

 DEPARTMENT ORDER MANUAL	ARIZONA DEPARTMENT OF CORRECTIONS	CHAPTER: 100 AGENCY ADMINISTRATION/MANAGEMENT	OPR: AS HRD HS
		DEPARTMENT ORDER: 116 <i>EMPLOYEE COMMUNICABLE DISEASE EXPOSURE CONTROL PLAN</i>	SUPERSEDES: D.O. 116 (09/1/96)
			EFFECTIVE DATE: NOVEMBER 18, 2002

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PURPOSE

This Department Order establishes a safety and loss control program for Department employees that includes safe work practices, accident investigation and prevention measures, construction and maintenance of safe facilities, timely accident and exposure reporting, related training and record keeping. The Department recognizes that Department employees may be exposed to communicable diseases such as Hepatitis B, Hepatitis C, Human Immunodeficiency Virus and Tuberculosis, in the performance of their duties. The Department is dedicated to protecting employees from exposure to these diseases through the establishment of administrative procedures, engineering controls, and the use of personal protective equipment.

RESPONSIBILITY

The Deputy Director for Health Services or designees shall:

- # Provide oversight for implementing applicable State and Federal health standards.
- # Review Occupational Health Unit written instructions annually and make recommendations for change as needed.
- # Ensure that services are provided to all Department full-time, part-time and seasonal employees through the Occupational Health Unit.
- # Provide technical assistance in the training of staff.
- # Direct the Department's program to provide surveillance, prevention, diagnosis and treatment of tuberculosis among inmates.
- # Notify the Occupational Health Unit or other authorized recipients of:
 - Each active unprotected, untreated tuberculosis exposure incident which involves inmates and staff.
 - Occasions when there is a need for transportation staff to use Personal Protective Equipment.
 - Epidemiological information related to tuberculosis.
 - Human Immunodeficiency Virus, Hepatitis B Virus and Hepatitis C Virus status of an inmate when requested by an employee who has been determined to have a true bloodborne pathogen exposure.

Regional Operations Directors, Regional Health Administrators, Wardens, Deputy Wardens and Bureau Administrators are responsible for ensuring that employees are provided appropriate approved universal precautions, engineering controls and personal protective equipment to prevent exposure to communicable disease.

Contractors who operate private prisons are responsible for promulgating an employee screening program for communicable disease consistent with this Department Order, and for all expenses related to implementing and complying with this Department Order.

APPLICABILITY

This Department Order addresses communicable disease exposure control for Department employees. Inmate communicable disease and infection control is addressed in Department Order #1102, Communicable Disease and Infection Control.

Sections of this Department Order that pertain to Occupational Safety and Health Administration safety and health standards, training, universal precautions, engineering controls, personal protective equipment, reporting and documenting an exposure incident, evaluation and follow up after an exposure incident, apply to volunteers and contract staff.

Volunteers and contract staff are required to provide proof of their negative tuberculosis status during the past three months before reporting to work in a correctional institution, and annually thereafter, to the designated authority at the institution in which they will be working.

Private prison staff, volunteers, and contract staff should consult with their own medical providers about appropriate post exposure treatment after a bloodborne pathogen exposure incident or about treatment for tuberculosis infection. Volunteers are not, pursuant to A.R.S. 23-901, considered to be employees eligible for Workers' Compensation insurance claims against the state. Persons who volunteer in correctional facilities do so at their own risk. The Department assumes no responsibility for medical expenses or other losses that they may incur.

Private prison and contract staff are required to comply with this Department Order, Occupational Safety and Health Administration safety and health standards, and to provide their own Workers' Compensation insurance.

PROCEDURES

116.01 GENERAL RESPONSIBILITY

- 1.1 Wardens, Deputy Wardens, Bureau Administrators, and Facility Health Administrators shall:
 - 1.1.1 Ensure that employees under their supervision are offered Hepatitis B immunizations, at Department expense, within ten days of assignment to a high risk position as identified in Attachment A. The employee may, if they choose, decline the immunization.
 - 1.1.2 Ensure that all employees under their supervision are provided time during work hours to:
 - 1.1.2.1 Receive a tuberculosis (TB) skin test on the day of hire and annually thereafter, and report to the Occupational Health Unit (OHU) two to three days later to have the skin test read.
 - 1.1.2.2 Obtain a chest x-ray and medical evaluation within 72 hours, at the Department's expense, if referred for a positive skin test.

