DEPARTMENT OF CORRECTIONS

Policy:	**500.240**
Title:	**Offender Post Exposure Blood Draws**
Effective Date:	**4/17/18**

PURPOSE: To provide a safe and efficient method for obtaining a voluntary or involuntary blood draw from an offender following an employee's significant exposure to the offender's blood or other potentially infectious materials (OPIM).

APPLICABILITY: Minnesota Department of Corrections (DOC) facilities

DEFINITIONS:

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

Blood-borne pathogen – pathogenic microorganisms present in human blood that can cause disease in humans. These pathogens include such examples as hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

Other potentially infectious materials (OPIM) – for the purposes of this policy 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); and

3. HIV-containing cells or tissue cultures; organ cultures; and HIV, HBV, or HCV-containing cultures medium or other solutions.

Significant exposure – defined by Minn. Stat. §241.33 subd. 6, as: "contact likely to transmit a blood-borne 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."

PROCEDURES:

A. Conditions that must be met before performing a voluntary or involuntary blood draw
   1. A licensed physician determines:
      a) A significant exposure has occurred;
      b) The offender's blood-borne pathogen test results are needed to begin, continue, modify, or discontinue the exposed employee's treatment; and
      c) The employee provides a sample of his/her blood for blood-borne pathogen testing.

2. The employee's physician must complete the Physician's Evaluation of Post-Exposure Incident Form (attached).

3. The employee must provide the completed Physician's Evaluation of Post-Exposure Incident form to human resources or evening/weekend designee.

4. The human resources staff person or evening/weekend designee notifies a registered nurse and the department medical director of all significant exposures.

5. A registered nurse must determine whether the offender has previously tested positive for blood-borne pathogens and attempt to get those test results.

6. An offender's *available* blood sample must be tested for blood-borne pathogens after the offender is given the required notices in B.1 and consents to the sample being tested. If testing for *available* blood occurs without consent, because the offender is unconscious or unable to provide consent and a designated representative cannot be located, a registered nurse must notify the offender or designated representative of the required notices in B.1 once it is possible to do so.

B. Obtaining an offender's consent for a voluntary blood draw

1. A registered nurse must ask the offender to voluntarily consent to a blood draw to test for blood-borne pathogens as soon as possible following an exposure incident and no longer than 24 hours of written notification that a significant exposure occurred and the offender's blood-borne pathogen test results are needed to begin, continue, modify, or discontinue the exposed employee's treatment. Before asking an offender to voluntarily consent to a blood draw to test for blood-borne pathogens, a registered nurse must give the offender the following notices:
   a) The test results will be reported to the exposed employee, if requested, without the offender's name or other uniquely identifying information.
   b) The test results are for medical purposes only and may not be used by the DOC as evidence against the offender in any criminal or civil proceeding.
   c) The test results may not be used by health insurance providers to make a decision regarding providing health insurance coverage, per Minn. Stat. § 72A.50, subd. 29.
   d) The offender may refuse to provide a blood sample but a refusal may result in the DOC pursuing a court order requiring the offender to provide a blood sample for testing.
   e) The exposed employee will be told about the confidentiality requirements and penalties before any test results are disclosed. (See Blood-borne Pathogen Post-Exposure Packet 105.170E)

2. The Registered Nurse documents in writing that the required notices in B.1 were given to the offender.
   a) The registered nurse who gives the offender the required notices in B.1 must complete the Offender Post-Exposure Blood Draw Checklist (attached).
   b) The registered nurse must file the completed Offender Post-Exposure Blood Draw Checklist under legal in the offender's medical record.

3. If, after receiving the required notices in B.1, the offender voluntarily consents to having their blood drawn and tested for blood-borne pathogens, the registered nurse or

phlebotomist may draw the offender's blood, process the sample as necessary, and forward it to the designated laboratory for testing of blood-borne pathogens.

C. When offender consent cannot be obtained or is not required

1. If an offender is incapacitated or otherwise unable to provide consent, a registered nurse must seek consent from the offender's designated representative.

2. Consent is not required if:
   a) The offender is incapacitated or otherwise unable to provide consent;
   b) The DOC made reasonable but unsuccessful efforts to obtain consent from the offender's designated representative; and
   c) Consent cannot be obtained within 24 hours of a significant exposure.

