

<p style="text-align: center;">STATE OF VERMONT AGENCY OF HUMAN SERVICES DEPARTMENT OF CORRECTIONS</p>	<p style="text-align: center;">Associated Policy #352</p>	<p style="text-align: center;">Page 1 of 14</p>
<p style="text-align: center;">Bloodborne Pathogens Exposure Control Plan Standard Operating Procedure</p>		
<p>Security Level: "B" – Anyone may have access to this document.</p>		
<p>Effective Date: 04/12/2024</p>	<p>Supersedes: #351.03, dated 11/30/1992</p>	

DEFINITIONS

Bloodborne Pathogens: Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Occupational Safety and Health Administration (OSHA): The federal agency, which oversees work site safety issues for the U.S. Department of Labor.

Personal Protective Equipment: Specialized clothing or equipment worn by staff for protection against a hazard such as gloves, gowns, laboratory coats, face shields or masks, eye protection, mouthpieces, resuscitation bags, pocket masks, etc.

Qualified Health Care Professional (QHCP): Any person who by virtue of their education, credentials, and experience is permitted by law to evaluate and care for patients. This includes physicians, physician’s assistants, nurses, nurse practitioners, dentists, and mental health professionals.

Source Individual: Any individual, living or deceased, whose blood or other potentially infectious materials may be a source of occupational exposure.

Universal Precautions: A method of infection control that requires departments and staff to assume that all human blood and specified human body fluids are infectious for HIV, HBV, and other bloodborne pathogens. Where differentiation

of types of body fluids is difficult or impossible, all body fluids are to be considered potentially infectious.

GENERAL PROCEDURES

There may be times when, in the course of their duties, Vermont Department of Corrections' (DOC) staff and incarcerated individuals who work in facilities are exposed to bodily fluids, that may contain bloodborne pathogens. The purpose of this document is to provide guidance for responding to such situations.

A. Bloodborne Pathogens Exposure Control Plan

1. The DOC shall establish a written Exposure Control Plan, in accordance with the State of Vermont Personnel Policies and Procedures Manual, Number 17.5, *Bloodborne Pathogens*, and the United States Department of Labor, Occupational Health and Safety Administration (OSHA) Standard 1910.1030, *Bloodborne Pathogens*. The DOC's Exposure Control Plan is designed to eliminate or minimize staff exposure to bloodborne pathogens.
2. In creating this plan, the DOC shall solicit input from subject matter experts, including front line workers and contracted medical staff, legal staff, and the senior and executive leadership teams.
3. DOC staff with the following job classifications may have occupational exposure to bloodborne pathogens:
 - a. Correctional Officers;
 - b. Correctional Living Unit Supervisors;
 - c. Correctional Service Specialists;
 - d. Correctional Facility Food Services Specialists;
 - e. Correctional Facility Shift Supervisors;
 - f. Correctional Educators;
 - g. Recreation Services Coordinators;
 - h. Volunteer Services Coordinators;
 - i. Vermont Correctional Industry Staff;
 - j. Correctional Security and Operations Supervisor;
 - k. Correctional Facility Superintendents and Assistant Superintendents;
 - l. Community Corrections Officers;
 - m. Probation and Parole Officers;

- n. Community Corrections Program Supervisors;
 - o. Community Corrections Assistant District Managers;
 - p. Community Corrections District Managers;
 - q. Risk Intervention Services Coordinators;
 - r. Administrative Assistants and Administrative Service Coordinators;
 - s. Victim Services Specialist
 - t. Correctional Facilities Operations Managers;
 - u. Correctional Field Programs Managers and Field Services Operations Managers;
 - v. All Central Office Directors;
 - w. All staff members of the DOC Health and Wellness Division;
and
 - x. All other staff members who may work with individuals under the custody or supervision of the DOC in facilities, field sites, or the community.
4. DOC staff may be exposed to bloodborne pathogens through the following list of tasks, procedures or situations:
- a. Administering first aid or otherwise responding to an emergency when blood or other bodily fluids are present;
 - b. Searching individuals;
 - c. Conducting area or room searches;
 - d. Assault with bodily fluids;
 - e. Administering drug tests;
 - f. Administering Blood Alcohol Concentration (BAC) tests;
 - g. Taking DNA samples;
 - h. During a use of force;
 - i. While cleaning bodily fluids; and
 - j. Incidental exposure to bodily fluids.
5. The DOC shall comply with all aspects of the State of Vermont Personnel Policies and Procedures Manual, Number 17.5 – *Bloodborne Pathogens* and OSHA’s Standard. To that end, DOC staff shall:
- a. Observe universal precautions to prevent contact with blood or other potentially infectious materials. When differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials;