- 1.1.2.3 Attend all mandatory training relating to exposure and exposure control issues on an annual basis as required by the Occupational Safety and Health Administration (OSHA) and the Department.
- 1.1.3 Ensure that supervisors investigate industrial exposures with the Occupational Safety Consultant III, and that:
 - 1.1.3.1 Faulty equipment is repaired.
 - 1.1.3.2 Employees are counseled regarding work practices.
 - 1.1.3.3 Recommendations for revisions to written directives are completed and sent forward to prevent further occurrences.
- 1.1.4 Ensure that applicable records are maintained by the volunteer and contract coordinators, the hiring authorities, and communicable disease liaisons.
- 1.2 Institution Occupational Health Unit staff shall:
 - 1.2.1 Provide all employees mandated screening, monitoring and follow up as defined in the Bloodborne Pathogen Standard and the Centers for Disease Control and Prevention Tuberculosis Guidelines.
 - 1.2.2 Notify employees when they are due to receive mandated services.
 - 1.2.3 Coordinate with the Occupational Safety Consultant IIIs to complete medical evaluations and respirator fit testing for employees, when required.
 - 1.2.4 Maintain screening and exposure reports for duration of employment plus 30 years on each employee.
 - 1.2.5 When requested by the Occupational Safety Consultant III, review and report exposure incidents to the Institution Safety and Loss Control Committee in accordance with Department Order #404, Fire, Safety and Loss Control. The Committee Chairperson shall report incidents to the Warden and, if applicable, provide recommendations to prevent further incidents from occurring.
 - 1.2.6 Recommend changes in administrative procedures, engineering controls and/or Personal Protective Equipment (PPE) to agency management as appropriate.
- 1.3 The Occupational Safety Consultant IIIs at each institution shall:
 - 1.3.1 Ensure all safety equipment and materials are routinely inspected and appropriate for the task.
 - 1.3.2 Distribute PPE equipment to employees in the correctional officers series, which shall include disposable gloves, one-way micro shield mask, five anti-bacterial wipes, and spill kits.
 - 1.3.3 Where mandated by a regulatory standard ensure safety equipment such as hand washing equipment, antiseptic hand washing materials and eye wash equipment, are in duty stations and inspected each month in accordance with applicable OSHA health and safety standards.

116.02 BLOODBORNE PATHOGEN EXPOSURE CONTROL AND PREVENTION

- 1.1 OSHA has determined that exposure to blood or any body fluid that visibly contains blood present occupational hazards because they are likely to transmit bloodborne pathogens such as Human Immunodeficiency Virus (HIV), Hepatitis B, and Hepatitis C.
 - 1.1.1 Spills that contain visible blood require PPE, cleaning with a solution of one-part bleach to ten-parts water (1:10 solution) or an appropriate disinfectant as outlined in 1.2.3 through 1.2.3.3 of this section. Soiled material shall be placed in a red biohazard bag for regulated handling and disposal.
 - 1.1.2 Body fluids such as vomit, urine, and feces do **not** contain Bloodborne pathogens unless visible blood is present. If blood is not visibly present, PPE and appropriate disinfectant shall be used to clean surfaces/areas. Red biohazard bags and special handling is not necessary for disposal.
- 1.2 All employees shall take precautions to avoid exposures by wearing appropriate PPE based on the task and degree of potential exposure. Specific guidelines shall be followed:
 - 1.2.1 Searches shall be conducted with the utmost care and in compliance with Department Order #708, Searches.
 - 1.2.2 Biological evidence shall be handled as outlined in Procedures for Preserving and Packaging Biological Evidence. (Attachment B)
 - 1.2.3 The clean up of blood and/or body fluid spills shall be accomplished by using a 1:10 solution of bleach or appropriate disinfectant. Employees shall:
 - 1.2.3.1 Clean up body fluid spills with a 1:10 solution of bleach or appropriate disinfectant.
 - 1.2.3.1.1 Apply the 1:10 solution of bleach to the spill with a mist from a spray bottle being careful not to splash the spill over a larger area.
 - 1.2.3.1.2 Allow the 1:10 solution to remain on the stained area for several minutes to ensure decontamination and disinfecting of the fluid before wiping up.
 - 1.2.3.1.3 Refresh the 1:10 solution of bleach at least once every 48 hours, since a 1:10 solution of bleach loses its effectiveness quickly.
 - 1.2.3.2 Clean all other nondisposable metal equipment items that may be contaminated with soap and water and/or appropriate disinfectant.
 - 1.2.3.3 Clean contaminated vehicle parts, such as seats, door handles and floor mats, exposed to liquid or dried body fluid by scrubbing with soap and water. Allow the solution to soak into the contaminated area for five to ten minutes before wiping and let air dry.