3. If an offender dies before consenting to testing, the department may test the offender's blood without consent.

D. Offender refuses to give consent – Pursuing a court order for an involuntary blood draw

1. If, after having received the required notices in B.1, the offender refuses to consent to a blood draw and testing for blood-borne pathogens, or the offender's designated representative refuses to give consent, a registered nurse must immediately notify the warden/superintendent/designee of the facility, who may authorize the seeking of a court order for an involuntary blood draw.

2. The warden/superintendent/ designee of the facility must notify legal services staff in central office to seek a court order requiring the offender to provide a sample for blood-borne pathogen testing.

3. A registered nurse will contact the department medical director to work with legal services staff in central office to seek a court order requiring the offender to provide a blood sample for blood-borne pathogen testing.

4. If a court order is issued, a registered nurse must file it under legal in the offender's medical record.

5. The facility may proceed with an involuntary blood draw after it receives a court order.

E. Performing an involuntary blood draw after receiving a court order

1. Security and health services staff must meet with the offender and give a direct order to submit to the blood draw.

2. If the offender fails to comply, the warden/superintendent may issue written authorization to facility staff to complete the involuntary blood draw.

3. A registered nurse must file the written authorization under legal in offender's medical record.

4. Security staff must restrain the offender in the presence of supervisory security staff using the minimal amount of force necessary to safely complete the blood draw.

5. Security staff must position an offender on their back with the blood draw access site fully exposed.

6. A security supervisor must consult with the warden/superintendent if the restraint cannot be accomplished in a safe manner.

7. If the restraint can be accomplished in a safe manner, a registered nurse or phlebotomist may draw the offender's blood, process the sample as necessary, and forward it to the designated laboratory for testing of blood-borne pathogens.

8. The registered nurse or phlebotomist performing the blood draw must document the procedure in the offender's medical record and complete an incident report retained at the facility.

F. Blood test results

1. The supervisor/watch commander/designee must inform the exposed employee who has requested the offender's blood test results:
   a) Of the confidentiality requirements of the test results and the penalties for violating those requirements before any test results are disclosed; and
   b) That the exposed employee's test results may not be used by health insurance providers to make a decision regarding providing health insurance coverage, per Minn. Stat. § 72A.20 subd. 29. (See Blood-borne Pathogen Post Exposure Packet 105.170E)

2. A registered nurse must notify the department medical director of the offender's blood-borne pathogen test results.

3. Human Resources must:
   a) Following the notification provided in procedure A.4, send a copy of the completed Supervisor's Immediate Procedure for Employee Exposure to Blood-borne Pathogen Action Guide and if not already provided the Physician's Evaluation of Post-Exposure Incident form (pages 2 and 4 of the Employee Blood-borne Pathogen Exposure Packet) to the DOC medical director or designee, along with the employee's birth date and the post-exposure treatment provider's contact information.
   b) Provide the department medical director with the contact information for the employee's post-exposure treatment provider who is to receive the source offender's blood test results.

4. The department medical director must inform the exposed employee's licensed physician of the offender's test results for blood-borne pathogens.
   a) The results must not contain the offender's name or other uniquely identifying information.
   b) The department medical director must document this communication in writing and file it with health services central office.

5. The facility health services practitioner must inform the offender of their blood test results.

6. Health services staff must enter the offender's test results in the offender's medical record.

INTERNAL CONTROLS:

A. Involuntary blood draws are documented in an incident report retained by facility administration.

B. Post exposure lab draws are documented in the offender medical record.

C. Documentation of notification of lab results to the exposed employee's practitioner is retained by central office health services.

ACA STANDARDS: None

REFERENCES: Policy 105.170, "Bloodborne Pathogens"
Minn. Stat. §§ 241.33, subd.6; 241.336; 246.721; 72A.20, subd. 29

REPLACES: Policy 500.240, "Offender Post Exposure Blood Draw," 3/15/16. All facility policies, memos, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

ATTACHMENTS: Post-Exposure Blood Draw Checklist (500.240A)
Physician's Evaluation of Post-Exposure Incident Form (500.240B and page 4 of 105.170E)

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