**Minnesota Department of Corrections**

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| **Policy:** | **105.170** | **Title: Bloodborne Pathogens** |
| **Issue Date:** | **4/19/16** | |
| **Effective Date:** | **5/3/16** | |

**AUTHORITY:** Minn. Stat. §241.01 Subd. 3(a)

**PURPOSE:** To provide a safe and healthy work environment for employees and to comply with applicable Occupational Safety and Health Administration (OSHA) standards and all other related federal and state laws or regulations. To provide instructions for follow-up care of employees, offenders, and others working in the facility after significant bloodborne pathogen exposure.

**APPLICABILITY:** Minnesota Department of Corrections (DOC), Department-wide, including employees who perform duties off grounds (e.g., special duties, off grounds offender work crews, field services)

**POLICY:**
The purpose is to minimize risk of occupational exposure to bloodborne pathogens and to provide procedures for responding to exposure incidents. The review must include changes in technology that eliminate or reduce potential exposure to bloodborne pathogens.

Each division must complete an exposure determination when a new work unit is established to determine which employees are reasonably anticipated to experience exposure to blood or other potentially infectious materials and must list all employee bargaining units that are anticipated to incur such occupational exposure, regardless of frequency. A record of the exposure determination must be maintained and updated annually (or more frequently as needed). This record must reflect new or modified tasks and procedures which affect occupational exposure and new or revised employee positions with occupational exposure. The division head must update this policy if the division head determines there are any employee bargaining units that are reasonably anticipated to incur an occupational exposure.

This plan must comply with federal and state laws and regulations, contain the sections described below, and clearly identify the positions responsible for implementing each required section.

1. *Post-exposure evaluation and follow-up*: the plan must describe the procedures for post-exposure evaluation and follow-up and how health care professionals are involved in the post-exposure evaluation.

2. *Methods and schedule of compliance*: the plan must describe any additional site-specific methods and schedules of the implementation of training, engineering and work practice controls, the use of personal protective equipment (PPE) and housekeeping procedures to reduce the risk of exposure.

Independent contractors, employees of contracted services, volunteers and consultants are not employees and are not covered by the department exposure control plan.

**DEFINITIONS:**
Appropriate disinfectant –includes EPA-registered tuberculocides, sterilants, or products registered against HIV/HBV as listed by the Occupational Safety and Health Administration (OSHA).

Biohazard symbol –


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

Bloodborne pathogen tests –
1. Rapid HIV.
2. Hepatitis B surface antigen.
3. Hepatitis C antibody – if positive get: Hepatitis C RNA by PCR quantitative.
4. HIV antibody – if positive get HIV viral load.

Bloodborne pathogens – pathogenic microorganisms that are present in human blood and can infect and cause disease in humans, including such examples as Hepatitis B virus (HBV), Hepatitis C virus (HCV), and Human Immunodeficiency Virus (HIV).

Centers for Disease Control (CDC) – a division of the federal Department of Health and Human Services and part of the United States Public Health Services, which serves as the national focus for developing and applying disease prevention and control, environmental health, and health promotion and education activities designed to improve the health of the people of the United States.

Contaminated – the presence or the reasonably anticipated presence of blood or other potentially infectious materials on items or surfaces.

Contracted occupational health care provider – the clinic and/or hospital with which the facility or unit has established a protocol agreement for providing post-exposure evaluation and treatment.

Engineering controls – devices or procedures that isolate or remove the bloodborne pathogens hazard from the workplace, e.g., sharps disposal containers or self-sheathing needles.

Exposure incident – a specific eye, mouth, other mucous membrane, non-intact skin (e.g., dermatitis, hang-nails, cuts, abrasions, chafing, acne), or parenteral contact with blood or other potentially infectious materials.

Hand washing facilities – a facility providing an adequate supply of running potable water, soap and single-use towels or hot air drying machines.

Infectious waste – (also known as regulated waste) includes (1) liquid or semi-liquid blood or other potentially infectious material (OPIM); (2) contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed; (3) items caked with dried blood or OPIM that are capable of releasing these materials during handling; (4) contaminated sharps and used needles; and (5) pathological and microbiological wastes containing blood or OPIM.

Licensed health care professional – a person whose legally-permitted scope of practice allows the person to independently perform Hepatitis B vaccinations and post-exposure evaluation and follow-up. Also referred to as a medical practitioner.

Occupational exposure – reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Occupational health care provider – see above under "contracted occupational health care provider."

Other potentially infectious materials (OPIM) – includes (1) the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) any unfixed tissue or organ (other than intact skin) from a human (living or dead); (3) HIV-containing cells or tissue cultures, organ cultures, and HIV-, HBV-, or HCV-containing cultures medium or other solutions; and (4) blood, organs, or other tissue from experimental animals infected with HIV, HBV, or HCV.

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

Personal protective equipment (PPE) – specialized clothing or equipment worn for protection against a hazard. PPE equipment includes examples such as gloves, facial protection, gowns/aprons, shoe covers, lab coats, eye protection, mouthpieces, pocket masks, foot protection, respiratory protection and hearing protection. General work clothes (e.g., uniforms, pants, shirts) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Plan – The department's exposure control plan consists of:

1. This policy;
2. Division Directive 105.118, "Proper Management of Sharps and Sharp Containers;"
3. Division Directive 105.113, "Personal Protective Equipment (PPE);"
4. Policy 500.240, "Offender Post Exposure Blood Draws;"
5. Policy 301.010, "Searches;" and
6. Policy 105.125, "A Workplace Accident and Injury Reduction Program (AWAIR)."

Sharps – any objects that can penetrate or cut the skin and produce an opening in the skin or a puncture wound that would expose employees to blood or OPIM.

Significant exposure – defined by Minn. Stat. §241.33 subd. 6, as: "contact likely to transmit a bloodborne pathogen, in a manner supported by the most current guidelines and recommendations of the United States Public Health Service at the time an evaluation takes place, that includes:

(1) percutaneous injury, contact of mucous membrane or nonintact skin, or prolonged contact of intact skin; and

(2) contact, in a manner that may transmit a blood-borne pathogen, with blood, tissue, or potentially infectious body fluids."

Standard precautions – all human blood and certain body fluids are treated as if known to be infectious for HIV, HBV, HCV, and other bloodborne pathogens.

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 via a two-handed technique.

**PROCEDURES:**

I. CENTRAL OFFICE

In the event of a blood spill, or when other potentially infected material is discovered in central office, the observing employee must immediately notify a supervisor. The area must be secured to prevent employees from coming into contact with the material. The supervisor contacts the office services supervisor or the front desk who contacts building management or the designated outside vendor to disinfect and clean the area.

## II. METHODS OF COMPLIANCE

### A. Standard Precautions

All employees must treat all human blood and OPIM as if known to be infectious for HIV, HBV, HCV, and other bloodborne pathogens. During those circumstances when differentiation between body fluid types is difficult or impossible, all body fluids are considered as potentially infectious materials.

