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DEPARTMENT OF CORRECTIONS

POLICY
AND PROCEDURES</td><td>Policy Number

IO-SE-25</td><td>Applicability
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INSTITUTIONAL OPERATIONS</td><td>Sub Chapter

SAFETY AND EMERGENCY</td><td>Related DOC Policies

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BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN</td><td>ACA Standards

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4-4358

OSHA Standards

29 CFR 1910.1030
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29 CFR 1904.6</td><td>Responsibility

Dan Duus
Dan Craig
Dr. Jerome Greenfield</td></tr>
<tr><td colspan="2"></td><td>Effective Date

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Jerry Bartruff
Director
Signature on file at Iowa DOC</td></tr>
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I. PURPOSE

To provide guidelines which prevent, manage and minimize incidents of the public, employee and offender exposure to bloodborne pathogens within the Iowa Department of Corrections (IDOC), in compliance with the Occupational Safety and Health Administration (OSHA) Standard "Occupational Exposure to Bloodborne Pathogens;" 29 CFR 1910.1030, and the guidelines from the Center for Disease Control (CDC).

(4-4354)

II. POLICY

It is the policy of the IDOC to provide a safe environment for the public, employee and offenders, and to prevent, minimize the effects of, and correctly address any exposure to bloodborne pathogens.

CONTENTS

III. DEFINITIONS

A. Biohazard - Any item or area contaminated with blood, body fluid(s) or other potentially infectious materials.

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

C. Body Fluids – Body fluids that are potentially infectious include: blood, fluids that contain visible blood, semen and vaginal secretions. Other fluids

considered potentially infectious include: cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid. Urine, sweat, saliva, sputum, tears, feces and vomitus are not considered potentially infectious, unless they contain blood. (Source: Center for Disease Control)

D. Bloodborne Pathogens – Disease-causing microorganisms and virus that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to: Hepatitis A Virus (HAV), Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV).

E. Contaminated - The presence of blood, or the reasonably anticipated presence of blood; or, other potentially infectious materials on an item or surface.

F. Contaminated Laundry - Laundry that has been soiled with blood or other potentially infectious materials.

G. 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 wire.

H. Decontamination - The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item where they are no longer capable of transmitting infectious particles; and, the surface of an item is rendered safe for handling, use or disposal.

I. Engineering Controls - Any procedures, mechanisms or safeguards that isolate or remove the bloodborne pathogen(s) hazard from the workplace.

J. Exposure - A percutaneous injury (such as a needle stick or cut with a sharp object) or contact of mucous membrane or non-intact skin (i.e., exposed skin that is chapped, abraded, or afflicted with dermatitis) with blood, tissue, or other body fluids that are potentially infectious.

K. Licensed Healthcare Professional - A person whose legally permitted scope of practice allows them to perform the activities related to post-exposure evaluation and follow up. (i.e. Physician)

L. Occupational Exposure – Non-intact skin, eye, or other mucous membranes; or, parenteral needle stick contact with blood or other potentially infectious material that may result from the performance of an employee's duties.

M. Occupational Safety & Health Administration (OSHA) - The agency responsible for promulgating standards governing safety and health in the work place.

N. Other Potentially Infectious Materials (OPIM)

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 organ (other than intact skin) from a human, living or dead.

3. HIV-containing cell or tissue cultures, mediums or solutions.

O. Parenteral - Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts and abrasions.

P. Personal Protective Equipment (PPE) - Specialized clothing or equipment worn by an employee for protection against a hazard. 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

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

R. Sterilize - The use of a physical or chemical procedure to destroy all microbial life, including highly resistant endospores.

S. Work Practice Controls - Controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

T. Universal Precautions - Measures used to prevent the transmission of infectious diseases via blood, body fluids, or tissues. All human blood and certain body fluids are treated as if known to be infectious for HIV, HBV, HCV and other potentially infectious diseases.

U. See IDOC Policy **AD-GA-16** for additional Definitions.

IV. PROCEDURES

A. Exposure Risks

1. Employees within the IDOC institutions are at risk for occupational exposure.

2. Certain functions such as, but not limited to:

   a. Offender supervision;

   b. Handling contaminated articles;

   c. Handling or cleaning up body fluids;

   d. Health service-related functions are at risk of occupational exposure.

B. Controls

Employees shall use the following controls to eliminate or minimize their exposure and provide a method of compliance to recognized safety standards:

1. Engineering Controls

2. Work Practices Controls

3. Universal Precautions

4. Housekeeping Practices

5. Personal Protective Equipment (PPE)

C. Training

Any employee or offender with the potential for occupational exposure to bloodborne pathogens shall be trained on the requirements of this policy.

