

State of Iowa Department of Corrections

Policy and Procedures

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Chapter 6: Health Services

Sub Chapter: Infection Control

Related DOC Policies: IO-SE-25, HSP-908, HSP-909, HSP-911, HSP-912, PREA-01

Administrative Code Reference: 904.514, 904.515

Subject: Blood and Body Fluid/Tissue Exposure

PREA Standards: N/A

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Authority:

1. PURPOSE

To provide specific recommendations for medically managing exposures to HIV, HBV, HCV, human bites and sexual assaults. Refer to IDOC Policy **PREA-01**, *Offender PREA Information*.

2. POLICY

It is the policy of the Iowa Department of Corrections (IDOC) that incidents of bloodborne pathogen exposure shall be properly assessed and managed.

3. DEFINITIONS

- A. Biohazard – Any item or area contaminated with blood, body fluid, tissue or potentially infectious materials.
- B. Bloodborne Pathogens - Pathogenic microorganisms and virus that may be present in human blood and can cause disease in humans. These pathogens include, but are not limited to: hepatitis B virus (HBV), human immunodeficiency virus (HIV), hepatitis C virus (HCV).
- C. Blood - Human blood, human blood components, and products made from human blood.
- D. Contaminated - The presence or the reasonably anticipated presence, of blood or other potentially infectious materials on an item or surface.

- E. Contaminated Laundry - Laundry that has been soiled with blood or other potentially infectious materials.
- F. Contaminated Sharps - Any contaminated object that can penetrate the skin including, but not limited to, needles, razors, scalpels, broken glass, broken capillary tubes, edged or pointed weapons, and exposed ends of dental wires.
- G. Decontamination - The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles, and the surface of item is rendered safe for handling, use, or disposal.
- H. Engineering Controls - Controls (e.g. sharps disposal containers, self-sheathing needles safer medical devices such as sharps with engineering sharp injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.
- I. Exposure Incident – A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral (needle stick) contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
- J. HBV - Hepatitis B Virus
- K. HCV – Hepatitis C Virus
- L. HIV - Human Immunodeficiency Virus
- M. Licensed Healthcare Professional - A person whose legally permitted scope of practice allows him or her to independently perform the activities related to Hepatitis B vaccination and post-exposure evaluation and follow-up.
- N. Occupational Safety & Health Administration (OSHA) – The Agency responsible for promulgating standards governing safety and health in the work place.
- O. Occupational Exposure - Non-intact skin, eye, or other mucous membrane, or parenteral needle stick contact with blood or other potentially infectious material that may result from the performance of an employee's duties.
- P. Other Potentially Infectious Materials

1. The following body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between them.
 2. Any unfixed tissue or other (other than intact skin) from a human (living or dead).
 3. HIV-containing cells or tissue cultures, organ cultures, and HIV, HBV, HCV-containing culture medium or other solutions: and blood, organs, or other tissues from experimental animals infected with HIV, HBV, HCV.
- Q. Parenteral - Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts and abrasions.
- R. Personal Protective Equipment - Specialized clothing or equipment worn by an employee for protection against a hazard.
- S. Regulated Waste - Potentially infectious materials or contaminated items; items containing dried blood; contaminated sharps, and pathological and microbiological wastes containing blood or other potentially infectious materials.
- T. Source Individual - Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to an employee.
- U. Sterilize - The use of a physical or chemical procedure to destroy all microbial life, including highly resistant bacterial endospores.
- V. Universal Precautions – An approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV and other bloodborne pathogens.
- W. Work Practice Controls - Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g. prohibiting recapping of needles by a two-handed technique).
- X. See IDOC Policy **AD-GA-16** for additional Definitions.