- b. Implement engineering and work practice controls at each facility and field site to eliminate or minimize staff exposure, as detailed in the OSHA standard;
 - c. Use personal protective equipment (PPE) if there is still an occupational exposure after instituting these controls, as required by the OSHA standard. The DOC shall provide each facility and field site with the appropriate equipment for the disposal of biohazards and sharps as well as the following PPE:
 - i. Gloves;
 - ii. Eye protection;
 - iii. Face masks or shields;
 - iv. Hazmat gown or suit;
 - v. Cardiopulmonary Resuscitation (CPR) masks and resuscitation bags;
 - vi. Other PPE as required by the circumstances of the exposure;
 - vii. Biohazard storage devices; and
 - viii. Sharps container;
 - d. Offer all staff the Hepatitis B vaccine within 10 working days of the initial assignment unless the staff member has previously had the vaccine or who wishes to submit to antibody testing which shows the staff member to have sufficient immunity; and
 - e. Ensure that all worksites are maintained in a clean and sanitary condition. Each Superintendent or DM or designee shall promulgate a local procedure implementing an appropriate written schedule for cleaning and decontaminating their assigned worksite. This local procedure shall also include the distribution of PPE and the appropriate equipment for the safe disposal of biohazards or sharps as described above.
6. Contractors shall:
- a. Ensure that their staff comply with the safety procedures described in the OSHA standard, including supplying contracted staff with PPE and the appropriate equipment for the safe disposal of biohazards or sharps;
 - b. Safely dispose of all biohazards and sharps collected at each facility;
 - c. Notify all contracted staff who may have occupational exposure to bloodborne pathogens, including healthcare staff, of the potential risk of infection. Contracts shall specify that:

- i. The DOC shall notify the contracted staffs of this risk; and
 - ii. The contractor shall provide vaccinations to the contracted staff; and
 - d. Offer the Hepatitis B vaccine and vaccination series or testing for immunity to incarcerated workers.
- 7. When there is an occupational exposure, the DOC shall :
 - a. Make available the Hepatitis B vaccine and vaccination series to all staff at no cost and:
 - i. At a reasonable time and place;
 - ii. By, or under the supervision of, a licensed physician or health care professional; and
 - iii. According to the latest recommendations of the United States (US) Public Health Service.
 - b. Provide post-exposure evaluation and follow-up care to all staff; and
 - c. Coordinate routine booster doses of the Hepatitis B vaccination, if recommended by the US Public Health Service.
 - i. Staff may:
 - a) Take the vaccination;
 - b) Show proof of prior vaccination;
 - c) Show proof of immune status; or
 - d) Sign a waiver stating that they do not wish to receive the vaccination.
 - ii. Documentation of the above shall be kept in the staff person's official personnel file, in accordance with the record-keeping procedures described below.
 - iii. Staff who initially decline, but later decide to accept the vaccination, may request it at any time while employed by the DOC. The DOC shall make the vaccination available at that time.
 - d. Provide post exposure medical evaluation and follow-up care as described in section B.3.d.
- 8. Communication of Hazards and Training
 - a. The DOC shall communicate exposure hazards to staff, through the use of labels and signs as outlined in the OSHA standard.
 - b. The DOC shall provide training, at no cost to staff, at the time of the initial assignment, and at least once a year thereafter.
 - i. All training(s) shall be appropriate in content and vocabulary for the audience.