The training program shall contain, at a minimum, the following elements, and shall be provided before the employee is assigned to duties that may expose them to blood and body fluids:

1. An accessible copy of the regulatory text of *29 CFR 1910.1030* **(IO-SE-25, Attachment A**), and an explanation of its contents.

2. A general explanation of the epidemiology and symptoms of bloodborne diseases.

3. An explanation of the modes of transmission of bloodborne pathogens.

4. An explanation of the employer's exposure control plan, and the means by which the employee can obtain a copy of the written bloodborne pathogen plan.

5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.

6. An explanation of the use and limitations of methods that will prevent or reduce exposure, including appropriate engineering controls, work practices, and personal protective equipment (PPE).

7. Information on the types, proper use, location, removal, handling, decontamination and disposal of PPE.

8. New Employee Training shall include hands on training on the proper donning and doffing and disposal ofPPE used in forced cell entry/extraction where there is a risk or exposure to blood and/or OPIM.

9. An explanation of the basis for selection of PPE.

10. Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration; the benefits of being vaccinated; and, that the vaccine and vaccination will be offered free of charge.

11. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials (See *Employee Checklist*, **IO-SE-25 F-1** and *Supervisor's Checklist*, **IO-SE-25 F-2**).

12. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident, and the medical follow-up that will be made available.

13. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.

14. An explanation of the signs, labels and/or color coding required.

15. E-learning is an approved method of training for the IDOC staff, if, during or after e-learning training, the employee has questions or seeks clarification; the employee should contact Health Services or the Safety Officer.

16. Institutions shall develop training for their offender workers who are working in at risk occupations. This training shall be specific to the offenders work assignment.

D. Hepatitis B Vaccine and Post-Exposure Evaluation and Follow Up

1. General

a. Each institution shall designate an occupational health care provider with a local licensed healthcare professional and hospital.

b. The institutions shall ensure that all medical evaluations and procedures, including the Hepatitis B vaccine, vaccination series, post-exposure evaluation and follow up, including treatment, are:

(1.) Made available at no cost to the employee;

(2.) Made available to the employee at a reasonable time and place;

(3.) Performed by or under the supervision of a licensed healthcare professional; and

c. Healthcare providers that have an ongoing risk for percutaneous (i.e. needle stick or puncture wound) injuries shall receive post vaccination testing for antibody to Hepatitis B surface antigen, 1-2 months after the third vaccine.

2. Hepatitis B vaccination (For additional information and procedures *see* IDOC Policy **HSP-206**, *Employee Health*).

a. Direct Health Care Provider

Hepatitis B vaccination titers will be part of the vaccination schedule of all newly-hired direct patient care providers within ten days of their employment initiation, with prior vaccination and incomplete titer history, or six weeks after their vaccination series is completed. Current direct patient care providers will be offered Hepatitis B Surface Antibody titers. The Hepatitis B booster

vaccine will be offered to a direct patient care provider before obtaining a Hepatitis B Surface Antibody titer, if their vaccination series was completed over six years prior to time of assessment. The titer will be obtained six weeks after the vaccination booster is given. The employee may decline the vaccination series by completing and signing form **HSF-206A**.

b. General Employees/Offenders with the potential for occupational exposure to bloodborne pathogens will be offered the Hepatitis B vaccine:

(1.) If the employee initially declines the Hepatitis B vaccination, but at a later date while still covered under the standard decides to accept the vaccination, the employer shall make the Hepatitis B vaccination available at that time.

(2.) Health Services shall ensure that employees, staff and offender workers who decline to accept the Hepatitis B vaccination offered by the employer, sign the *Hepatitis B Immunization – Consent/Refusal Form*, Form **HSF-206A**.

(3.) If a routine booster dose(s) of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available.

3. Post-Exposure Evaluation and Follow Up. (For additional information and procedures, see IDOC Policy **HSP-911**, *Blood & Body Fluid/Tissue Exposure*).

Staff and/or offender post-exposure evaluation and follow-up procedures shall be completed in accordance with CDC Guidelines and *OSHA Standard 29 CFR 1910.1030* (**IO-SE-25 Attachment A**), and shall include at least the following elements:

a. Documentation of the route(s); evidence of exposure, and the circumstances under which the exposure occurred (incident/accident report).

b. A description of the exposed employee's duties as they relate to the exposure incident (accident report).

c. Identification and documentation of the source individual and current infectious status:

(1.) The source individual's blood shall be tested as soon as feasible in order to determine infectivity.