- 1.2.4 Employees shall take extreme care to prevent the exchange of body fluids while administering first aid. For first aid situations that involve bandaging bleeding wounds, the following precautions shall be used:
 - 1.2.4.1 Employees should wear two pairs of protective gloves (made of latex or other OSHA approved material) to prevent contamination from any body fluid which may contain blood or blood products.
 - 1.2.4.2 After bandaging a wound, a blanket or other covering shall be placed on an injured person.
 - 1.2.4.3 Employees shall wash thoroughly with bactericidal soap and warm water when their skin becomes contaminated with questionable material from an injured person.
 - 1.2.4.4 Disposable gloves and other items shall be disposed of as outlined in 1.1.1 of this section.
 - 1.2.4.5 Employees shall use a Department-issued, one-time-use only, one-way emergency resuscitator when conducting Cardiopulmonary Resuscitation.
- 1.2.5 Crime scenes shall be processed as outlined in Contaminated Crime Scene Requirements. (Attachment C)
- 1.3 When handling contaminated or potentially contaminated materials staff shall:
 - 1.3.1 Wear the appropriate PPE.
 - 1.3.2 Wear protective gloves (made of latex or other OSHA approved material) and wash hands after use.
 - 1.3.3 Wear/use safety eye protection, face shields and impermeable clothing protection where exposure to body fluids or contaminants may occur through splashes, splatters and/or an aerosol through coughing and/or sneezing.
 - 1.3.4 Place specimen containers in sealed plastic bags or leak proof containers marked with a biohazard material label when handling or transporting body fluid specimens.
 - 1.3.5 Ensure that food and/or drinks are **not** placed in or on a refrigerator, freezer, shelf, cabinet, counter top or bench top where blood and/or body fluid samples and/or specimens may be present or stored.
 - 1.3.6 Examine equipment, samples, regulated waste and containers before they are taken from the premises to ensure they are not contaminated, and that all containers are properly labeled, if applicable.
 - 1.3.7 Refer to section 116.03 in the event of contamination.

- 1.4 Staff shall, when handling contaminated or potentially contaminated needles, sharps, and any other items that could puncture the skin or PPE:
 - 1.4.1 Place used syringes, needles and other sharps into a sharps container immediately after use. Sharps containers shall be:
 - 1.4.1.1 Checked daily to ensure that they are not overfilled.
 - 1.4.1.2 Appropriately dispose of when two-thirds full.
 - 1.4.2 Re-sheath used needles using a one handed technique if a sharps container is not readily available. Do not walk with an unsheathed sharp.
 - 1.4.3 Not bend, break or shear used needles or other sharps.
 - 1.4.4 Remove used blood drawing needles from the reusable syringes/vacutainer using a hemostat or other tool.
 - 1.4.5 Use needle-less equipment where available or other passive equipment where practical.
- 1.5 Inmates with blood/body fluid spilling or seeping from wounds or body parts shall be transported in separate vehicles.

