



WISCONSIN
DEPARTMENT OF CORRECTIONS
Division of Community Corrections

DOC-1356 (Rev. 11/2019)

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ORIGINATED BY Administrator's Office Lance Wiersma	

Administrative Directive # 21-04 <input type="checkbox"/> New <input checked="" type="checkbox"/> Revision	Guidance Document Per § 227.01(3m) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
DISSEMINATION <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Supervisory Staff Only	PRIORITY <input checked="" type="checkbox"/> Policy/Directive <input type="checkbox"/> Information Discuss at Staff Meeting Read/Route/Post
SUBJECT: Bloodborne Pathogen Exposure Plan	

Reference(s):

OSHA Bloodborne Pathogens Standard – 29 C.F.R. 1910.1030
 CDC (2005, September 30) Morbidity and Mortality Weekly Report, Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Post-exposure Prophylaxis
 Wisconsin Department of Safety and Professional Services Chapter 332, Public Employee Safety and Health, Comm. 32.15 OSHA Safety and Health Standards
 Division of Management Services, Risk Management Section, Exposure Control Plan (Blood Borne Pathogens) # 204-601-0008
 Wisconsin Statute 252.15 (5g)
 Use of Naloxone (Narcan) Administrative Directive

Policy Statement:

The purpose of this policy is to outline the general actions to be performed by all DCC employees in the event of an incidental exposure. The following has been developed to eliminate or minimize exposure to Bloodborne Pathogens.

Definitions, Acronyms:

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

Blood - human blood, human blood components, and products made from human blood.

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

Contaminated - the presence or the reasonably anticipated presence of human blood or other potentially infectious materials on an item or surface.

DOA-6058 - Employee Workplace Injury or Illness Report

DOA-6437 - Supervisor and Safety Coordinator Investigation Report for Injury or Illness

Employee Exposure Incident – An event in which an employee has sustained a contact with blood or other potentially infectious materials. Specifically contact with an eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact (piercing of mucous membrane or skin barrier) with blood or other potentially infectious materials.

HBV - Hepatitis B virus

HCV - Hepatitis C virus

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.

HIV - Human immunodeficiency virus

Licensed Health Care Professional - is one whose legally permitted scope of practice allows the person to independently perform hepatitis B vaccination and post-exposure evaluation and follow-up.

Parenteral – The piercing of mucous membranes or skin barrier through such events as needle sticks, cuts and abrasions.

Risk Manager - the Department of Corrections Risk Manager located within the Division of Management Services Risk Management Section.

Source Individual - any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

Universal Precautions - An approach to infection control. According to the concept of Universal Precautions, all blood and OPIM are treated as if known to be infectious for HIV, HBV, HCV and other bloodborne pathogens.

WC - Worker's Compensation.

Zoonotic - diseases which can be transmitted from animals to man, such as rabies, brucellosis, and tuberculosis.

Procedure:

I. The following procedures shall be followed by all field offices/employees:

A. Employee Notice

1. A copy of the following notice may be posted in office after the adoption of this policy:
 - a. "Human bloodborne pathogens are a serious health danger; employees shall avoid contact with human blood or other potentially infectious materials; any employee who becomes aware of contamination in the form of human blood or other potentially infectious materials shall provide timely notification to his/her supervisor to permit the safe and timely planned cleanup of such contamination materials."

B. Exposure Control

1. **Avoidance.** DCC employees should make every effort to avoid contact with human blood or other potentially infectious material. All blood or other potentially infectious material will be

considered infectious regardless of the perceived status of the source individual. Universal precautions are to be used at all times.

- a. Engineering and work practice controls will be utilized to prevent or minimize exposure to bloodborne pathogens. The following engineering controls will be utilized: Nitrile Gloves (PPE) and use of Spill Kits.
 - b. The above controls will be examined and maintained on an annual basis or more often as needed. Inspection shall be noted in a log book.
 - c. Hand washing facilities shall be readily accessible to all employees. Liquid soap dispensers shall be located in all rest rooms. Employees shall wash their hands immediately, or as soon as feasible after removal of potentially contaminated gloves or other personal protective equipment or following any contact of body areas with blood or any other infectious material.
 - d. Supervisors shall ensure that if employees incur exposure to their skin or mucous membranes then those areas shall be washed or flushed with water as soon as possible following contact.
2. **Access Control.** Access to a contaminated area should be blocked or otherwise controlled until cleanup occurs.
3. **Cleanup of Contaminated Surfaces.**
- a. Minor spills may be cleaned up by using spill kits issued by Badger State Industries. Universal precautions should be followed when cleaning minor spills.
 - b. Larger spills of any blood or body fluids that may be spilled, sprayed or splattered in the state office buildings are the responsibility of the Department of Administration Division of Facilities Management; or in private leases, the facility janitorial staff may be contacted.
 - c. In the event either entity declines to clean up a spill, the Risk Management Section in the Division of Management Services may be contacted to obtain a list of certified contractors who may perform the clean-up. The Risk Management page on MyDOC may be consulted as well to obtain the list.
 - d. All spills and splashes of blood or body fluids containing blood are to be cleaned up immediately and the area disinfected by taking appropriate precautions and by using accepted techniques.
 - e. Universal Precautions apply to blood or any body fluid that is visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
 - f. Contents of a "Spill Kit"
 - 2 Yellow plastic bags with ties
 - 2 Red plastic bags with ties
 - 2 Red contamination labels
 - 2 pair disposable gloves
 - 1 packet bleach
 - 1 soap packet
 - Paper towels
 - Instruction sheet
 - g. "Spill Kits" shall be at a location accessible to staff in the office. All assigned staff must know the location of the "Spill Kit" in their work area and how to use it. The Corrections Field Supervisor or designee is responsible for the issuing and maintenance of "Spill Kits" and