1. All employees, contract employees, volunteers and offenders are treated as possible carriers of communicable disease.

2. To comply with standard precautions, employees must:
   a) Cover all cuts and open wounds with clean dressings before reporting for duty;
   b) Avoid contact with their own mouths, eyes and noses when near body fluids;
   c) Wash their hands with soap and water after removing protective gloves following any contact with body fluids;
   d) Avoid all needle punctures or injuries from sharp objects;
   e) Place all needles and sharps in puncture proof hazardous waste containers; and
   f) Wear appropriate PPE.

3. When staff perform cardiopulmonary resuscitation (CPR), they must use bag valve masks (or at least disposable masks containing one-way valves, if working outside the facility and bag valve masks are not available) for rescue breathing. If disposable masks must be used, they must be destroyed after a single usage.

### B. Engineering and Work Practice Controls

1. Implementation and monitoring:
   Employees must use engineering and work practice controls to eliminate or minimize exposure. Employees must also use PPE for those circumstances when the risk of occupational exposure remains after implementation of engineering and work practice controls.

2. The immediate supervisor of each work area where exposure is reasonably anticipated, with the assistance of the facility safety administrator, must monitor and maintain engineering and work practice controls. The immediate supervisor must ensure the effectiveness of engineering and work practice controls by:
   a) Performing a documented inspection of the work area at least monthly, including the inspection of PPE, clean-up kits and sharps containers;
   b) Establishing an ongoing surveillance of the work area to ensure that required work practices are being observed, protective clothing and equipment are being provided and properly used, and labeling requirements are being met;
   c) Investigating known or suspected parenteral exposures (including needle sticks) to body fluids or tissues to identify the circumstances surrounding the exposures;
   d) Modifying, as appropriate, training, engineering and work practice controls and protective equipment to prevent exposure recurrence;
   e) Reporting and documenting non-compliance to the facility safety administrator;

and

f) Supervising offenders who are properly trained, vaccinated for HBV, and using appropriate personal protective equipment, who may be assigned to clean up body fluid spills. Staff must supervise the offender(s) assigned to this task and write an incident report including the name of each offender assigned.

C. Personal Protective Equipment (PPE)

1. Employees must use PPE according to department and facility training and consistent with Policy 105.113, "Personal Protective Equipment (PPE)."

2. Whenever PPE from a spill clean-up kit is used, the employee must document the use of a spill clean-up kit on an incident report and report it to the supervisor/watch commander/designee to notify the appropriate personnel to restock the kit.

3. When there is the potential for occupational exposure, the supervisor must ensure that the appropriate PPE is provided at no cost to the employee. The work area supervisor must:
   a) Conduct and document a PPE hazard assessment of the work area;
   b) Instruct each affected employee (upon the employee's assignment to a potentially hazardous area and whenever a new hazard is introduced) how and when to use PPE and document that such instruction occurred;
   c) Ensure that PPE in appropriate sizes is readily available and that special equipment (e.g., hypo-allergenic gloves) is readily accessible to those employees who cannot use the equipment normally provided; and
   d) Ensure bloodborne pathogens clean-up kits are stocked in accordance with guidelines provided by the facility safety administrator.

4. Supervisors must ensure that each employee uses the appropriate PPE unless a supervisor shows that the employee, on a case-by-case basis, temporarily and briefly declined to use PPE when, under rare and extraordinary circumstances, it was the employee's professional judgment that, in the specific instance, its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the supervisor must investigate and document the circumstances on the Agency Claims Investigation form (attached) in order to determine whether changes may be instituted to prevent such occurrences in the future.

D. Work Practice Controls

1. Food and drink must not be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or OPIM are present.

2. Employees must not eat, drink, smoke, apply cosmetics or lip balms, or handle contact lenses in work areas where there is a reasonable likelihood that blood or OPIM may be present.

3. Employees must perform cell, body, pat and clothing searches in accordance with Division Directive 301.010, "Searches."

4. Handling Blood and OPIM:
   a) Employees must perform all procedures involving blood or OPIM in such a manner as to minimize splashing, spraying, spattering and the generation of droplets of

these substances.

b) Employees must place specimens of blood or OPIM in a container that prevents leakage during collection, handling, processing, storage, transport, or shipping.
   (1) Employees must ensure that containers used for the storage, transport, or shipping of specimens are labeled with the biohazard symbol.
   (2) If the specimen could puncture the primary container or if the primary container becomes contaminated on the outside, employees must place the primary container inside a second container that is puncture resistant, prevents leakage and is properly labeled.

E. Sharps Handling

Employees must handle all sharps in accordance with Policy 105.1"Proper Management of Sharps and Sharp Containers."

F. Hand Washing

Hand washing is regarded as the single most important means of preventing the spread of infections.

1. The deputy commissioners and wardens/superintendents must ensure hand washing facilities are readily accessible to employees. If this is not feasible, the work area supervisor must ensure that an appropriate waterless antiseptic hand cleanser is provided in conjunction with clean cloth/paper towels or antiseptic towelettes.

2. Immediate supervisors must ensure their employees:
   a) Wash their hands immediately, or as soon as feasible, after the removal of gloves or other PPE; and
   b) Wash their hands and any other skin with soap and water, or flush mucous membranes with water, immediately, or as soon as feasible, following contact with blood or OPIM.

3. Employees must wash their hands in accordance with training received in orientation.

G. Housekeeping

1. The supervisor of each work area must ensure that the area is maintained in a clean and sanitary condition. Each area supervisor must create and implement an appropriate written schedule for cleaning and a method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present and tasks or procedures being performed in the area.

2. Employees must decontaminate contaminated work surfaces with an appropriate disinfectant after the completion of the implemented procedures, immediately (or as soon as feasible) when the surfaces are overtly contaminated, after any spill of blood or OPIM, and at the end of the work shift if the surfaces may have become contaminated since the last cleaning.

3. Employees must, as soon as feasible, remove and replace protective coverings, such as plastic wrap, aluminum foil, or imperviously backed absorbent paper used to cover equipment and environmental surfaces, when overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.

4. Employees must inspect and decontaminate all bins, pails, cans and similar receptacles intended for reuse (which have a reasonable likelihood of becoming contaminated with blood or OPIM) on a regularly-scheduled basis and must immediately, or as soon as feasible, clean and decontaminate such items upon visible contamination.

5. Employees must not directly pick up potentially contaminated broken glass or other sharp objects with their hands; broken glass and other sharp objects must be picked up using mechanical means: e.g., brush and dust pan, tongs, scraper, or forceps.

H. Blood/Body Fluid Cleanup

1. The supervisor of each work area where blood or OPIM are likely to be present must ensure that clean-up materials are readily available. The locations of clean-up kits and carts must be clearly marked. A master list of clean-up kits, carts, and supply locations must be retained in the watch center. The supervisor in charge of transportation must ensure clean-up kits are placed in all state vehicles used for the transportation of offenders. Clean-up kits and carts must contain written instructions for the enclosed products and the contents.