116.03 BLOODBORNE PATHOGEN POST-EXPOSURE PROCEDURES

- 1.1 In accordance with OSHA guidelines (For a list of applicable body fluids see definitions; Other Potentially Infectious Materials.) a significant exposure occurs when blood or any body fluid that visibly contains blood comes in contact with:
 - 1.1.1 Mucous membranes through the eyes, nose or mouth.
 - 1.1.2 Skin that is no longer intact due to rashes, cuts or scrapes, infections, and etc. (Intact skin involving a prolonged exposure to a large amount of bodily fluid is considered significant by the Centers for Disease Control and Prevention.)
 - 1.1.3 A wound which has penetrated through the outside layer of skin such as a bite, a contaminated needle or other sharp object.
- 1.2 Employees who believe they have been exposed to blood or other potentially infectious materials shall:
 - 1.2.1 Immediately wash, with soap and water, any part of their body, such as the hands, arms, face and etc., that may have been contaminated.
 - 1.2.2 If body fluids make contact with the eyes, immediately flush the eyes with water for 15 minutes and contact the OHU
 - 1.2.3 Remove contaminated clothing as soon as possible and place it in a plastic bag.

- 1.2.4 Wear protective gloves (made of latex or other OSHA approved material) to decontaminate shoes and leather gear by scrubbing with soap and hot water.
- 1.2.5 Report the incident to their supervisor and administrative staff for investigation. Exposures are not covered by workers' compensation. Do not report the incident by phone to risk management.
- 1.2.6 Complete a Workplace Exposure to Blood/Bodily Fluids Report, Form 116-4P.
- 1.2.7 Report the exposure to the institution OHU. If a significant exposure occurs, page the OHN, then enter your number for call back followed by three zero's.
- 1.2.8 Decontaminate personal non-PPE clothing. The Department shall be responsible for the decontamination of PPE. If possible, contaminated clothing shall be laundered at an on site laundry facility. Staff shall:
 - 1.2.8.1 Use protective gloves (made of latex or other OSHA approved material) to handle contaminated clothing or empty the clothing directly from the plastic bag into the washing machine.
 - 1.2.8.2 Launder the contaminated clothing separately with hot water and an appropriate detergent.
 - 1.2.8.3 Place any PPE or non-PPE clothing items that are grossly contaminated into an appropriate red biohazard bag and dispose of them as regulated waste.
 - 1.2.8.4 Apply for reimbursement of grossly contaminated personal clothing, uniforms or uniform accessories as outlined in Department Order #513, Employee Property.
- 1.3 The OHU Staff shall:
 - 1.3.1 Counsel the employee and assess the risk.
 - 1.3.2 Contact the Facility Health Administrator to arrange for blood testing of the inmate, if appropriate.
 - 1.3.3 Offer the employee baseline lab work as established by the OSHA within ten days of exposure.
 - 1.3.4 Refer the employee to the appropriate Health Services provider for initial Post-Exposure Prophylaxis if the exposure is significant and pending results of the inmate blood test.
 - 1.3.5 Offer the employee a Hepatitis B vaccination, if they have not already had one, using the Hepatitis B Vaccine Consent/Refusal, Form 116-5P.
 - 1.3.6 Document the exposure incident on the Occupational Health Automated System.

- 1.4 If the employee becomes ill with Hepatitis B, Hepatitis C or HIV, the OHN shall direct the employee to:
 - 1.4.1 Complete the appropriate industrial injury reports in accordance with Department Order #519, Employee Health Assessment, Accommodation, Alternate Assignment.
 - 1.4.2 Telephonically report information to risk management.
 - 1.4.3 Seek medical care.

