DEPARTMENT OF CORRECTIONS

Policy Number: 105.113
Title: Personal Protective Equipment (PPE)
Effective Date: 10/15/19

PURPOSE: To provide all employees, offenders/residents, visitors, and others with appropriate personal protective equipment when there is an absence of adequate administrative and engineering work practice controls that ensure the safety and health of workers.

APPLICABILITY: Department-wide

POLICY: Each department unit or facility must provide, at no cost to the employee, the appropriate personal protective equipment (PPE) for identified tasks, jobs, and work areas. PPE must be provided whenever/wherever deemed necessary by the department or site safety administrator. PPE is required whenever the hazards of a process, the environment, physical, chemical, radiological, or mechanical hazards may be encountered in a manner capable of causing injury, illness or impairment. These hazards impair the body through absorption, inhalation, ingestion, injection, or physical contact.

DEFINITIONS:
Hazard assessment – a physical walk-through of a work area to identify safety and health hazards that require the use of personal protective equipment (PPE); and to list the types of hazards, the level of risk, and the seriousness of potential injuries or illnesses. The following are some examples of hazards: impact, compression, motion, high or low temperatures, workplace chemical exposures, harmful dusts, radiation, falling/dropping objects, sharp objects, and pinch points.

Other potentially infectious material (OPIM):
A. Human body fluids – semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, body fluids visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
B. Any unfixed tissue or organ (other than intact skin) from a human, living or dead;
C. Blood-borne pathogens – cells or tissue cultures, organ cultures, human immunodeficiency virus (HIV)-, Hepatitis B virus (HBV)-, or Hepatitis C virus (HCV)-containing cultures medium or other solutions; and
D. Animal blood, organs, or other tissues from experimental animals infected with HIV, HBV or HCV.

Personal protective equipment (PPE) – specialized clothing or equipment worn for protection against a hazard. PPE equipment includes such examples as gloves, face shields, gowns, aprons, shoe covers, lab coats, safety glasses, safety shoes, respirators, ear plugs, or hardhats.

Standard precautions – accepted methods and measures used to protect against an injury or contracting an illness. Use of standard precautions applies to:
A. Blood;
B. All bodily fluids, secretions, and excretions, except sweat, regardless of whether or not they contain visible blood;
C. Non-intact skin; and
D. Mucous membranes.

Standard precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection. (See also Policy 500.017, "Health Services Infection Control.")

PROCEDURES:

A. General guidelines

1. Facility staff provide necessary and required protective equipment, at no cost to the employee or offender/resident, including personal protective equipment (PPE) for eyes, face, head, torso, and extremities; protective clothing; respiratory devices; and protective shields and barriers, if required. Department unit supervisors must ensure that PPE is used and maintained in a sanitary and reliable condition. The work area supervisor, with assistance from the site safety administrator/designee, performs a Hazard Assessment (form attached), and retains it. An employee may request a hazard assessment of any job for which an assessment does not already exist, to determine the need for PPE.

2. The safety administrator/designee must review and approve all PPE purchases. The selection of PPE must meet the most current and applicable American National Standards Institute (ANSI) requirements as listed in relevant occupational safety and health administration (OSHA) standards. PPE must be purchased according to Policy 104.300, "Purchasing." All PPE purchases are electronically stored in the electronic inter office requisition (EIOR) system.

3. Facility safety administrators must maintain a hearing conservation program if a noise level meets or exceeds the permissible exposure limit of 90dB for an eight-hour period of time (refer to Policy 105.114, "Hearing Conservation Program").

4. Facility safety administrators must have a respiratory protection program if required (refer to Policy 105.115, "Respiratory Protection Program").

5. Facility safety administrators must maintain a safety shoe and protective footwear program where there is potential for injuries to the feet, including crushing injuries, punctures, slips and falls, or burns from electricity. Shoes and safety footwear must be ANSI-rated. Staff assigned to an area or post, who are determined by a hazard assessment as requiring safety footwear, are provided safety footwear by their supervisors or are reimbursed up to the amount specified in the labor contract every 24 months. Safety footwear is not deducted from uniform allowances listed in Policy 103.2215, "Uniforms and Attire – Facilities." Work area supervisors instruct offenders/residents on obtaining safety shoes.

6. The supervisor, with the assistance of the safety administrator/designee, determines the risk level and necessity of protective eyewear for staff and offenders/residents in order to comply with OSHA standard 1910.133. Protective eyewear must be worn whenever there is a need to protect the eyes and face from injury due to flying or falling particles from operations, chemical splashes, or exposure to bodily fluids.

7. In addition to required PPE, staff and offenders/residents must make reasonable efforts to wear clothing that is appropriate to the hazards encountered in the work environment (e.g., body fluid spills, walking/working outside).

B. Hazard assessment and proper usage of PPE

1. Hazard assessment

a) The supervisor, with the assistance of the site safety administrator/designee, performs a walk-through of the supervisor's work areas to conduct a hazard assessment for each position or job classification with similar tasks. The supervisor uses a Hazard Assessment form. The required PPE must be listed for each potential hazard. Field services crew leaders must perform project hazard assessment according to Policy 105.130, "Offender and Staff Safety – Sentencing to Service (STS) and Institution Community Work Crew (ICWC)."

b) The site safety administrator/designee completes a written certification verifying completion of the hazard assessment, including who performed the hazard assessment, the date it was performed, and what type of PPE is considered necessary. Area supervisors retain the assessments until identified hazards no longer exist.

c) The supervisor gives a copy of the hazard assessment results to the affected employee(s). Offenders/residents are also provided a copy of the hazard assessment results upon request. The supervisor must ensure the employees and offenders/residents understand what types of PPE are considered necessary for the work area. Hazard assessments are retained by the area supervisor.

d) The work area supervisor must contact the site safety administrator/designee when there is a change or planned change in the production process, equipment used, location, or job duties of the position or job classification that will affect the use or type of required PPE. The site safety administrator/designee or the supervisor completes a new hazard assessment and provides any additional training needed under Policy 105.150 "Right to Know Program" and Policy 105.125, "A Workplace Accident and Injury Reduction Program (AWAIR)" standards. All training must be documented in the agency-approved electronic training management system. Offender/resident training is documented on Offender/Resident Safety Training forms (105.125F), which are uploaded into their electronic files in ODocS. Copies are given to the offenders/residents and retained in their work files.

e) Employees and offenders/residents must follow universal precautions for tasks when blood or other potentially infectious material may occur.