2. The contaminated area must be secured to prevent others from coming into contact with blood or OPIM. If the area to be cleaned is part of a potential crime scene, employees must secure and isolate the area. Cleanup must be delayed until the assigned investigator releases the scene. The scene must be immediately cleaned up after it has been released. (See also Procedure II.N., "Evidence Collection".) Employees must clean up all blood and body fluid spills with the materials from a clean-up kit or cart in accordance with the annual facility in-service training and this policy. The cleanup must be supervised by the Officer-in-Charge (OIC) of the area or designee, who must also ensure that the cleanup is performed by an employee who has been trained in clean-up procedures.

3. Central office staff must follow the process in Section I., at the beginning of this document.

4. Field services staff must contact building management or the designated outside vender to disinfect and clean the area in the event of a blood spill, or when other potentially infected material is discovered.

5. Employees must wear disposable gloves when cleaning up any body fluid spills. Gowns and face masks are appropriate if there is the potential for further spattering of body fluids.

6. Employees must place all disposable items contaminated with blood and other body fluids in a labeled red bag and bring it directly to the designated infectious waste storage area, placing it in the infectious waste storage container. Only staff or trained offenders under staff supervision may move infectious waste bags or containers.

7. Sharps (Broken Glass, Needles, Etc.)
   a) Employees must obtain a sharps container or empty the contents of the spill kit and use it as a sharps container.
   b) Employees must pick up any sharp objects with a dustpan, scraper, or other mechanical means provided in the spill kit and place the objects into the sharps container.
   c) Employees must apply biohazard stickers to the container and dispose of it in a red

biohazard bag.

8. Whenever a spill clean-up kit is used, the employee must document the use of a spill clean-up kit on an incident report and notify his/her supervisor/watch commander/designee, who must notify the appropriate personnel to restock the kit.

I. Offender Involvement in Blood/Body Fluid Cleanup

1. If offenders are physically capable, and if time allows, offenders may be directed to clean up their own blood or OPIM under staff supervision.

2. Offenders may also do the final disinfectant mopping, or clean up low-risk body fluids such as saliva, urine, vomit, or feces where blood is not visibly present.

3. Offenders who are properly trained and vaccinated for HBV may be assigned as plumbers or to clean up blood and OPIM. The offenders must be provided PPE and must perform the cleanup under staff supervision. The minimum PPE includes:
   a) Gloves;
   b) Protective suit/gown;
   c) Eye and mouth protection; and
   d) Shoe covers.

4. The work supervisor must document the training on the Offender Safety Training form (105.125F, attached). The documentation must be kept in the offender work file and a copy must be sent to the offender's base file. The training must be completed at least annually and include:
   a) A general explanation of the epidemiology and symptoms of bloodborne diseases (e.g., HIV, HBV, HCV), including hazards to special at-risk groups;

   b) An explanation of the chain of infection or infectious disease process, including agents, reservoirs, modes of escape from reservoir, modes of transmission, modes of entry into host and host susceptibility to bloodborne pathogens, including the relative risks of various body fluids and routes of exposure;

   c) How to gain access to further information and reference materials that must be made available in the workplace, including the location, contents and availability of pertinent materials that explain symptoms and effects of each infectious agent;

   d) Vaccine Information Statement (VIS) for the Hepatitis B Virus (HPV) vaccine, a copy of which is provided to the offender and available at www.cdc.gov, and which includes information on the vaccine's effectiveness, safety, method of administration, recommended immunization practices, and benefits;

   e) A review of information about the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM;

   f) An explanation of the use and limitations of methods that can prevent or reduce exposure, including standard precautions, appropriate engineering controls, work practices, PPE and housekeeping;

   g) An explanation of the basis for selection of PPE;

h) Information on the types, proper use, location, removal, handling, decontamination and disposal of PPE;

i) An explanation, demonstration and practice of the proper procedures for cleanup of blood or body fluids;

j) Information on the appropriate action to take and persons to contact in an emergency involving blood or OPIM;

k) An explanation of the procedure to follow when an exposure incident occurs, including how to report the incident, and an explanation of the medical follow-up that is made available;

l) An explanation of the required labels and signs and/or color-coding to denote biohazard; and

m) An opportunity for interactive questions and answers with the person conducting the training session.

5. Upon referral by the work supervisor, health services must offer HBV vaccinations to offenders who have been assigned to the body-fluid clean-up crew, if not previously vaccinated for HBV. Health services staff must review the VIS for HBV with the offender, and document the vaccination series in the offender's medical file.

J. Body Fluid Clean-Up Crew

1. The body fluid clean-up crew may not be dispatched to an area until the incident command system (ICS) is cleared (if activated), all evidence has been collected (if any), and, if applicable, until the Office of Special Investigations (OSI) has processed and cleared the area.

2. A minimum of two people must participate in the cleanup.
   a) The first person does the actual cleaning; and
   b) The second person provides equipment to the first person, to prevent contamination of the clean-up kit by the first person reaching into it with contaminated gloves.

3. Offenders selected for blood spill cleanup training must have a minimum of one year of incarceration remaining and have no incompatibilities. (Refer to Division Directive 202.120, "Offender Incompatibility.")

4. Offender body fluid cleanup crew members may hold any offender work position in the facility (e.g., kitchen, industry, janitorial, education, recreation, etc.).

5. Offender body fluid cleanup crew members receive $2.00 event pay for each infectious material cleanup they are called to.

6. Participation in the Offender Infectious Material Cleanup Program is voluntary. Refusal to work, however, is grounds for termination from the offender body fluid cleanup crew position.

7. Offenders must be given enough time to work safely. Areas may need to be cleaned twice.

8. If there are extremely large amounts of blood, such as after a major assault or injury, staff must use discretion whether to use the offender cleanup team. In extreme cases, staff must contact the watch commander to summon a contract vendor. The watch commander must notify the safety administrator to contact the contract vendor.

9. If an offender performing the cleanup believes the offender has had an exposure through broken skin, mouth, eyes, nose, or in any other manner, staff must ensure that incident reports are completed and that an Offender Accident/Injury Report (attached) is submitted per DOC Policy 105.125, "A Workplace Accident and Injury Reduction Program (AWAIR)." Staff must also send the offender to Health Services for evaluation and possible testing.
   a) Bloodborne pathogen post-exposure tests include:
      (1) Rapid HIV;
      (2) Hepatitis B surface antigen;
      (3) Hepatitis C antibody (if positive, get Hepatitis C RNA by PCR quantitative test); and;
      (4) HIV antibody (if positive, get HIV viral load test);

   b) If the offender's record indicates any positive results from the tests above, health services staff must contact the department medical director for specific laboratory test orders.