116.04 INMATE ASSAULT - EXPOSURE RESPONSE

- 1.1 When an inmate uses body fluids to assault a staff member, that staff member shall follow the post-exposure procedure outlined in section 116.03 of this Order.
- 1.2 OHU staff shall begin post-exposure procedures as outlined in section 116.03 of this Order and monitor the employee accordingly.
 - 1.2.1 If determined to be a significant exposure, the OHN shall request the inmate to voluntarily submit to testing for Bloodborne pathogens.
- 1.3 Wardens and Deputy Wardens shall notify the Criminal Investigation Bureau, the Legal Services/Discovery Unit, the OHU and Inmate Banking when an inmate:
 - 1.3.1 Has used body fluids to assault a staff member.
 - 1.3.2 Refuses to voluntarily be tested for Bloodborne pathogens.
- 1.4 The Criminal Investigations Bureau shall investigate the incident as outlined in Department Order #608, Criminal Investigations.
- 1.5 The Legal Services/Discovery Unit, in consultation with the Criminal Investigation Bureau, shall determine when to petition the court for Bloodborne pathogen testing. The investigation need not be complete at the time of the petition.
 - 1.5.1 Legal Services/Discovery Unit shall ensure that the petition requests that two separate samples of the inmate's blood be drawn for testing.
 - 1.5.2 Staff members are authorized to petition the court to have an inmate tested for Bloodborne pathogens, however, the Department shall act on the staff member's behalf.
 - 1.5.3 The inmate may be charged with a criminal offense as appropriate, however, a court-ordered Bloodborne pathogen test may be required if the exposure is determined to be significant, regardless of the status of criminal charges.
- 1.6 If the court issues an order for Bloodborne pathogen testing, the Legal Services/Discovery Unit shall notify the Deputy Director for Prison Operations, the Deputy Director for Health Services, the Occupational Health Unit and the affected employee.

- 1.7 The Deputy Director for Prison Operations shall direct the appropriate Regional Operations Director, Warden, Deputy Warden or designee to serve the court order to the inmate and request voluntary compliance.
- 1.8 If the inmate voluntarily complies, the appropriate Health Services staff member shall take two blood specimens from the inmate.
 - 1.8.1 If the inmate refuses to comply, security staff shall:
 - 1.8.1.1 Use the minimum amount of force necessary to get the inmate to comply in accordance with Department Order #804, Inmate Behavior Control.
 - 1.8.1.2 Issue a disciplinary report, such incidents shall be considered Significant Incidents in accordance with Department Order #105, Information Reporting.
- 1.9 The Deputy Director for Health Services shall arrange for the appropriate testing of the blood samples. The test results shall be reported to:
 - 1.9.1 The Deputy Director for Prison Operations.
 - 1.9.2 The appropriate Regional Operations Director, the Warden, the Facility Health Administrator, and the OHN at the institution where the inmate is located.
 - 1.9.3 The involved staff member(s).
 - 1.9.4 The involved inmate(s).
- 1.10 In addition to HIV blood testing, upon final conviction for "Assault with Bodily Fluids" pursuant to A.R.S. 13-1212, the inmate shall be liable for any costs incurred by a staff member to include all medical expenses and expenses for the cleaning and/or replacing of uniforms as outlined in Department Order #513, Employee Property.
- 1.11 If the investigation reveals that an assault did take place, the Warden and the Criminal Investigations Bureau shall:
 - 1.11.1 Charge the inmate with "Assault with Bodily Fluids" in accordance with Department Order #608, Criminal Investigations.
 - 1.11.2 Issue the inmate a disciplinary report regardless of the status of the investigation in accordance with Department Order #803, Inmate Discipline, if the inmate has interfered with staff in the performance of their duties by:
 - 1.11.2.1 Biting.
 - 1.11.2.2 Scratching.
 - 1.11.2.3 Spitting.

- 1.11.2.4 Committing any act that may result in a significant exposure by transferring blood and/or body fluids to, through the skin and/or mucous membranes of a staff member.
- 1.12 The Legal Services/Discovery Unit, in conjunction with the Warden and the Criminal Investigations Bureau, shall notify Inmate Banking upon the inmate's final conviction.
- 1.13 The Warden may place a hold on the inmate's account as outlined in Department Order #905, Inmate Banking/Money System, and upon final conviction, payment shall be made from the inmate's account to the staff member.
 - 1.13.1 The staff member shall provide copies of receipts for expenses to the Warden, Deputy Warden, Criminal Investigation Bureau and/or Inmate Banking upon request.