4. PROCEDURE (for Work Related Events)

Exposures

- A. Any employee/patient who has an exposure incident, such as a specific eye, mouth or other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious material that results from the performance of an employee's duties, must report it immediately to their supervisor/or designee. Following decontamination of the affected areas and/or contaminated outer clothing, as soon as possible needs to report to health services.
- B. An Incident Report/Employee Accident Report of the potential exposure must be completed by the employee with detail as to what type of exposure occurred, the amount of contaminate present, and to what part of the employee's body the exposure occurred. Patient's work supervisor must complete a patient *accident report* (**HSF 618J**), Part A.
- C. A detailed assessment of the employee and the specific incident is completed by nursing staff using IDOC forms *Post Exposure Worksheet* (**HSF-911A in ICON Medical Employee Health**) and Health Services Procedural *Checklist for Possible Exposure Incidents* (**HSF-911B in ICON Medical Employee Health**). First aid measures rendered by on-site staff or by community health professionals (at the employee's request) must be documented. Nursing staff conducting the initial assessment must complete the *Sharps Injury Log Form* (**IO-SE-25 F-3**) if the exposure is a result of a contaminated sharp, forward to the Nursing Services Director and be retained for a period of five years.
- D. The source (usually the patient) is assessed and first aid treatment is rendered as appropriate.
- E. Nursing staff shall determine if the source person has any infectious diseases by reviewing the health record to obtain past drug history, Hepatitis status, past HIV and other pertinent data.
- F. Health Service personnel will consult with a Medical Practitioner on all actual or potential exposure events. The Medical Practitioner's determination of an exposure will be based on CDC Guidelines.
- G. If the practitioner is present on-site, the employee/patient is brought to Health Services for physician assessment and to answer any questions that the employee/patient may have.

- H. If the IDOC Medical Practitioner is not available, the employee is given an appointment for the practitioner's next working day to discuss the incident or referred to Workman's Comp practitioner in the event the IDOC Medical Practitioner is unavailable on-site.
- I. Institutional Nursing Services Director/or designee shall complete *Check List Nurse Supervisor - Designee of 1 Exposure Event (HSF-911C in ICON Medical Employee Health)*, which addresses post exposure testing management. Post exposure counseling that has been completed will be documented on *Post Exposure Counseling (HSF-911E)*.
- J. A copy of the *Incident Report*, Health Service Procedural *Checklist for Potential Exposure Incidents (HSF-911B)*, and the Health Services *Post Exposure Worksheet (HSF-911A)* describing the event must be completed in the individual's health file. The report must specify how the alleged contamination occurred (i.e., what body fluids were exchanged and possible mode of transmission).
- K. If the exposure is due to a work-related incident, an Accident Report must be completed and the original copy forwarded to the institutional designee who manages employee accidents. A copy of this Accident Report will be scanned into the Medical ICON System.
- L. All potentially exposed employees/patients will receive an educational packet regarding bloodborne pathogens by health services staff during their initial evaluation. This educational packet at a minimum will contain:
 - 1. Informative handouts on Hepatitis B, C and HIV.
 - 2. Copy of the OSHA standard, Bloodborne Pathogens 1910.1030.
 - 3. A copy of "An Exposure Now What" *Employee Exposure Info Sheet (HSF-911D)* which will provide information on:
 - 1. Initial medical evaluation of source and exposed. Anticipated infectious disease base line screening as well as follow up screening. Resource individuals to contact if further questions about an exposure, i.e. Medical Staff, Staff Victimization and Support Service (SVSS), and KEPRO-Employee Assistance Program (EAP).
 - 2. Explanation of procedure if source refuses infectious disease testing.

3. Family concerns and need to follow Universal Precautions at home.
 4. Employee will be provided the KEPRO-Employee Assistance Program (EAP) information including the telephone number.
- M. The unique work environment within the IDOC requires flexibility in the management of employee incidents that do not meet the CDC criteria of an infectious disease exposure. This would include situations where fluids come in contact with an employee and the evidence does not support designation as an infectious disease exposure. In these situations, the individual may be offered the infectious disease screening available to individuals that meet the CDC criteria for exposure. These non-exposure events may not require completion of the other aspects of the post exposure procedure.
- N. If the incident is considered a true exposure, then the following labs are drawn either the same day or the next working day:
1. Baseline labs for the source individual (usually the patient). Do not need to repeat if there are confirmed positive results in the IDOC health record.
 - a. HIV Ab
 - b. HBsAg
 - c. HCV Ab
 2. Baseline labs for the exposed individual (usually the employee).
 - a. HIV Ab
 - b. HBsAg
 - c. HCV Ab
 - d. HBV Ab – only if the employee has received Hepatitis B vaccine series at least six months ago.
 - e. Responder > 10M IU/MI
 - f. Non-responder < 10M IU/MI