K. <u>Handling Contaminated Items</u>

1. Infectious Waste
   Supervisors and employees must ensure infectious waste is properly contained and disposed of so as not to become a means of transmission of disease to offenders or employees.
   a) Infectious waste containers must be:
      (1) Closable;
      (2) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping;
      (3) Labeled/color-coded; and
      (4) Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

   b) If the outside of the infectious waste container becomes contaminated, employees must place it into a second container. The second container must meet all the requirements of the first.

   c) Work area supervisors must ensure all infectious waste is disposed of through the contracted vendor.

   d) Employees must place all non-infectious waste or regular garbage in bags or other containers that are transparent.

   e) All sharps and sharps containers will be disposed of in accordance with Policy 105.118, "Proper Management of Sharps and Sharp Containers."

L. Handling Contaminated Clothing and Linens

1. All employees involved in the bagging, transport and laundering of contaminated clothing and linen must wear disposable gloves and other PPE, as appropriate.

2. Soiled clothing and linens must be handled as little as possible and with minimum agitation to prevent gross microbial contamination of the air and the employees handling the linen.

3. All clothing and linens soiled with potentially infectious materials must be bagged at the location where they were used. Employees must ensure that the bags are leak proof and labeled with the biohazard symbol or the words "infectious waste."

4. In the event an employee's uniform becomes soiled with urine, blood, feces, etc. due to an interaction with an offender, the supervisor must ensure that the uniform is professionally cleaned and returned to the employee or disposed of as infectious waste.

M. Laundry

1. If contaminated clothing or laundry is shipped off-site to a second facility that does not utilize standard precautions in the handling of all laundry, employees must ensure that the contaminated laundry is placed in bags or containers that prevent leakage and labeled with the biohazard symbol or "infectious waste."

2. Closed water-soluble bags must be placed within another properly labeled outer bag. Water-soluble bags do not need to be emptied.

3. Gloves must be worn when handling contaminated laundry.

4. Contaminated laundry must be handled as little as possible.

5. Contaminated and non-contaminated laundry must be separated for laundering.

N. Evidence Collection

1. Blood or body fluid contaminated clothing or other contaminated items to be collected as evidence are considered specimens by OSHA. Employees must place this type of evidence into a paper bag and place the paper bag into a red plastic biohazard bag when transporting the items to the evidence lockers. The plastic bag must be rolled down and left under the paper bag in the evidence locker. The employee must label the paper bag with the biohazard symbol, specifically identify the hazard, and list the contents.

2. Once in the evidence room, investigative staff must put on gloves and other appropriate PPE and remove the contaminated evidence item(s) from the container or bag and allow it to air dry. When dry, the evidence may be placed in appropriate closed specimen containers. The supervisor of the area where the contaminated evidence is exposed must ensure that the area is marked with the biohazard symbol (to warn other employees) and that it is only accessible to trained personnel.

3. Employees must place all sharps (razor blades, syringes, tattoo needles, etc.) into evidence using a puncture resistant protective container labeled with the biohazard symbol. Contaminated sharps must not be removed from this protective container.

4. When contaminated items and puncture resistant containers are no longer needed for evidentiary purposes, investigative staff must ensure that they are cleaned by immersing in the appropriate disinfectant for the appropriate contact time and returned to use or disposed of as infectious waste, as appropriate.

O. Handling and Decontaminating Contaminated Equipment

1. Employees must decontaminate or properly dispose of equipment items and PPE that are contaminated with blood or other body fluids after use. A soap and water solution followed by an appropriate disinfectant is sufficient to decontaminate most equipment items.

2. When decontaminating reusable equipment that is heavily soiled, employees must pre-wash the items before proceeding with decontamination to make certain that the organic material has been sufficiently penetrated.

3. Employees must decontaminate boots and leather goods by brush-scrubbing with soap and hot water and treating it with an appropriate disinfectant before reuse.

4. Employees must examine and decontaminate equipment that may have become contaminated with blood or OPIM before servicing or shipping. While it may not be possible to completely decontaminate highly technical or particularly sensitive equipment before servicing or shipping, at least partial decontamination, such as flushing lines and wiping the exterior, must be performed. If complete decontamination is not feasible, employees must ensure that:

   a) A readily observable biohazard label is attached to the equipment stating which portions remain contaminated; and

   b) This information is conveyed to all affected employees, servicing representatives and/or the manufacturers prior to handling, servicing, or shipping so that appropriate precautions can be taken.

III. EXPOSURE RISK DETERMINATION

Each deputy and assistant commissioner must adhere to the department's exposure determination.

A. All employees assigned to positions in the following bargaining units are at risk for occupational exposure:

1. Craft, maintenance and labor (unit 202);
2. Service (unit 203);
3. Health care non-professional (unit 204);
4. Health care professional (unit 205);
5. Health treatment professionals (unit 213);
6 Corrections officer (unit 208);
7. Special teacher (unit 215);
8. Corrections agents (unit 214); and
9. Crew leaders (unit 203).

B. Some employees assigned to positions in the bargaining units listed below are at risk for occupational exposure when performing the tasks listed below in Procedure C:

1. Technical (unit 207): positions related to health care services, such as technologist and medical lab technician series, dental assistant and dental hygienist, and electronic technician series, corrections teaching assistant and corrections inmate program

coordinator.

2. Professional (unit 214): positions that regularly engage in the treatment of offenders or are regularly assigned tasks and/or procedures in which occupational exposure may occur, such as corrections security caseworker series, corrections program therapist series, psychologist series, chaplain, occupational therapist, community services program specialist 2 - community resources, correction discipline unit coordinator, recreation therapist, safety administrator, library/information resources service specialist series, social worker series, investigator series, and volunteer service coordinator.

3. Supervisory (unit 216): positions that supervise any positions listed in Procedures A.1, A.2, B, corrections captain, and registered nurse administrative senior.

4. Confidential (unit 217): these positions are not anticipated to have exposure to blood or body fluids except those specific and rare positions which supervise positions listed in Procedure B.1 and B.2.

5. Office-clerical (unit 206): clerical positions that are regularly assigned tasks in which occupational exposure may occur.

C. Employees listed in III Section B, above, are not at risk for occupational exposure unless they engage in tasks or procedures where exposure to blood or OPIM may be reasonably anticipated during the performance of their job duties. Examples of such tasks or procedures include:
1. Administering first aid or CPR as part of an emergency;
2. Participating in an emergency response;
3. Responding to disturbances and fights;
4. Conducting body cavity, pat and cell searches;
5. Performing medical, dental, lab and radiological procedures;
6. Cleaning up of blood/body fluid spills;
7. Transporting bleeding offenders or blood/body fluid specimens;
8. Handling materials soiled with blood/body fluids; and
9. Disposing of sharps.

D. Contractors, volunteers and consultants who work in the facilities are not considered employees and are not subject to an exposure risk determination.

IV. HEPATITIS B VACCINATION

A. The warden/superintendent/field services director must make the Hepatitis B vaccination available at no cost to employees who may anticipate occupational exposure according to the department's exposure determination. The vaccination must be made available after they have received the required training in this policy and within ten working days of initial employee assignment, unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons. A contracted occupational health care provider administers the pre-exposure vaccination series in accordance with U.S. Public Health Service guidelines.

