
	Original Effective Date: 12/15/01	New Effective Date: 06/01/16
	Supersedes: BHS300:36	Dated: 11/15/05
	Administrator's Approval: Jim Schwochert, Administrator	
Required Posting or Restricted:		
<input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 500 Health Services		
Subject: Significant Exposure Management – Inmate Patient		

POLICY

All Division of Adult Institution facilities shall have a system in place for prompt identification of potential significant exposure to blood borne pathogens, provision of immediate first aid, timely medical management, and follow-up care for inmate patients.

REFERENCES

OSHA Blood borne Pathogens Standard – 29CFR 1910.1030

Wisconsin Statutes s. 252.15 – Communicable Diseases – Restrictions on use of HIV test

Standards for Health Care in Prisons, National Commission on Correctional Health Care, 2014, P-B-01 Infection Control Program

DAI Policy 500.60.05 – HIV Testing

Morbidity and Mortality Weekly Report, CDC (2005, September 30) Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Post Exposure Prophylaxis

DEFINITIONS, ACRONYMS, AND FORMS

Advanced Care Provider (ACP) – A person whose legally permitted scope of practice allows them to independently perform the activities required to complete a post-exposure evaluation and provide follow-up. This includes a Physician, Physician Assistant and Nurse Practitioner in the DOC.

DOC-1163A – Authorization for Use and Disclosure of Protected Health Information (PHI)

DOC-2466 – Incident Report (WICS)

DOC-3001 – Off-Site Service Request and Report

Exposed Person – A person who has sustained a contact which carries a potential for transmission for HIV, HBV, and HCV by blood, semen, vaginal secretions, cerebrospinal, synovial, pleural, pericardial or amniotic fluid, or other body fluid that is visible contaminated by blood.

Exposure Control Plan – An institution specific plan designed to prevent exposure to blood borne pathogens (potentially infectious blood or body fluids).

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HBV – Hepatitis B Virus

HCV – Hepatitis C Virus

HIV – Human Immunodeficiency Virus

Post Exposure Prophylaxis (PEP) – A phone consultation line that provides advice on all aspects of post-exposure prophylaxis (PEP), including, assessing the risk of exposure, determining, selecting appropriateness of prescribing PEP, selecting the best PEP regimen, providing follow-up testing.

Significant Exposure – Contact with a potentially infectious body fluid which is dependent on a number of variables, including; amount of fluid exposure, length of exposure time, depth of injury, source of infectious disease state, as determined by an ACP.

Source Individual – Any living or deceased individual whose blood or other potentially infectious material may be a source occupational exposure to blood borne pathogens.

Standard Precautions – Standard precautions are a set of infection control practices used to prevent transmission of diseases that can be acquired by contact with blood, body fluids, non-intact skin (including rashes), and mucous membranes. These measures are to be used when providing care to all individuals, whether or not they appear infectious or symptomatic.

PROCEDURES

I. Medical Evaluation Care and Treatment of an Inmate Patient Exposure

- A. An inmate patient Exposure Incident occurs when a person comes in contact with blood or other potentially infectious material through contact with broken skin, mucous membranes, or puncture wounds from contaminated objects.
- B. The appropriate facility staff shall be notified of the incident immediately in order to relieve the inmate from work assignment/scheduled program and provide direction to complete first aid measures.
- C. HSU shall be notified of the incident immediately.
 1. This includes notifying the nurse on call during hours when no RN is on-site. Immediate notification is necessary to expedite the medical evaluation.
 2. If treatment is recommended it must be started a short time after exposure.
 3. Some resources indicate the time requirement is only two hours from the time of exposure.
- D. For immediate treatment of area(s) exposed to potentially infectious fluids, perform the applicable intervention(s) for at least 15 minutes:
 1. Wash area using soap and water.