- ii. The Director of the Office of Professional Standards and Compliance (Director of OPSC), or designee, shall approve trainings:
 - a) For employees regularly assigned to a facility; and
 - b) All other employees with possible occupational exposure, as outlined above. All other employees may participate in an online or other electronic bloodborne pathogens exposure control training.
 - c. The DOC shall provide additional training when changes, such as modification of tasks or procedures, or institution of new tasks or procedures, affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.
- 9. The DOC shall maintain accurate medical and training records.
 - a. The DOC shall maintain an accurate medical record for each staff member who may have occupational exposure to bloodborne pathogens. The medical records shall be kept confidential and separate from the staff member's official personnel file, for 30 years following the conclusion of the individual's employment with the DOC.
 - i. The medical record shall include:
 - a) The staff member's name and social security number;
 - b) A copy of the staff member's Hepatitis B vaccination status, including dates;
 - c) Results of any examinations, medical testing, and follow-up procedures, in accordance with post-exposure medical evaluation and follow-up;
 - d) A copy of the health care professional's documented assessment of the evaluations following an exposure incident; and
 - e) A copy of the information provided to the health care professional responsible for providing the Hepatitis B vaccination, medical evaluation, and follow-up to an exposure incident, including:
 - 1) A copy of OSHA's Standard;
 - 2) A description of the exposed staff member's duties, as they relate to the exposure to bloodborne pathogens;

- 3) Documentation of the route and circumstances under which the exposure occurred;
 - 4) The results of source individual's blood testing if available; and
 - 5) All relevant medical records regarding the staff member's treatment.
 - ii. Upon request, the DOC shall make these medical records available to the Director of the National Institute for Occupational Safety and Health and to OSHA.
 - iii. These records shall also be made available to the staff member, or the staff member's representative with the staff member's consent.
 - b. The DOC shall maintain an accurate training record for each staff member who may have occupational exposure to bloodborne pathogens. These records shall be kept within the staff member's official personnel file, for three years following the date on which the training occurred.
 - i. The training record shall include:
 - a) The dates of the bloodborne pathogens exposure control trainings;
 - b) The contents or a summary of the training sessions;
 - c) The names and qualifications of the individuals or organization conducting the trainings; and
 - d) The names and job titles of all staff who attend the trainings;
 - ii. The DOC shall also maintain a list that includes the names and job titles of all DOC staff who attend the trainings.
 - iii. Upon request, the DOC shall make these training records available to the Director of the National Institute for Occupational Safety and Health and to OSHA.
 - iv. Upon request, these records shall also be made available to the staff member, or the staff member's representative with the staff member's consent.
10. Sharps Injury Log
 - a. The DOC shall maintain a sharps injury log at each site to record percutaneous injuries from contaminated needles or other sharps.

- b. Information in the log shall be recorded and maintained in such a manner as to protect the confidentiality of the injured DOC staff member.
- c. The sharps injury log shall contain the following information:
 - i. The type and brand of device involved in the incident;
 - ii. The work area where the exposure incident occurred; and
 - iii. An explanation of how the incident occurred.
- d. The medical contractor shall maintain their own sharps injury log at each site for contracted staff to record any percutaneous injuries from contaminated needles or other sharps.

B. Specific Bloodborne Pathogens Procedures

- 1. DOC staff shall follow specific procedures to avoid exposure to bloodborne pathogens during the course of their duties.
- 2. Any DOC staff member who administers first aid or CPR shall:
 - a. Adhere to all training protocols, including those concerning the use of appropriate PPE such as latex or rubber gloves, and an Artificial Manual Breathing Unit (AMBU) bag;
 - b. Wash their hands thoroughly with soap and water immediately after. If soap and water are not immediately available, the DOC staff member shall immediately sanitize their hands, and wash them as soon as possible afterwards; and
 - c. Document the situation with an incident report, in accordance with the policy on incident reporting.
- 3. Exposure to Bodily Fluids.
 - a. Anytime a DOC staff member is exposed to bodily fluids, including blood, they shall:
 - i. Wash any affected skin thoroughly with soap and water for at least fifteen seconds;
 - ii. If eyes, mouth, or mucous membranes are exposed, rinse the affected area thoroughly with water for at least ten seconds;
 - iii. Place all contaminated items, including gloves, in a red, hazardous materials bag for disposal;
 - iv. Document the contamination with an incident report, in accordance with policy on incident reporting;
 - v. Notify the facility Superintendent, District Manager, or designee, of the contamination; and