B. The warden/superintendent/field services director must not make participation in a blood analysis pre-screening program a prerequisite for receiving the Hepatitis B vaccination.

C. Human resource management (HRM) must ensure that employees who decline to accept the

Hepatitis B vaccination sign the Declination/Refusal of Hepatitis B Vaccination section of the Pre-Exposure Hepatitis Vaccination Status Report (attached).

D. If the employee initially declines the Hepatitis B vaccination but later, while still eligible under the department exposure determination, decides to accept the vaccination, HRM must ensure that the vaccine is made available at that time.

E. HRM must ensure that employee health care workers hired on or after February 29, 2000, who have ongoing contact with offenders and blood and are at ongoing risk for injuries with sharp instruments or needle sticks are tested for the antibody to Hepatitis B surface antigen one to two months after completion of the three-dose vaccination series. Health care workers who do not respond to the primary vaccination series are re-vaccinated with a second three-dose vaccine series and retested. Non-responders are medically evaluated at the contracted occupational health care provider.

F. If the U.S. Public Health Service recommends a routine booster dose(s) of Hepatitis B vaccine at a future date, facility wardens/superintendents must ensure that such booster dose(s) are made available according to this section.

V. EMPLOYEE POST-EXPOSURE PROTOCOL

A. Department and facility HRM must designate an occupational health care provider by establishing a post-exposure contract with a local licensed health care professional or facility. The contract and protocol must meet the requirements of the OSHA bloodborne pathogen standard and Minn. Stat. §241.341. At a minimum, it must provide:

1. That the Hepatitis B vaccination series is:
   a) Made available at no cost to the employee;
   b) Made available to the employee at a reasonable time and place;
   c) Performed by or under the supervision of a licensed physician; and
   d) Provided according to the current recommendations of the U.S. Public Health Service.

2. That post-exposure evaluation and treatment:
   a) Is provided as soon as possible and at no cost to the employee;
   b) Is provided by an infectious disease specialist, or a licensed practitioner who is knowledgeable about the most current recommendations of the US Public Health Services in consultation with an infectious disease specialist;
   c) Includes a determination of whether a significant exposure to one or more bloodborne pathogens has occurred;
   d) Provides for the collection and testing of the employee's blood for HIV, HBV, and the HCV serological status consistent with the OSHA bloodborne pathogen standard;
   e) Requires that all laboratory tests are conducted by an accredited laboratory;
   f) Includes, under the direction of a licensed physician, a recommendation or recommendations for follow-up treatment appropriate to the particular bloodborne pathogen or pathogens for which a significant exposure has been determined;
   g) Includes post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;
   h) Includes post-exposure counseling to the employee – including the likelihood of bloodborne pathogen transmission – and follow-up recommendations according to the most current recommendations of the U.S. Public Health Services,

recommendations for testing, and treatment;

i) Includes evaluation of reported illnesses;

j) Includes documentation from the treating physician including the necessary information required to test the source offender and complete the OSHA 300 log; and

k) Requires compliance with applicable state and federal laws relating to data practices, confidentiality, informed consent, and the patient bill of rights.

## VI. EMPLOYEE POST-EXPOSURE EVALUATION AND FOLLOW UP

A. Employee responsibilities: if an employee believes the employee has experienced an occupational exposure to a bloodborne pathogen, the following procedures must be implemented.

1. The employee must immediately or as soon as feasible thoroughly clean and treat the affected area following CDC guidelines:
   a) Wash needle sticks and/or cuts with soap and water.
   b) Flush splashes to the nose, mouth, or skin with water.
   c) Irrigate eyes with clean water, saline, or sterile irrigants.

2. No scientific evidence shows that using antiseptics or squeezing the wound reduces the risk of transmission of a bloodborne pathogen. Using a caustic agent, such as bleach, is not recommended.

3. In cases of extensive contact with body fluids or OPIM, the employee must:
   a) Remove the soiled clothing as soon as possible;
   b) Properly bag the clothing and label it as evidence, if appropriate;
   c) Obtain clean uniform issue (if applicable) and personal clean-up supplies as directed by the supervisor/watch commander and/or designee; and
   d) Shower on site as soon as possible.

4. The employee must immediately, or as soon as feasible, notify his/her supervisor and/or designee of the exposure incident and complete the Post-Exposure Evaluation form (attached as part of the Bloodborne Pathogen Post-Exposure Packet).

5. Upon completion of the Post-Exposure Evaluation form, the employee decides whether to undergo post-exposure evaluation and treatment. Note: The sooner the employee elects to seek medical attention the more effective the treatment.

6. If the employee decides to seek such medical attention, he/she is strongly encouraged to do so through the occupational health care provider designated by the DOC. However, the employee may seek medical attention through the employee's own health care provider. The employee may accept a staff escort and state vehicle to obtain medical attention.

7. If the employee seeks medical treatment through the employee's own health care provider, the employee is responsible for immediately seeking post-exposure evaluation and treatment that meets all requirements of Minn. Stat. §241.341 from a licensed health care professional. If the employee goes to the employee's own health care provider, the employee must contact human resources management (HRM) within 24 hours to notify HRM of the name, address, and phone number of the post-exposure treatment provider.

8. Once the medical provider has completed the Post-Exposure Evaluation form, the employee must provide the form to the HRM office so HRM staff may review and take

immediate action. In the absence of HRM (e.g., after hours, weekends and holidays) a copy of the form must be provided to the supervisor/watch commander/designee so the supervisor/watch commander may review and take immediate action.

9. The employee may decline immediate, initial medical attention. If the employee decides to seek medical attention at a later date he/she may do so, but must notify his/her supervisor and/or designee and HRM as soon as possible.

10. All employees whether seeking medical attention for a blood exposure or not must complete all forms in the blood exposure post-exposure packet. This may be done upon returning from clinic/hospital. All forms should be completed within 24 hours.

11. The employee is responsible for keeping all scheduled follow-up appointments for completion of post-exposure treatment and returning paperwork to HRM.

B. Supervisor/Watch Commander/Designee Responsibilities

1. Upon report that an employee has received a potential occupational exposure to a bloodborne pathogen, the supervisor/watch commander/designee must immediately, or as soon as possible, relieve the employee of his/her duties in order to begin the post-exposure protocol.

2. If an intern or volunteer experiences a potential exposure, the supervisor/watch commander/designee must ensure the individual writes an incident report and the intern or volunteer is referred to the individual's own medical provider. The supervisor/watch commander/designee must follow-up with HRM for completion of the post-exposure protocol.

3. If a non-employee (e.g., a contractor, vendor, or volunteer) experiences a potential exposure, the supervisor/watch commander/designee must ensure that the non-employee writes an incident report and is referred to the individual's own employer or agency for completion of the post-exposure protocol.

4. When staffing allows, the supervisor/watch commander/designee must offer and encourage the potentially-exposed individual to accept a staff escort in a state vehicle to transport the potentially-exposed individual to the contracted occupational health care provider.