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2. Flush mucous membranes with water.
 3. Flush eyes with water or saline solution.
- E. Do not apply caustic agents or inject antiseptics/disinfectants into the area.
- F. Provide clean clothing if needed for the inmate patient.
- G. A determination as to whether the exposure is a Significant Exposure requires prompt consultation/evaluation by an ACP.
- H. The treating ACP shall determine appropriate diagnostic testing and initiate appropriate medical management for diagnosed significant exposure.
1. The Morbidity Weekly Report from the CDC contains guidelines for medical management.
 2. There is also a PEP Registry at San Francisco General (888) HIV-4911 that can answer questions about medical management.
 3. The inmate patient may need to be sent to the local emergency room for evaluation and/or treatment.
- II. Documentation**
- A. A DOC-2466 shall be completed for all inmate patient exposures.
- B. DOC-3001 – Off-Site Service Request and Report shall be completed by HSU staff if the inmate patient is referred to an off-site ACP. If there is no HSU staff on site, the information shall be provided by the on-call RN to the off-site ACP by telephone.
- III. Exposed Inmate Patient Testing When Significant Exposure is Identified**
- A. Testing shall include HIV, HBV, and HCV.
- B. Follow DAI Policy 500.60.05.
- C. Baseline testing shall be completed at time of exposure.
- D. Follow-up testing shall be completed as determined by the ACP.
- IV. Source Testing If Exposure is Determined to be Significant**
- A. Testing shall include HIV, HBV, and HCV. If the source is already known to be HIV, HBV and/or HCV positive, new testing need not be done.
1. Baseline testing shall be completed at the time of exposure.
 2. Follow-up testing shall be completed after exposure as determined by the ACP.
- B. Inmate patient as Source of Exposure:
1. Follow DAI Policy 500.60.05.

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2. The inmate patient shall sign a DOC-1163A – Authorization for Use and Disclosure of Protected Health Information (PHI) to allow the ACP of the person who was exposed to have access to test results.
- C. Documentation that testing has been completed shall be noted in the source inmate patient’s medical chart.
- D. Employee as Source Person
1. Testing shall be done by the employee’s ACP.
 2. The employee shall authorize results of testing to the licensed healthcare professional treating the exposed inmate patient.
- E. For Source Person other than inmate patient or employee (e.g., visitor, volunteer), the Warden/designee shall be notified and a plan of action shall include the following:
1. Who will contact the source individual to request testing.
 2. Where to send test results,
 3. Where to send information on confidentiality.
- F. If the source person refuses testing, the Warden/designee shall be notified to determine plan of action.
1. If the Source Individual is an inmate, the district attorney may be requested to apply to the Circuit Court for his/her county (county where the incident occurred) to order the Source Individual to submit to a test or a series of tests for the presence of HIV, HBV and HCV and to disclose the results to the exposed person through their ACP. Results of court ordered tests shall not be filed in the inmate patient’s Medical Chart.
 2. If the Source Individual is an employee, visitor, volunteer, etc., the Office of Legal Counsel shall be consulted.
- V. Reporting Test Results**
- A. When an inmate patient is the Source Individual, document the release of results to the ACP treating the Exposed Person on the reverse side of the DOC-1163A – Authorization for Use and Disclosure of Protected Health Information (PHI).
- B. When an employee is the Source Individual, test results shall be communicated between the Source Individual’s ACP and the exposed employee’s ACP.
- C. HSU staff shall receive test results if source is an inmate patient. The results shall be provided to the ACP treating the exposed person and documented.
- D. Where an employee is the source person, test results shall be communicated by the employee’s ACP to the ACP providing service to the exposed inmate patient.

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- E. Where the source person is not an inmate or employee, test results shall be communicated by the source person’s ACP to the ACP providing services to the exposed inmate patient.

- F. Test results of the source person and the exposed inmate patient shall be communicated to the exposed inmate patient by their ACP with appropriate education.

- G. Inmate patients shall be notified the source person’s information is confidential and not to be shared with any other individual.

Bureau of Health Services: _____ **Date Signed:** _____
James Greer, Director

_____ **Date Signed:** _____
Ryan Holzmacher, MD, Medical Director

_____ **Date Signed:** _____
Mary Muse, Nursing Director

Administrator’s Approval: _____ **Date Signed:** _____
Jim Schwochert, Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Name		
Original Effective Date:	DAI Policy Number: 500.60.17	Page 6 of 6
New Effective Date: 00/00/00	Supersedes Number:	Dated:
Chapter: 500 Health Services		
Subject: Significant Exposure Management – Inmate Patient		
Will Implement <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval:		

REFERENCES

DEFINITIONS, ACRONYMS, AND FORMS

FACILITY PROCEDURE

- I.
 - A.
 - 1.
 - a.
 - B.
 - C.

- II.
 - A.
 - B.
 - C.