- vi. Consult a medical professional regarding any follow-up care that may be necessary.
- b. Any DOC staff who are exposed to a bloodborne pathogen may file a worker's compensation incident. In these circumstances:
 - i. The DOC staff person's supervisor shall complete an Employer's First Report of Injury form. This form shall be completed within 72 hours of becoming aware of an incident.
 - ii. The DOC staff member shall contact the Vermont Health Care Review, Inc to formally report their injury. Any follow-up testing shall occur during the worker's compensation review period.
- c. Contractors shall create and maintain policies and procedures that protect the safety and well-being of their contracted staff. They shall also provide their staff with information about the Worker's Compensation and Safety Division of the Vermont Department of Labor;
- d. Exposed DOC staff member testing and follow-up.
 - i. The exposed DOC staff member's supervisor shall:
 - a.) Immediately contact the local Emergency Department to arrange a medical evaluation; and
 - b.) Request that the staff member be tested to determine Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV) serological status, in accordance with OSHA's Standard. The DOC shall not compel any exposed staff member who refuses to be tested.
 - ii. The DOC shall make the Hepatitis B vaccination, post-exposure prophylaxis, counseling, and medical evaluation immediately available at no cost to the exposed staff member. The DOC shall provide the health care professional responsible for these services with:
 - a) A copy of OSHA's Standard 1910.1030, *Bloodborne Pathogens*;
 - b) A description of the exposed staff member's duties, as they relate to the exposure to bloodborne pathogens;
 - c) Documentation of the route and circumstances under which the exposure occurred; and
 - d) The results of source individual's blood testing, if available.

- iii. The DOC shall obtain the health care professional's documented assessment of the evaluations following an exposure incident and shall provide a copy of the assessment to the exposed staff member within 15 days of the evaluation.
 - iv. All diagnoses not related to the exposure incident shall remain confidential.
 - e. Source Individual Testing.
 - i. All DOC staff, contractors, and volunteers shall receive information on how to access the DOC's bloodborne pathogen exposure control plan as part of their orientation to the DOC.
 - ii. When the individual who was the source of the exposure can be identified, DOC staff shall request that they be tested to determine HBV and HIV infectivity, in accordance with OSHA's standard.
 - iii. In cases when the source individual refuses to be tested, they shall not be compelled to do so by DOC staff. However, DOC staff shall document the date of the exposure, the location of the exposure, and any potential close contacts.
 - iv. In cases when the source individual agrees to the testing, the results of their testing shall be made available to the exposed staff member. The staff member shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual, in accordance with the OSHA standard. This information may be used to inform related healthcare determinations, including whether post-exposure prophylaxis shall be administered.
- 4. Exposure to Contaminated Sharp Objects or Used Needles.
 - a. DOC staff members may find contaminated or used needles in the course of their duties.
 - b. DOC staff members shall not bend, recap, snap, cut, or otherwise alter contaminated or used needles.
 - c. Anytime a DOC staff member finds a contaminated or used needle in a facility or field site, they shall:
 - i. Put on gloves;
 - ii. Dispose of the needle in the designated sharps container;
 - iii. Remove and dispose of the gloves;
 - iv. Immediately wash their hands thoroughly with soap and water;

- and
- v. Document the discovery with an incident report, in accordance with administrative directive on incident reporting.
- d. Anytime a DOC staff member finds a contaminated or used needle in the community, they shall:
 - i. Avoid contact with the needle; and
 - ii. Contact the appropriate authorities if there is reason to believe that members of the public may be at risk of exposure to the needle.
- e. In the event a DOC staff member is punctured or cut with a needle or other sharp, the DOC staff member shall:
 - i. Immediately wash the wound and surrounding skin thoroughly with soap and water;
 - ii. Notify a supervisor and immediately seek evaluation and treatment for the injury from the local emergency department or health center; and
 - iii. Later, document the injury with an incident report, in accordance with the policy on incident reporting;
- f. Any other DOC staff member that witnessed the incident shall document the injury with an incident report, in accordance with policy directive on incident reporting; and
- g. The DOC staff member shall record the incident in the sharps injury log, in a manner that protects the confidentiality of the injured staff member. If a contractor is exposed to contaminated or used needles, they shall follow the response procedures, in accordance with their contract. The entry shall include the following information:
 - i. The type and brand of device involved in the incident;
 - ii. The work area where the injury occurred; and
 - iii. An explanation of how the injury occurred.
- 5. Contamination at a Field Site
 - a. Anytime a field site is contaminated by bodily fluids:
 - i. DOC field staff shall not attempt to clean the contaminated area.
 - ii. The DM or designee shall:
 - a) Seal off the affected area from all individuals, other than those directly involved in the cleaning and decontamination of