5. In cases when an employee sustains extensive contact with body fluids or OPIM, the supervisor/watch commander/designee must ensure that the employee receives clean uniform issue or clean clothing and personal clean-up supplies and direct the employee to where the employee may shower on-site.

6. The supervisor/watch commander/designee must immediately offer the employee post-exposure evaluation and treatment, as appropriate.

7. The supervisor/watch commander/designee must obtain from the employee the information required to complete the employee's portion of the Post-Exposure Evaluation form (see Bloodborne Pathogen Post-Exposure packet, attached). The supervisor/watch commander/designee must review and sign the Post-Exposure Evaluation form, following state and federal requirements.
   a) If the employee declines post-exposure evaluation and treatment, the employee

must still complete and sign the Post Exposure Evaluation form, Employee Statement Form Regarding the Injury/Illness/Incident, and an incident report (see Bloodborne Pathogen Post-Exposure packet, attached).

b) If the employee will seek post-exposure evaluation and treatment, the supervisor/watch commander/designee must obtain the packet of information and forms and provide the packet to the employee. The supervisor/watch commander must instruct the employee to bring this packet to the employee's post-exposure treatment provider.

8. If the source offender is known, the supervisor/watch commander/designee must notify health services staff that a potential employee exposure has occurred. The supervisor/watch commander/designee must tell health services:
   a) The name and offender identification number (OID) of the source offender, and
   b) The employee's post-exposure treatment provider (and phone number).

9. The supervisor/watch commander/designee must initiate the Supervisor Immediate Procedure for Employee Exposure to Bloodborne Pathogen Checklist (included in the Bloodborne Pathogen Post-Exposure packet, attached) for each exposed employee, and ensure it is completed within 24 hours.

10. If an exposure incident occurs after business hours, the supervisor/watch commander/designee must inform and regularly update the Officer-of-the-Day (OD) and other persons designated by the facility warden/superintendent/field services director.

11. The supervisor/watch commander/designee must notify the safety administrator and HRM as soon as possible or leave a message if they are not on duty.

12. Upon receipt of the completed Post-Exposure Evaluation form from the employee, the supervisor/watch commander/designee must immediately review the form to determine if the medical provider indicated it was a significant exposure. If so, the supervisor/watch commander/designee must immediately notify the health services supervisor/designee and deliver the original form to the HRM office

13. As soon as possible after the employee has completed the post-exposure evaluation, the supervisor/watch commander/designee must meet with the employee to complete the following documentation. If the employee is unavailable, the supervisor/watch commander/designee must complete the documentation. In either case, the completed forms must be returned to HRM within 24 hours.

    The supervisor/watch commander must complete and distribute the following from the Bloodborne Pathogen Post-Exposure packet (attached):
    a) Supervisor Immediate Procedure for Employee Exposure to Bloodborne Pathogen Action Guide;
    b) Supervisor Immediate Procedure for Employee Exposure to Bloodborne Pathogen Checklist;
    c) Post-Exposure Evaluation form;
    d) Memo to Licensed Health Care Provider;
    e) Occupational Health Clinics/Hospitals; and
    f) Health Services Post-Exposure Checklist.

The supervisor/watch commander must also complete and distribute the following (from the Bloodborne Pathogen Post-Exposure packet) after medical care, or if there is no medical care:

g) Injury/Illness/Incident Data form (IDF);
h) Agency Claims Investigation form;
i) Information and Privacy Statement form;
j) Leave Supplement form;
k) Employee Statement Form Regarding the Injury/Illness/Incident;
l) Incident Report (for facility employees and witnesses);
m) Post-Exposure Information to Employees;
n) Critical Incident Stress Management Pamphlet; and
o) State Employee Assistance Program (EAP) Pamphlet.

C. Health Services Responsibilities

1. A nurse, if available, must provide necessary first aid and inform the employee of proper personal clean-up procedures.

2. A nurse, if available at the time the employee is seeking post-exposure evaluation, upon request by the supervisor/watch commander/designee must scan or fax to the employee's post-exposure treatment provider the redacted Health Services Post-Exposure Checklist (attached) indicating whether the source offender, if known, has been tested for HIV, HBV and HCV, and the results, and the results of the rapid HIV test, if completed (see section VII. B. 6., below).

3. If the source of the blood exposure is unknown, the nurse must inform the post-exposure treatment provider.

4. If on duty, a health services nurse must initiate the Health Services Post-Exposure Checklist (included in the Bloodborne Pathogen Post-Exposure packet, attached) and forward to the health services supervisor/designee. If health services staff are not on duty, a nurse must initiate the checklist the next working shift.

5. Upon notice of significant exposure, as indicated on the Post-Exposure Evaluation form, health services staff must provide pre-test counseling information and obtain consent from the source offender (if known) to conduct a blood screening for HIV, HBV and HCV. A nurse must ensure that the sample of the source individual's blood is drawn, processed and forwarded to the contracted laboratory to determine HIV, HBV and HCV infectivity. If the source offender's medical records indicate that the offender is infected with HIV, HBV, or HCV, the DOC medical director/designee must determine what specific lab work must be drawn.

6. If the source offender refuses testing, the nurse must write a confidential incident report and forward it to the warden/superintendent/field services director and the facility litigation coordinator. The nurse must also notify the DOC medical director/designee of the refusal. (See also Policy 500.240, "Offender Post-Exposure Blood Draws.")

7. Upon receipt of the source offender's blood test results, the nurse must notify the DOC medical director/designee, and provide post-test counseling information to the source offender.

8. The DOC medical director/designee must inform the employee's post-exposure treatment provider of the test results by telephone, followed up by a letter redacting all offender identifying information. The DOC medical director/designee must notify HRM of this action.

D. Safety Administrator Responsibilities

The safety director must:

1. Review the circumstances of the exposure incident to determine if procedures, engineering and work practice controls, and/or training need to be revised;
2. Determine the appropriate items to include in the bloodborne pathogens clean-up kits. All kits must include, at a minimum, an approved disinfectant, personal protective equipment, absorbent material and biohazard bag.
3. Provide a current list of locations of clean-up kits to the watch center; and
4. Initiate investigation of all sharp injuries and needle sticks.

E. Human Resources Responsibilities

1. HRM must maintain the Hepatitis B vaccination information in the employee's medical file and must make it available to the treating health care professional upon request and with employee consent.

2. Upon request of the treating health care professional, HRM must provide job class specifications, OSHA regulation standards and this policy.

3. Upon receipt of the Post-Exposure Evaluation form from the employee's post-exposure treatment provider, HRM must immediately review the form to determine if the medical provider indicated it was a significant exposure. If so, HRM must immediately inform the health services supervisor/designee and must also inform the safety administrator.

4. HRM must also send a copy of the completed post-exposure form to the DOC medical director or designee, along with the employee's birth date and the post-exposure treatment provider's contact information.

5. HRM must provide health services with the contact information for the employee's post-exposure treatment provider who is to receive the source offender's blood test results.