ensuring that assigned staff are aware of proper use. Spill kits may be ordered from BSL at buybsi.com.

C. Medical Evaluation and Treatment of an Employee Exposure

1. 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.
2. The employee's supervisor/designee shall be notified of the incident immediately.
3. For immediate treatment of area(s) exposed to potentially infectious fluids, perform the applicable intervention(s) for at least 15 minutes:
 - a. Wash area using soap and water.
 - b. Flush mucous membranes with water.
 - c. Flush eyes with water or saline solution.
4. Do not apply caustic agents or inject antiseptics/disinfectants into the area.
5. Supervisor/designee shall provide the necessary forms for completion by the employee and the supervisor. These include:
 - a. DOA-6058 – Employee's Work Injury and Illness Report.
 - b. DOA-6437 – Supervisor and Safety Coordinator Investigation Report for Injury or Illness.
 - c. A WICS Incident Report shall be completed by the exposed employee or supervisor.
6. The following shall be included in the Supervisor and Safety Coordinator Investigation Report for Injury or Illness form (DOA-6437):
 - a. Documentation of the route of exposure and the circumstances under which the exposure occurred;
 - b. A written and, where appropriate, photographic description of the exposed employee's duties as they relate to the exposure incident;
 - c. Identification of the source individual, unless it can be established that identification is not feasible or is prohibited by law.
7. An Employee Exposure Incident is a potential medical emergency and prompt treatment and referral to an offsite medical provider is necessary. The treating ACP shall determine appropriate diagnostic testing and initiate appropriate medical management.

D. Post-Exposure Testing

1. Post-Exposure Testing relative to the source individual includes the following:
 - a. The immediate supervisor shall attempt to get approval of the source individual for a blood test by a physician or licensed health care professional as soon as feasible and after consent is obtained in order to determine HBV, HBC and HIV infectivity.
 - b. If consent is not obtained, the regional safety coordinator, working with the Office of Legal Counsel, shall establish that legally required consent cannot be obtained.
 - c. Under s. 252.15 (5g) an ACP may determine significant exposure occurred and may cause the source individual to be subjected to HIV, HBV and HCV testing and allow the exposed individual to receive the results of the test.

- d. The results may be disclosed only to the person and the person's physician, physician assistant, or nurse. The exposed employee needs to provide the name and address of their treating ACP. Results are not given directly to the exposed individual.
2. Source Individual Refuses Testing
 - a. The Regional Chief shall be notified and a plan of action shall be determined.
 - b. If the Source Individual is an individual under I.D.1.c. above, 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.

E. Record Keeping in the Event of Employee Exposure.

1. Records shall be kept in accordance with Records Disposition Authorization RISK0049. The records shall include the following:
 - a. The name and social security number of the employee;
 - b. A copy of the employee's HBV vaccination records, including the dates of vaccination (if applicable);
 - c. 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 exposure.

F. Training

1. Employees may take an on-line "IDC Refresher" (Infectious Disease Control) training on a voluntary basis. The field supervisor shall provide to the employee the informational packet attached to this Administrative Directive. A copy shall be forwarded to human resources, and employee health if the employee desires the Hepatitis B vaccine.

G. Hepatitis B Vaccine

1. The Hepatitis B vaccine and vaccination series is available to all DCC employees on a voluntary basis after the employee has received IDC refresher training.
2. All laboratory tests shall be conducted by an accredited laboratory at no cost to the employee.
3. If the employee initially declines Hepatitis B vaccination but at a later date decides to accept the vaccination, the vaccination shall then be made available.
4. Bureau of Health services employee health nurses be contacted to receive the vaccine.

II. Evaluation and Review.

The DCC Policy Committee is responsible for reviewing this policy. Regional Safety Coordinators as well as the DCC Health and Safety Committee may forward recommendations to the DCC Policy Committee for consideration.