(2.) When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.

(3.) When the source individual is already known to be infected; testing for the source individual's status need not be repeated. Testing will be done for unknown infectious pathogens covered in this policy.

(4.) Results of the source individual's testing, exposed employee's testing, and the medical implications shall be made available to the exposed employee. The employee shall be informed of applicable laws and regulations prohibiting disclosure of the identity and infectious status of the source individual.

d. Collection and testing of blood for Hepatitis and HIV serological status:

(1.) The exposed employee's blood shall be collected as soon as feasible after consent is obtained.

(2.) If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days.

(3.) If, within 90 days of the exposure incident, the staff member or offender worker elects to have the baseline sample tested for HIV, such testing shall be done as soon as feasible.

e. Post-exposure treatment, when medically indicated, as recommended by the U.S. Public Health Services will consist of counseling, and evaluation of reported illnesses by the designated occupational health care provider.

4. Information Provided to the Healthcare Professional

a. The institution shall ensure that the designated healthcare professional evaluating an employee after an exposure incident is provided the following information:

(1.) A copy of *OSHA Regulation 29 CFR 1910.1030* **(IO-SE- 25 Attachment A)**.

(2.) The exposed employee's activities as they relate to the exposure incident.

(3.) Documentation of the route(s) and evidence of exposure and circumstance under which the exposure occurred.

(4.) Results of the source individual's blood testing, if, available.

(5.) All medical records relevant to the appropriate treatment, including vaccination status, which are the institution's responsibility to maintain.

5. Healthcare Professional's Written Opinion

The Healthcare Professional shall provide the employee and Nursing Director with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

a. Any post-exposure treatment completed.

b. The licensed Healthcare Professional's written opinion for post-exposure evaluation and follow up shall include the following information:

(1.) That the employee has been informed of the results of the evaluation; and

(2.) That the employee has been informed of any medical conditions which could result from exposure to blood or other potentially infectious materials which may require further evaluation or treatment.

c. All other findings or diagnoses shall remain confidential.

E. Communication of Hazards

Labels and signs

1. Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and, other containers used to store, transport or ship blood or other potentially infectious materials.

2. Labels required by this section shall include the following legend:

3. These labels shall be fluorescent orange or orange-red; or, predominantly so, with lettering and symbols in a contrasting color.

4. Labels shall be affixed as close as is feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

5. Red bags or red containers may be substituted for labels.

F. Recordkeeping

An accurate record for each employee with occupation exposure shall be maintained. This record shall include:

1. Medical

   a. The name and social security number of the employee;

   b. A copy of the employee's Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination;

   c. A copy of all results of examinations, medical testing, and follow-up procedures;

   d. The employer's copy of the licensed healthcare professional's written opinion;

e. A copy of the information provided to the licensed healthcare professional; and,

f. A copy of the exposure incident medical record shall be maintained indefinitely.

2. Training Records

a. Training records shall include the following information:

(1.) The dates of the training sessions;

(2.) Maintenance of archive copies of all documents used in e-learning shall be the responsibility of the Iowa Corrections Learning Center (ICLC);

(3.) The names and qualifications of persons conducting the training sessions; and,

(4.) The names and job titles of persons attending the training sessions.

b. Training records shall be maintained indefinitely from the date on which the training occurred.

3. Availability

a. Each institution shall ensure that all records required to be maintained by this section are available.

b. Training records required by this standard shall be provided upon request for examination and copying.

c. Medical records required by this standard shall be provided upon request for examination and copying in accordance with 29 CFR 1910.1020.

4. Transfer of Records

The institution shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.1020.

5. Sharps Injury Log

a. The Nursing Director or designee shall maintain a *Sharps Injury Log* **(IO-SE-25, F-3)** for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained on Form 3 in such a manner as to protect the confidentiality of the injured employee. The Safety Officer will ensure the sharps log is completed in compliance with applicable regulations. The sharps injury log shall contain, at a minimum:

(1.) The type and brand of device involved in the incident,

(2.) The department or work area where the exposure incident occurred; and

(3.) An explanation of how the incident occurred.

b. The sharps injury log shall be maintained for the period required by 29 CFR 1904.6.

c. The sharps injury log shall be maintained by the Health Services Department and reviewed by the Safety Officer.

G. Universal Precautions

1. Universal precautions apply to blood, body fluids (containing visible blood), semen, vaginal secretions, tissues, cerebral spinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, saliva in dental procedures; all body fluids in situations where it is difficult or impossible to differentiate between body fluids; and, handling of suspicious packages and envelopes.