6. If the source individual is an employee or visitor, HRM must ask the source to submit to a blood test. If the non-offender source individual decides not to consent to the blood test, his/her decision must be documented in a confidential memo to the exposed employee's medical file. This documentation must not identify the source individual.

7. Human resources staff must compile one Bloodborne Pathogen Post-Exposure packet (attached) to be made available and readily accessible to all supervisors. The documentation packet for employees must contain the following:
   a) Supervisor Immediate Procedure for Employee Exposure to Bloodborne Pathogen Action Guide;
   b) Supervisor Immediate Procedure for Employee Exposure to Bloodborne Pathogen Checklist;
   c) Post-Exposure Evaluation form;
   d) Memo to Licensed Health Care Provider;

e) Occupational Health Clinics/Hospitals;
f) Health Services Post-Exposure Checklist;
g) Injury/Illness/Incident Data form (IDF);
h) Agency Claims Investigation form;
i) Information Privacy Statement form;
j) Leave Supplement form;
k) Employee Statement Form Regarding the Injury/Illness/Incident;
l) Incident Report (for facility employees and witnesses);
m) Post-Exposure Information to Employees;
n) Critical Incident Stress Management Pamphlet; and
o) State Employee Assistance Program (EAP) Pamphlet.

## VII. OFFENDER POST-EXPOSURE EVALUATION AND FOLLOW UP

### A. Corrections Staff Responsibilities

1. Notify health services staff immediately, when on duty, of possible exposure indicating name(s) of offender(s) involved. If health services staff are not on duty, the watch commander must contact the on-call physician.

2. Notify the watch commander/shift supervisor.

3. Complete the Offender Accident/Injury Report form (attached) and send it to Health Services.

4. Complete an incident report and send it to the watch commander.

### B. Health Services (or Watch Commander When Health Services Staff Are Not on Duty)

1. A nurse, or correction staff when there is no nurse on duty, must provide post-exposure care instructions to the offender, including:
   a) Treatment of needle stick or puncture wound - wash area with soap and water.
   b) Treatment of bites - wash area with soap and water.
   c) Treatment of splashes to the:
      (1) Face - wash with soap and water.
      (2) Mouth - wash out blood or body fluids with running water or repeated rinsing of the mouth avoiding swallowing of the water.
      (3) Eye - turn head with the affected eye down and irrigate thoroughly with running water or saline solution.
      (4) Nose - wipe out with damp gauze dressing.
      (5) Open lesion - flush the area with water, wash the area with soap and water.

2. A health services nurse, when on duty, must interview the offender to obtain a medical history of the incident, examine the body site(s) of exposure, and complete an incident report and medical chart progress note to assist the facility primary care provider or on-call physician with the determination as to whether a significant exposure occurred (see list in next section).

3. If a health services nurse is not on duty, the watch commander/shift supervisor must relay the history of the incident and the following information to the on-call physician as soon as possible informing the physician that the intent of the call is to determine significant exposure and if preventative medication is needed. The watch commander must follow the

instructions given by the on-call physician. The watch commander must report such things as:

a) Whether body fluid or OPIM is involved;
b) Route of exposure, if any;
c) Description of wounds, if any;
d) Whether first aid was given, if any; and
e) Clinical signs and symptoms displayed by the offender.

4. If on duty, the health services nurse must verbally inform the facility primary care provider/on-call physician conducting the post-exposure evaluation of the offender's infectivity status for HIV, HBV and HCV, if known.

5. Prophylactic treatment must be initiated within the time frame ordered by the physician determining significant exposure. If health services staff are on duty, they must initiate the treatment. If health services staff are not on duty, staff must contact the on-call physician for further determination.

6. Health services staff follow up
Health services staff must:

a) Discuss the incident with the offender(s) involved, encouraging lab testing for a rapid HIV test and a serum HIV, HBV, and HCV as indicated by past testing and significant exposure risk;
b) Check the medical chart(s) of the involved offender(s) for the last tetanus vaccine;
c) Notify the facility health services administrator (HSA)/registered nurse (RN) supervisor or on-call nurse;
d) Schedule lab tests as soon as possible;
e) Schedule the offender(s) with a practitioner as appropriate; and
f) Complete the treatment information on the Offender Accident/Injury Report (attached) and forward it to the facility safety administrator.

C. The facility safety administrator must review the Offender Accident/Injury Report, then forward it to the warden/designee.

D. The warden/designee must review the Offender Accident/Injury Report, then forward it to the offender's base file.

## VIII. COMMUNICATION OF HAZARDS TO EMPLOYEES

A. Labels and signs (see labeling requirements (attached)).

1. Work area supervisors must ensure that warning labels are affixed to containers of infectious waste, evidence containers, refrigerators and freezers containing blood or OPIM and other containers used to store, transport, or ship blood or OPIM.

2. Labels required by this section include the biohazard symbol and the word "biohazard."

3. These labels must be fluorescent orange or orange-red (or predominantly so) with the lettering or symbols in a contrasting color.

4. Labels must be affixed as closely as possible to the container by string, wire, adhesive, or another method that prevents loss or unintentional removal.

5. Infectious waste bags and containers must be marked with a biohazard symbol or with the words “infectious waste” in letters one inch or larger.

6. Containers of blood or OPIM that are placed in a labeled container during storage, transport, shipment, or disposal are exempted from the labeling requirement.

7. Containers of blood, blood components, or blood products that have been marked with labels indicating their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements of this section.

8. Infectious materials that have been decontaminated need not be labeled.

9. Violations of labeling requirements must be immediately reported to a supervisor or the facility safety administrator.

B. Training

1. The warden/superintendent/field services director must ensure that all employees participate in the training program, provided at no cost to the employee during working hours, both at the time of initial assignment to tasks where occupational exposure may take place and at least annually thereafter. All staff training is electronically documented and retained in the Enterprise Learning Management (ELM) System through Minnesota Management and Budget (MMB).

2. The facility employee development supervisor must ensure that annual training for all affected employees is provided within one year of their previous training. The facility employee development supervisor and the safety administrator must ensure the curriculum is current.

3. Supervisors must ensure that employees attend annual training and that additional training is provided when modification or institution of new tasks or procedures affects the employee’s occupational exposure. The additional training may be limited to addressing the new exposures created.

4. All training must contain material appropriate in content and vocabulary to educational level, literacy, and language of employees.

5. The trainers must be knowledgeable in the subject matter covered by the training program as it applies to the workplace.