- O. All exposed individuals, regardless of the source individual's disease status, will be ordered follow-up HBS antigen, HCV Ab and HIV Ab screening at one month, three months, six months and 12 months post exposure. After each completed lab the practitioner will review the results and schedule a follow-up with the employee/patient if indicated or the employee/patient has questions for the practitioner to address.
- P. It is the responsibility of the employee to follow through with the labs and physician appointments. The Nursing Services Director/or designee should be contacted in the event of any changes in the proposed schedule. Failure to do so will be considered non-compliance and the employee's supervisor will be notified.
- Q. The Nursing Services Director/or designee will monitor the progression of this incident by completing form **HSF-911C**, *Health Services Procedural Checklist for Nurse Supervisor or Designee Documentation of Exposure Incidents* electronically in the employee's ICON Medical health file and kept indefinitely.
- R. Persons experiencing an exposure to a known positive HIV infected source are at risk for contracting HIV infection. As soon as possible (preferably within two hours) after a confirmed exposure, an at-risk individual should be provided antiviral drug therapy to prevent HIV disease. This may be initiated at the institution or require immediate referral to a local emergency facility at IDOC expense.
- S. If the source individual is a known HBsAg positive and the exposed individual has received the Hepatitis B vaccine series, then a booster HBV vaccine should be given at the time of the exposure if the last injection was >6 months ago.
- T. If the source individual is a known HBsAg positive and the exposed individual has not had the Hepatitis B vaccine series, then the exposed individual needs to be given HBV Immune globulin within 24 hours and the Hepatitis B vaccine series should be started within 7 days of the exposure.
- U. Exposed employees will be given on-site assessment, evaluation and treatment. If the exposed employee is not in agreement with the IDOC medical practitioner assessment or recommendations, he or she may consult with an approved workers comp medical practitioner at IDOC expense or personal care provider at their own expense. In all cases the employee shall be given a copy of **HSF-911A** and a copy of OSHA

Standard, Bloodborne Pathogens 1910.1030 at the conclusion of the initial assessment.

- V. If the employee seeks off-site medical care they must return the documentation of the assessment, recommendations, care, and treatment received from their community physician within 48 hours of the incident. The documentation must be signed by the medical practitioner. The Nursing Services Director shall immediately report to the Warden, any situation when this information has not been received. The original documentation is employee's electronic health file. Copies will be provided to the Human Resource Personnel.
- W. A face-to-face assessment of the employee by the medical practitioner within 15 days of the exposure incident will be documented electronically using *Health Care Professionals Written Opinion for Post Exposure Evaluation, (HSF-911F)* and a note entered into the employee's electronic medical record. This report will be printed and given to the employee. The healthcare professional's written opinion for post-exposure evaluation and follow-up shall include but may not be limited to the following information:
 - 1. That the employee has been informed of the results of the evaluation.
 - 2. That the employee has been informed about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment. **(4-4354-0)**

X. Administrative Review and Follow Up

Each institution shall develop specific procedures that ensure appropriate review of exposure incidents. The review shall include a meeting and discussion between the Warden/Designee, exposed employee's department head, Safety Officer, Nursing Services Director, and any other staff deemed necessary by the Warden/Designee. The *Administrative Review of Potential Exposure (IO-SE-25-F-2)* shall be completed by the Nursing Services Director, signed off on by the institution's Warden, Safety Officer, Nursing Services Director, and Human Resources, and then sent to the IDOC Safety Director and the IDOC Nursing Administrator within 15 working days of the potential exposure incident **(IO-SE-25)**. The Safety Officer at each facility will maintain a hard copy of all forms associated with the review for auditing purposes.

5. PROCEDURE (for Non-Work-Related Events)

- A. When a patient has reason to believe he/she may have a non-work-related exposure to an infectious disease that could be spread by blood or other body fluids/tissues the individual should wash and decontaminate themselves as soon as it may be safely done, i.e. alteration, etc. A consultation with Health Services Personnel must be completed after decontamination of all exposure events.
- B. An Incident Report and/or Accident Report of the potential exposure must be completed (see policy **IO-SE-25**, *Bloodborne Pathogen Exposure Control Plan*).
- C. Health Service personnel will consult with a Medical Practitioner on all actual or potential patient exposure events. Practitioner determination of an exposure will be based on CDC guidelines.
- D. Patient non-work-related exposure/potential exposure events will be evaluated by an IDOC medical practitioner and medically managed in a manner consistent with acceptable medical practices for the presenting event.
- E. Documentation of all patient non-work-related exposure/potential exposure events will be completed in the electronic medical record. Visitor/volunteer/guest documentation will be completed on an Incident Report Form.