2. Proper usage of PPE

a) Supervisors must train employees on determining when and what type of PPE is necessary; how to put on, take off, adjust and wear PPE; the limitations of PPE; the proper care, maintenance, and expected life of PPE; and the disposal of PPE, all in accordance with OSHA standards. Supervisors may seek assistance from the site safety administrator/designee in providing this training. The site safety administrator works with the employee development department to develop PPE training programs that meet department policy and regulatory requirements.

b) Employees must wear the prescribed PPE for the assigned task or job. Supervisors must enforce the proper use of PPE.

c) Escorting employees must ensure that the appropriate PPE is issued and worn when staff, offenders/residents, visitors, or others tour areas that require certain PPE.

Staff, offenders/residents, visitor, and other tours must not be brought into areas requiring respirator use unless they have been medically certified, fit-tested, and trained for respirator use.

C. Standard precautions

1. General guidelines

a) With regard to PPE, all employees, contract employees, volunteers, visitors, offenders/residents, and others are treated as possible carriers of communicable diseases.

b) Employees must wear non-latex, single-use protective gloves before touching any bodily fluid.

c) If rescue breathing is warranted, staff at all times must use a bag valve mask or a mask containing a one-way valve for rescue breathing. All masks must be properly disposed of after a single usage.

d) Employees must wear additional PPE as needed to prevent exposure to blood or other potentially infectious material (OPIM).

2. PPE

a) All PPE must be readily available to employees, and to offender/residents workers as necessary, and provided at no cost.

b) All single-use PPE must be removed prior to leaving the work area and properly disposed of as bio-hazard waste. Staff using reusable PPE must clean the PPE and store it in a designated location.

c) Proper fitting single-use protective gloves:

(1) Must be worn in the following situations:

(a) Contact with blood or OPIM is anticipated;
(b) Skin lesions or cuts are visible;
(c) Open abrasions or rashes are observed;
(d) While performing invasive procedures;
(e) While performing wound debridement;
(f) While performing venipuncture or other vascular access procedures;
(g) While performing area and body searches;
(h) When restraining an offender; and
(i) While performing any other task that may require standard precaution measures.

(2) Must not be washed or disinfected for reuse.

(3) Must be properly removed upon completion of the task, with efforts made to avoid cross-contamination of the surrounding area.

(4) Must immediately be replaced when soiled, torn, or punctured.

(5) May be worn in layers if contact with large amounts of blood or OPIM is anticipated.

d) Water-resistant gowns must be:

(1) Worn:

(a) When it is anticipated that one may become soiled with blood or OPIM,
(b) During procedures likely to generate splashes of blood or OPIM, or
(c) During the manual cleaning of instruments; and

(2) Immediately removed upon completion of the task, with efforts made to avoid cross-contamination of the surrounding area.

e) A disposable surgical mask and protective eyewear must be worn during procedures likely to generate aerosolized droplets of blood or OPIM, including such examples as wound debridement or irrigation, suctioning, lavage, and when disposing of liquid waste into a designated receptacle.

f) Head covers and shoe covers must be worn during procedures likely to generate gross contamination, or when large amounts of blood or OPIM are present.

g) Closed shoes are required for potential emergency responders, as stated in Policy 103.221, "Uniforms, Attire, and Personal Hygiene."

INTERNAL CONTROLS:

A. Hazard assessment forms are retained by area supervisors until the identified hazards no longer exist.

B. All PPE purchases are electronically stored in the electronic inter office requisition (EIOR) system.

C. Training is documented and retained in the agency-approved electronic training management system.

D. All Offender/Resident Safety Training forms (105.125F) are uploaded into the offender's/resident's electronic file in ODocS. A copy is given to the offender/resident and a copy is retained in the offender's/resident's work file.

ACA STANDARDS: None

REFERENCES: Occupational Safety and Health Administration (OSHA) Standards 1910.1030; 1910.132 through 1910.138; 1910.95
American National Standards Institute (ANSI)
Policy 105.170, "Bloodborne Pathogens"
Policy 105.115, "Respiratory Protection Program"
Policy 105.114, "Hearing Conservation Program"
Policy 103.2215, "Uniforms and Attire – Facilities"
Policy 105.130, "Offender and Staff Safety – Sentencing to Service (STS) and Institution Community Work Crew (ICWC)"
Policy 103.221, "Uniforms, Attire, and Personal Hygiene"
Policy 105.150 "Right to Know Program"
Policy 105.125, "A Workplace Accident and Injury Reduction Program (AWAIR)"
Policy 500.017, "Health Services Infection Control"

REPLACES: Policy 105.113, "Personal Protective Equipment (PPE)," 3/17/15.

All facility policies, memos, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

ATTACHMENTS: Hazard Assessment (105.113A)
Offender/Resident Safety Training form (105.125F)

APPROVALS:
Deputy Commissioner, Community Services
Deputy Commissioner, Facility Services
Assistant Commissioner, Operations Support
Assistant Commissioner, Facility Services