6. Orientation

   Bloodborne pathogen training must be provided during the employee’s facility orientation. The facility orientation must cover information applicable to all staff and contain current site-specific information. These training programs must minimally contain the elements listed below. Training the employees solely by means of a film, video, or computer program without providing the opportunity for a discussion is not permitted.

   a) Accessible copies of 29 CFR 1910.1030 ("Bloodborne Pathogens") and Minn. Rule 5206 and explanations of their contents.

   b) A general explanation of the epidemiology and symptoms of bloodborne diseases (e.g., HIV, HBV, HCV), including hazards to special at-risk employee groups.

c) An explanation of the chain of infection or infectious disease process, including agents, reservoirs, modes of escape from reservoir, modes of transmission, modes of entry into host and host susceptibility to bloodborne pathogens, including the relative risks of various body fluids and routes of exposure.

d) How to gain access to further information and reference materials that must be made available in the workplace, including the location, contents and availability of pertinent materials that explain symptoms and effects of each infectious agent.

e) Information on the Hepatitis B vaccine, including information on its effectiveness, safety, method of administration, recommended immunization practices, benefits and cost (free of charge to all employees).

f) An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM.

g) An explanation of the use and limitations of methods to prevent or reduce exposure, including standard precautions, appropriate engineering controls, work practices, PPE and housekeeping.

h) An explanation of the basis for selection of PPE.

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

j) An explanation, demonstration and practice of the proper procedures for clean-up of blood or body fluids.

k) Information on the appropriate action to take and persons to contact in an emergency involving blood or OPIM.

l) An explanation of the procedure to follow when an exposure incident occurs, including how to report the incident, and an explanation of the medical follow-up that will be made available.

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

n) An explanation of the required labels and signs and/or color-coding to denote biohazard.

o) An opportunity for interactive questions and answers with the person conducting the training session.

## IX. RECORD KEEPING

### A. Employee medical records

1. HRM must establish and maintain an accurate medical record for each employee with occupational exposure, including:
   a) The name and social security number of the employee;

b) A copy of the employee's Hepatitis B vaccination status, including titers for health care workers;
c) A copy of all results of examinations, medical testing and follow-up procedures;
d) A copy of the post exposure evaluation; and
e) A copy of the information provided to the health care professional who conducted the post-exposure evaluation and treatment.

2. HRM must ensure that required employee medical records are kept as private data and are not disclosed or reported without the employee's expressed written consent to any person within or outside the workplace except as required by law.

3. HRM must maintain the required records for at least the duration of employment plus thirty years.

B. Training records

Employee development for each facility and/or central office employee development must ensure that employee training records are maintained for three years from the date of training. These records include:

1. The dates of the training sessions;
2. The contents or summary of the annual and facility orientation training sessions;
3. The names and qualifications of the trainers; and
4. The names and job titles of all persons attending the training sessions.

C. OSHA documentation

HRM or the safety administrator must maintain records of each exposure incident, including:

1. OSHA 300 logs.

   Each exposure incident must be evaluated to determine if the case meets OSHA's record keeping requirements. The incident must be recorded on the log if it meets one of the following requirements:

   a) The incident involves loss of consciousness, transfer to another job, or restriction of work or motion.

   b) All work-related needle-stick injuries and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious materials. To protect the employee's privacy, HRM or the safety administrator enters "privacy case" on the log in the space normally used for the employee's name.

   c) The incident results in the recommendation of employee medical treatment beyond first aid (e.g., gamma globulin, Hepatitis B immune globulin, Hepatitis B vaccine, or HIV prophylaxis.)

   d) The incident results in a diagnosis of seroconversion. The case must then be recorded on the log as an injury (needle stick, laceration, etc., not seroconversion).

2. Documentation of the route of exposure and the circumstances under which the exposure incident occurred (incident reports, post exposure evaluation forms).

3. Any recommendations for modification of procedures, protocols and/or training to reduce the likelihood of reoccurrence.

4. Each facility must establish and maintain a Sharps Injury Log (attached) for the recording of percutaneous injuries from contaminated sharps. The information in the Sharps Injury Log must be recorded and maintained in such a manner as to protect the confidentiality of the injured employee. The log must contain, at a minimum:
   a) The type and brand of the device involved in the incident;
   b) The work area where the exposure incident occurred; and
   c) An explanation of how the incident occurred.

D. Availability
   1. HRM and the safety administrator must ensure that all records required to be maintained are made available upon OSHA's request for examination and copying.

   2. Employee medical records must be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, or to OSHA in accordance with OSHA standards.

**INTERNAL CONTROLS**

A. Employee training records are retained electronically in the ELM system.

B. All employee medical forms and documentation are retained by HR in the employee's medical file.

C. All offender bloodborne pathogen exposure information and treatment interventions are documented in the offender's medical record.

D. Offender Accident/Injury Reports are retained in the offender's base file.

E. Offender training records are retained in the offender's base file.

**REVIEW:** Annually

**REFERENCES:**
29 CFR 1910.1030
Minn. Rules 5206
Minn. Stat. §241.33 et. seq.
Minn. Stat. §182.6555
MNOSHA Instructions CPL 2-2.44D
Policy 103.090, "Critical Incident Stress Management"
Policy 103.205, "Employee Assistance Program"
Division Directive 105.118, "Proper Management of Sharps and Sharp Containers"
Policy 105.125, "A Workplace Accident and Injury Reduction Program (AWAIR)"
202.057, "Sexual Abuse/Harassment Prevention, Reporting, and Response"
Division Directive 105.113, "Personal Protective Equipment (PPE)."
Policy 500.240, "Offender Post Exposure Blood Draws."
Policy 301.010, "Searches."
Division Directive 202.120, "Offender Incompatibility."
ACA Standards 4-4354, 4-4356, 4-4358, 4-4387, and 1-ABC-4E-43.

**SUPERSESSION:** Policy 105.170, "Bloodborne Pathogen Exposure Control," 3/1/11.
Policy 105.171, "Bloodborne Pathogen Exposure Guidelines and Procedures," 9/2/14.

Division Directive 105.172, "Bloodborne Pathogen Exposure Control Plan – Offender," 2/19/13.
All facility policies, memos, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

**ATTACHMENTS:** Pre-Exposure Hepatitis Vaccination Status Report (105.170A)
Labeling Requirements (105.170B)
Sharps Injury Log (105.170C)
Hepatitis B Vaccine Information Sheet (105.170D)
Bloodborne Pathogen Post-Exposure Packet (105.170E)
Contents Include:

(1) Supervisor Immediate Procedure for Employee Exposure to Bloodborne Pathogen Action Guide
(2) Supervisor Immediate Procedure for Employee Exposure to Bloodborne Pathogen Checklist
(3) Post-Exposure Evaluation Form
(4) Memo to Licensed Health Care Provider
(5) Occupational Health Clinics/Hospitals
(6) Injured Worker's First Fill Prescription Information Sheet
(7) Health Services Post-Exposure Checklist
(8) Injury/Illness/Incident Data Form (IDF)
(9) Employee Statement Regarding Illness/Injury/Incident
(10) Agency Claims Investigation Form
(11) Information Privacy Statement Form
(12) Leave Supplement Form
(13) Employee Statement Form Regarding the Injury/Illness/Incident
(14) Incident Report (for employees and witnesses)
(15) Post-Exposure Information to Employees
(16) Critical Incident Stress Management Pamphlet
(17) State Employee Assistance Program (EAP) Pamphlet

Offender Accident/Injury Form (105.125C)
Offender Safety Training Form (105.125F)

/s/
Deputy Commissioner, Facility Services

Deputy Commissioner, Community Services