

# WISCONSIN DEPARTMENT OF CORRECTIONS

Governor Tony Evers / Secretary Kevin A. Carr

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## GUIDANCE DOCUMENT CERTIFICATION

I have reviewed this guidance document or proposed guidance document and I certify that it complies with sections §227.10 and §227.11 of the Wisconsin Statutes.

I further certify that the guidance document or proposed guidance document contains no standard, requirement, or threshold that is not explicitly required or explicitly permitted by a statute or a rule that has been lawfully promulgated.

I further certify that the guidance document or proposed guidance document contains no standard, requirement, or threshold that is more restrictive than a standard, requirement, or threshold contained in the Wisconsin Statutes.

Daniel Winkleski

Name of Individual Certifying this Document/Proposed Document

Warden - NCE

Title


Daniel Winkleski

Signature

04-16-2020

Date Signed

Department of Corrections – Wisconsin  
Office of the Secretary  
Wis. Stat. § 227.112(6)  
DOC-2910 (6/2019)

 <p style="text-align: center;"><b>DIVISION OF ADULT INSTITUTIONS</b></p> <p style="text-align: center;"><b>POLICY AND PROCEDURES</b></p>	<b>DAI Policy #:</b> 500.20.03	<b>Page</b> 1 of 7
	<b>Original Effective Date:</b> 02/01/97	<b>New Effective Date:</b> 04/20/2018
	<b>Supersedes:</b> 500.20.03	<b>Dated:</b> 09/04/14
	<b>Administrator's Approval:</b> Jim Schwochert, Administrator	
	<b>Required Posting or Restricted:</b>	
<input checked="" type="checkbox"/> <b>Inmate</b> <input checked="" type="checkbox"/> <b>All Staff</b> <input type="checkbox"/> <b>Restricted</b>		
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Management of Employee Exposure to Blood Borne Pathogens		

**POLICY**

All Division of Adult Institution facilities shall fully comply with Occupational Health and Safety Regulations in eliminating or minimizing exposure to blood borne pathogens in the workplace, through engineering controls, work practices and training. Prompt reporting and treatment of employee blood borne pathogen exposures is mandatory.

**REFERENCES**

OSHA Blood Borne Pathogens Standard – 29 C.F.R. 1910.1030

Standards for Health Care in Prisons, National Commission on Correctional Health Care, P-B-01, Infection Control Program, 2018

Wisconsin Statutes s. 102.42(2) – Choice of Practitioner

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

Executive Directive 49 – Early Return to Work Program

DAI Policy 500.60.01 – Infection prevention and Control Plan

Updated US Public Health Service Guidelines for the Management of Occupational Exposures to Human Immunodeficiency Virus and Recommendations for Postexposure Prophylaxis

David T. Kuhar MD, David K. Henderson MD, Kimberly A. Struble PharmD, Walid Heneine PhD, Vasavi Thomas RPh MPH, Laura W. Cheever MD ScM, Ahmed Gomaa MD ScD MSPH, Adelisa L. Panlilio MD and US Public Health Service Working Group  
*Infection Control and Hospital Epidemiology*  
Vol. 34, No. 9 (September 2013), pp. 875-892

Wisconsin Department of Safety and Professional Services Chapter 332, Public Employee Safety and Health, Comm. 332.15 OSHA Safety and Health Standards Division of Management Services, Risk Management Section, Exposure Control Plan (Blood Borne Pathogens) # 204-601-0008, Sept. 15<sup>th</sup>, 2013

**DEFINITIONS, ACRONYMS, FORMS**

Advanced Care Provider (ACP) – Provider with prescriptive authority.

Blood borne pathogens – Pathogenic microorganisms present in human blood or other potentially infectious materials such as semen, vaginal secretions, cerebrospinal, synovial, pleural, pericardial or amniotic fluid or any other body fluid visibly contaminated by blood which can cause disease in humans. Feces, urine, nasal secretions, sputum, sweat, tears, and vomitus are not considered other potentially infectious material unless they contain visible blood. These pathogens include but are

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not limited to Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency (HIV).

DOA-6058 – Employee Workplace Injury or Illness Report

DOA-6437 – Supervisor and Safety Coordinator Investigation Report for Injury or Illness  
DOC-1163A – Authorization for Use and Disclosure of Protected Health Information (PHI).

DOC-2466 – Incident Report (WICS)

DOC-3263 – Consent/Refusal to Test for HIV Antibody

Employee Bloodborne Pathogen Exposure Incident – An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials (OPIM), as defined in the standard that results from the performance of a worker's duties. (This definition is from OSHA Fact Sheet: Bloodborne Pathogen Exposure Incidents – date 01/2011.)

Exposure Control Plan – A written program developed and implemented by the employer which sets forth procedures, engineering controls, personal protective equipment, work practices, employee training, evaluations and follow up, and other methods that are capable of protecting employees from exposure from blood borne pathogens, and meets the requirements spelled out by the OSHA Bloodborne Pathogen Standard. (Definition from DMS Risk Management Exposure Control Plan Bloodborne Pathogens 204-601-0008).

Hepatitis B virus - HBV

Hepatitis C virus - HCV

Health Insurance Portability and Accountability Act (HIPAA) – Privacy rule that provides federal protections for individually identifiable health information held by covered entities and their business associates and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of health information needed for patient care and other important purposes.

Human Immunodeficiency Virus - HIV

Personal Protective Equipment (PPE) – Specialized clothing or equipment worn by an employee for protection against hazard to minimize exposure.

Significant Exposure – A 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's infectious disease state, as determined by an ACP in the community.

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**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.