2. In general, universal precautions include the use of an appropriate barrier (gloves, mask, goggles, face shields, gowns, protective suits, etc.) to prevent contact with body fluids. Additionally, standard sterilization and disinfection measures, as well as waste disposal procedures, are to be followed. Universal precaution recommendations can be summarized by the following:

a. Hands shall be washed before and after offender contact and, immediately, if hands become contaminated with blood or other body fluids; (See IDOC Policy **HSP-904**, *Universal Precautions*) after removal of any PPE, or when any offender has shown or communicated the intent to cause exposure.

b. Gloves shall be worn whenever there is a possibility of contact with body fluids, or handling of suspicious packages and envelopes.

c. Protective suits, gowns, masks, goggles, or face shields shall be worn whenever circumstances indicate a possibility of splashing or splattering of body fluids. Each institution shall ensure that protective equipment is readily available to responders.

d. During resuscitation procedures, masks or mechanical ventilation devices shall be readily available and used.

e. Spills of blood or bloody body fluids shall be cleaned up using a commercially prepared product or other EPA registered product approved by the facility safety officer.

f. Staff who have open lesions, dermatitis or other skin irritations shall not handle contaminated equipment without personal protective equipment.

g. Safe needle devices, including retractable syringes and needles shall be used for all procedures where exposure to blood or OPIM is possible.

h. Contaminated needles shall never be bent, clipped or recapped unless required by a medical procedure; then, a one-handed recapping technique or safety device must be used. Immediately after use, contaminated sharp objects shall be discarded into a puncture-resistant “sharps” container designed for this purpose.

i. Contaminated equipment that is reusable shall be cleaned of visible organic material, placed in an impervious container, and returned to a designated place for decontamination and reprocessing.

j. Instruments and other reusable equipment used in performing invasive procedures must be disinfected and/or sterilized.

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H. Methods of Compliance

All staff and offenders are responsible for preventing and minimizing exposure to bloodborne pathogens. Staff and offenders shall report any exposure to their supervisor immediately.

1. Hand washing facilities will be readily accessible to employees.

2. When provision of hand washing facilities is not feasible, employees will be provided with either an appropriate antiseptic hand cleanser, in conjunction with clean cloths/paper towels, or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

3. Employees shall wash their hands and any other skin with soap and water; flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials; and, after the removal of gloves or other personal protective equipment.

4. Contaminated retractable needles and other contaminated sharps shall not be bent, recapped or removed unless required by a medical procedure; then, a one-handed recapping technique or safety device must be used. Shearing or breaking of contaminated needles is prohibited.

5. Contaminated disposable sharps shall be placed in appropriate containers which are closable, puncture resistant, labeled or color-coded, and leak proof on the sides and bottom. Disposal will be consistent with approved DOC policy and procedure.

6. Food and drink shall not be kept in refrigerators, freezers, on shelves, in cabinets, on countertops, bench tops where blood or other potentially infectious materials are present.

7. Eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses is prohibited in work areas where there is a reasonable likelihood of exposure.

8. Specimens of blood or other potentially infectious materials shall be placed in a closable, labeled or color-coded container that prevents leakage during collection, handling, processing, storage, transport or shipping. If outside contamination of the primary container occurs, or the specimen could puncture it, the primary container shall be placed

within a secondary container that is puncture resistant, in addition to the above characteristics.

9. Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping, and shall be decontaminated, as necessary, unless it can be demonstrated that decontamination of such equipment or portions of such equipment is not feasible. A readily observable label will be attached to the equipment, stating which portions remain contaminated. Surface decontamination should be done promptly with a commercially prepared product with EPA registration as approved by facility Safety Office. Do not aerosolize particles.

I. PPE shall be utilized in any situation where there is a known risk for exposure:

1. Persons whose job classification and duties involve reasonably anticipated occupational exposure will be provided appropriate personal protective equipment such as, but not limited to, protective suits, gloves, gowns, laboratory coats, face shields or masks, eye protection, mouth pieces, resuscitation bags, pocket masks or other ventilation devices at no cost to the employee.

2. Garments contaminated by blood or other potentially infectious material shall be removed immediately, or as soon as possible, and all personal protective equipment shall be removed prior to leaving the work area. These will be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

3. Appropriate disciplinary action may be instituted in the event an employee in a position designated as having a reasonable risk for occupational exposure fails to use appropriate personal protective equipment.

4. Where there is a significant likelihood of intentional exposure by offenders, proper PPE shall be used. Staff who have open lesions, dermatitis or other skin irritations shall not participate in physical interventions with offenders without special precautions and preparation to prevent exposure.