- the area. The DM, or designee, shall post signage about the hazards, or warnings of hazards, and ensure that all signage is translated into the most prolific non-English languages as identified by the Agency of Human Services (AHS); and
- b) Contact the building's lessor or the Vermont Department of Buildings and General Services (BGS) to arrange to have the site properly cleaned and decontaminated. The area shall remain sealed until it is cleared by the appropriate biohazard cleaning service or BGS.
6. Contamination within a Correctional Facility
- a. Anytime an area within a correctional facility is contaminated by bodily fluids:
 - i. The DOC facility staff shall not attempt to clean the contaminated area.
 - ii. The Superintendent, or designee, shall seal off the affected area from all individuals, other than those directly involved in the cleaning and decontamination of the area.
 - iii. The Superintendent, or designee, shall post signage about the hazards, or warnings of hazards, and ensure that all signage is translated into the most prolific non-English languages as identified by AHS.
 - iv. The area shall remain sealed until it is appropriately cleaned by an individual trained in bloodborne pathogens exposure control.
 - b. Incarcerated workers may be exposed to bloodborne pathogens as part of their facility employment. The incarcerated workers with such possible exposure include all individuals:
 - i. Assigned to work with laundry or linens; or
 - ii. Assigned to clean areas that may be contaminated with bloodborne pathogens;
 - c. The Facility Superintendents, or designee, shall coordinate the training of all incarcerated workers who may be exposed to bloodborne pathogens as part of their facility employment. This shall also include identifying any language needs of the incarcerated workers and any translation or interpreter services, as appropriate.
 - i. The contracted medical provider shall oversee the development of, and provide, the training, which shall cover standard precautions and safe handling procedures to help protect

incarcerated workers and others from bloodborne pathogen exposure, including:

- a) Biohazard awareness and prevention;
 - b) Proper hand washing practices;
 - c) Proper use of disposable gloves;
 - d) Proper waste handling practices;
 - e) Cleaning procedures; and
 - f) Precautions to prevent sharps injuries (e.g., puncture with contaminated or used needle, cut); and
- ii. The DOC shall maintain documentation of the incarcerated individual's training, in accordance with the facility's record management procedures.
 - iii. All incarcerated workers who are not immune to HBV, and who may be exposed to bloodborne pathogens as part of their facility employment, shall be offered the Hepatitis B vaccine by contracted medical staff.
- d. Anytime an incarcerated worker is exposed to bodily fluids, including blood, they shall:
 - i. Wash any affected skin thoroughly with soap and water for at least fifteen seconds;
 - ii. If eyes, mouth, or mucous membranes are exposed, rinse the affected area thoroughly with water for at least ten seconds;
 - iii. Place all contaminated items, including gloves, in a red, hazardous materials bag for disposal;
 - iv. Inform the correctional officer (CO) on duty. The CO shall:
 - a) Immediately inform the QHCP and the on-duty DOC Correctional Facility Shift Supervisor (CFSS); and
 - b) Document the contamination with an incident report, in accordance with policy on incident reporting;
 - v. Follow any additional reporting requirements, in accordance with the policy on worker's compensation for incarcerated individuals.
 - e. The contracted medical staff shall make the Hepatitis B vaccination, a post-exposure prophylaxis, counseling, and medical evaluation and follow-up care immediately available to all incarcerated workers after an exposure incident. The contracted medical provider shall

also complete the appropriate documentation in the incarcerated individual's EHR.

- i. The DOC shall obtain the health care professional's documented assessment of the evaluations following an exposure incident and shall provide a copy of the assessment to the exposed incarcerated worker within 15 days of the evaluation.
- ii. All diagnoses not related to the exposure incident shall remain confidential.