#### **WKC-8165 – Determination of Exposure to Blood/Body Fluids**

##### **PROCEDURE**

###### **I. General Guidelines**

- A. Each facility shall have an exposure control plan as identified in DAI Policy 500.60.01.
- B. Training and/or information needs to be disseminated to all employees, and regularly reinforced so employees understand exactly what they are to do if there is a suspected exposure.
- C. All DAI facilities shall ensure employee exposure incidents:
  1. Are treated promptly and followed up.
  2. Are kept confidential in accordance with federal and state guidelines.
  3. Have records maintained as required for 30 years beyond the last day of employment.
- D. Training and/or information shall be disseminated to all employees regarding handling of blood borne pathogen exposure incidents on a regular basis.
- E. Blood Borne Pathogen/Infectious Disease Control training is mandatory for all facility employees upon hire and then annually.
- F. The Employee Health Nurse assigned to the facility may be consulted for additional questions/concerns regarding exposure incidents.

###### **II. Medical Evaluation Care and Treatment of an Employee Exposure**

- A. An Employee 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 employee's Supervisor/designee shall be notified of the incident immediately.
- C. 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.
  2. Flush mucous membranes with water.
  3. Flush eyes with water or saline solution.

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- D. Do not apply caustic agents or inject antiseptics/disinfectants into the area.
  - E. Supervisor/designee shall provide the necessary forms for completion by the employee, the supervisor and the evaluating off-site ACP. These include:
    - 1. DOA-6058 – Employee’s Work Injury and Illness Report.
    - 2. DOA-6437 – Accident Analysis and Prevention Report/Safety Coordinator Review.
    - 3. WKC-8165 shall be completed by the off-site ACP. Any restrictions from usual and customary work are to be noted at this time.
    - 4. A DOC-2466 – Incident Report (WICS) shall be completed by the employee who is the exposed employee.
  - F. Provide clean clothing if needed for the employee.
  - G. An Employee Exposure Incident is a potential medical emergency and prompt treatment and referral to an offsite medical provider is necessary.
  - H. The exposed employee shall go to the health care provider identified in the facility’s exposure control plan for the initial evaluation. Treatment for certain exposures shall occur within two hours so it is important that there be no delay in reporting for care.
  - I. The offsite ACP determines the degree of exposure as significant. If the source person is an inmate, Wisconsin Statutes s. 252.15 requires a non-DOC physician to certify that the exposed person has been significantly exposed in order to obtain HIV results of the inmate.
  - J. The treating ACP shall determine appropriate diagnostic testing and initiate appropriate medical management for diagnosed significant exposure.
  - K. The employee may go to their personal ACP for ongoing medical management after the initial evaluation.
- III. Source Testing**
- A. If exposure is determined to be significant, baseline source individual testing shall be completed as soon as possible after the exposure. If the source individual is already known to be HIV, HCV, and/or HBV positive, new testing need not be performed.
  - B. Baseline testing of the Source Individual shall include:
    - 1. HIV.
    - 2. HBV.
    - 3. HCV.
  - C. Follow-up source testing shall be completed after exposure as determined by the facility ACP.

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**D. Inmate Patient as Source Individual**

1. Inmate patient testing shall be completed by the HSU.
2. The inmate patient shall sign DOC-3263 – Consent/Refusal to Test for HIV Antibody.
3. The inmate patient shall sign DOC-1163A – Authorization for Use and Disclosure of Protected Health Information (PHI) authorizing results of testing to be sent to the ACP treating the individual with the significant exposure.
  - a. The exposed employee needs to provide the name and address of their treating ACP.
  - b. Results are given directly to treating ACP or their designee, who will then follow-up with the exposed individual.

**E. Another Employee as Source Individual**

1. Testing shall be done through the source employee's ACP provider.
2. The employee shall sign a release of information authorizing release of test results to the ACP who is treating the exposed employee.

**F. Source Individual other than Inmate or Employee (visitor, volunteer, etc.)**

The Warden/Superintendent shall be notified and a plan of action determined which includes:

1. Who will contact the source individual to request testing.
2. Where to send test results.
3. Where to send information on confidentiality.

**IV. The Source Individual Refuses Testing**

- A. The Warden/Superintendent shall be notified and a plan of action shall be determined.
- B. If the Source Individual is an inmate, the district attorney may be requested to apply to the Circuit Court for his or 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.
- C. 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, or their designee, on the reverse side of the DOC-1163A – Authorization for Use and Disclosure of Protected Health Information (PHI).

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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.

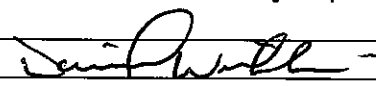
**Bureau of Health Services:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
James Greer, Director

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Paul Bekx, MD, Medical Director

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Mary Muse, Nursing Director

**Administrator's Approval:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
James Schwochert, Administrator

**DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES**

<b>Facility:</b> New Lisbon Correctional Institution		
<b>Original Effective Date:</b> 02/01/97	<b>DAI Policy Number:</b> 500.20.03	<b>Page</b> 7 of 7
<b>New Effective Date:</b> 05/15/2020	<b>Supersedes:</b> NLCI 100.07	<b>Dated:</b> 09/04/14
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Management of Employee Exposure to Blood Borne Pathogens		
<b>Will Implement</b> <input type="checkbox"/> As written <input checked="" type="checkbox"/> With below procedures for facility implementation		
<b>Warden's/Center Superintendent's Approval:</b> 		

**REFERENCES****DEFINITIONS, ACRONYMS, AND FORMS**

NLCI – New Lisbon Correctional Institution

**FACILITY PROCEDURE**

NLCI employees will be sent to Mile Bluff Medical Center for care when needed.