5. For minor cleanup situations, PPE shall be utilized appropriate to the risk of exposure.

6. The approved PPE suit is the Durawear Rainwear, 2 Piece Set which includes jacket with attached hood and bib overalls, yellow,

PVC/Polyester 0.35 mm thickness material. Mfg# 1220AH. Protection for footwear is required, with overshoes; or, waterproof footwear that replaces personal footwear; or, a combination of these.

J. Housekeeping

1. Written policy and procedure shall address the appropriate cleaning schedules and methods for decontamination with an appropriate disinfectant.

2. All equipment and environmental surfaces, as well as work surfaces, shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

3. Protective coverings (i.e., wrap, foil, etc.) used to cover equipment/environmental surfaces shall be removed/replaced as soon as feasible when contaminated.

4. All bins, pails, cans and similar receptacles intended for reuse, which have a reasonable likelihood for becoming contaminated with blood, or other potentially infectious materials, shall be inspected and decontaminated on a regularly scheduled basis. They will be cleaned and decontaminated immediately, or as soon as feasible, upon visible contamination.

5. Broken glassware which may be contaminated shall not be picked up directly with hands, but shall be cleaned up by mechanical means, i.e., brush, dustpan, tongs, etc.

6. Reusable containers used for regulated waste must not be opened, emptied or cleaned manually, or in any other manner which would expose employees to the risk of percutaneous injury. Regulated waste shall be disposed of in accordance with applicable regulations of the United States, Iowa and political subdivisions.

7. Contaminated Laundry

   a. Contaminated laundry shall be handled as little as possible, and with a minimum of agitation.

   b. Contaminated laundry shall be bagged or containerized at the location where it was used, but not be sorted or rinsed in the location of use.

c. Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded so that all employees can recognize the containers as requiring compliance with universal precautions.

d. If contaminated laundry is wet, it shall be placed and transported in plastic bags or containers which prevent soak-through or leakage.

8. Employees who have contact with contaminated laundry must wear protective gloves and other appropriate personal protective equipment.

K. Documentation

1. An incident report and/or accident report, as well as appropriate health record documentation, must be completed whenever an individual has reason to believe they may have been exposed to infectious disease that could be spread by blood or other body fluids/tissues.

2. A copy of the incident report and/or accident report describing the event must be placed in the individual's health file. The report must specify how the alleged exposure occurred (i.e., what body fluids were exchanged, and the possible mode of transmission).

3. Health Services in conjunction with the exposed employee shall ensure form; **IO-SE-25 F-1**, *Employee Checklist* is completed, and deliver the completed form to Health Services. Institutions may use additional forms designed for their facility in addition to forms in this policy. The employee's shift supervisor shall ensure that this form is provided to the employee and completed.

4. Employee's Shift supervisor shall complete the steps of form **IO-SE-25 F-2**, Employee's *Supervisor's Employee Exposure* Checklist, and deliver the completed form to Health Services.

5. An entry of the occupational exposure shall be recorded on the **OSHA form 300**, Log of Work Related Injuries and Illnesses, by the Safety Officer, Personnel or designee.

L. Post Exposure Medical Management

The medical management of exposure to bloodborne pathogen shall be conducted under the supervision of the Institutional Health Services Department. Post-exposure procedures shall comply with the standards listed

previously in this policy, IDOC Policy **HSP-911**, *Blood & Body Fluid/Tissue Exposure*, 29 CFR 1910.1030, and CDC guidelines.

M. Administrative Review and Follow up

1. Each institution shall develop specific procedures that ensure appropriate review of exposure incidents. The review shall include a meeting and discussion between Warden or designee, exposed employee's department head, Safety Officer, Nursing Director, and any other staff deemed necessary by the Warden. . The *Administrative Review of Potential Exposure* **(IO-SE-25 F-4)** shall be completed and sent to the IDOC Safety Director within 15 working days of the potential exposure incident.

2. The review shall include but shall not be limited to:

   a. Determining whether there is appropriate documentation and information about the incident, and obtaining any additional necessary information;

   b. Reviewing whether there was an actual exposure; and, the supporting information and documentation that justifies the determination;

   c. Determining whether all steps outlined in this policy have been followed;

   d. Determining whether institutional procedures were followed in any activities that preceded the event, including whether there were any contributing factors by any equipment, communication, physical barrier, or procedure;

   e. Identifying any opportunities for improvement or refinement; and,

   f. Assigning responsibility and a timetable for any follow-up.

3. Records of this review shall be maintained indefinitely, and shall be confidential.