116.05 TUBERCULOSIS PREVENTION AND EXPOSURE CONTROL

- 1.1 OHU staff shall provide:
 - 1.1.1 New employees with a two step Mantoux TB skin test and complete an Employee TB Information, Form 116-1P. (Two step testing requires that two TB tests be given one week to one month apart.)
 - 1.1.1.1 If the employee presents documentation from a health care provider, at the time the Department's test is scheduled, indicating that a Mantoux TB skin test was given and read in the prior three months, only one test shall be administered.
 - 1.1.1.2 The documentation shall indicate the date that the Mantoux TB skin test was given, the date it was read and the results in millimeters.
 - 1.1.2 New employees who have had a Bacillus of Calmette and Guerin (BCG) TB vaccination a two step Mantoux skin test, unless they provide documentation of being reactive within the past ten years.
 - 1.1.3 Employees who have a history of positive TB skin tests or who have positive results, with a referral and the Employee Positive TB Skin Test Referral, Form 116-3P, for a medical evaluation and clearance at the Department's expense.
- 1.2 The OHN shall determine by observation, screening, and using the Employee Converter and/or Reactor History, Form 116-2P, if an employee with a positive TB skin test has symptoms of active TB.
 - 1.2.1 An employee with a positive skin test who does not have symptoms of active TB shall:
 - 1.2.1.1 Be allowed to continue working or otherwise have access to the work place.
 - 1.2.1.2 For confirmation, obtain a chest x-ray within 72 hours of a positive skin test reaction.

- 1.2.2 If the OHN determines that the employee has symptoms of TB, the Warden shall place that employee on administrative leave with pay for up to three days while waiting for a medical diagnosis.
- 1.2.3 If active TB is confirmed, the employee shall notify the institution OHN who shall notify the Warden, Correctional Public Health Program Manager, Occupational Health Administrator, and the Regional and Facility Health Administrator.
- 1.2.4 If the TB is determined to be an industrial illness, the procedure for an industrial illness shall be followed in accordance with Department Order #519, Employee Health - Assessment, Accommodation, Alternate Assignment.
- 1.2.5 If the TB is determined to be a nonindustrial illness, the process for a personal illness shall be followed.
- 1.2.6 The employee shall be permitted to return to work after the employee has:
 - 1.2.6.1 Been on the medication for two weeks and shows improvement.
 - 1.2.6.2 Had three Acid-Fast Bacilli negative sputum smears.
 - 1.2.6.3 Received a release from his/her medical provider.
 - 1.2.6.4 Received clearance from the OHN.
- 1.3 TB test results shall be maintained in the employee's Occupational Health Medical File. The OHN may only release information to:
 - 1.3.1 OSHA.
 - 1.3.2 The Industrial Commission, if applicable.
 - 1.3.3 The Department of Public Health.
 - 1.3.4 Management staff who have a need to know.
 - 1.3.5 The employee or others, if the employee has provided written consent to release the information.
- 1.4 The OHN shall provide the names of staff members who are not in compliance with this Department Order to the appropriate Deputy Director, Assistant Director, Warden, Deputy Warden or Bureau Administrator.
- 1.5 Health Services staff shall advise transportation staff when there is a need to transport an inmate which requires airborne pathogen precautions in accordance with Department Order #1102, Communicable Disease and Infection Control.
- 1.6 Transportation staff shall not transport an inmate with suspected or confirmed TB without the protection of a National Institute of Occupational Safety and Health approved TB respirator, type N95. If the inmate is required to wear a mask, the inmate shall wear a surgical mask, **not** a TB respirator.

- 1.6.1 Prior to wearing a TB respirator and in accordance with Department Order #404, Fire, Safety and Loss Control, the officer shall:
 - 1.6.1.1 Complete the medical questionnaire and be medically evaluated and cleared by the OHN, in accordance with OSHA standards using the Department Respiratory Medical Questionnaire, Form 116-9P, in 29 CFR 1910.134, Subpart I.
 - 1.6.1.2 Complete the fit testing procedure with the Occupational Safety Consultant III.
 - 1.6.1.3 Check the integrity of the respirator prior to performing high hazard duties.
- 1.7 The OHN shall:
 - 1.7.1 Investigate, screen and monitor any employee exposure to a person with confirmed TB, to include inmates or other Department employees.
 - 1.7.2 Administer a baseline Mantoux TB skin test, unless one was given three months prior to the first day of exposure.
 - 1.7.3 Repeat a Mantoux TB skin test within 90 days after the last day of exposure.
 - 1.7.4 Document any TB skin test convertors on the OSHA 300 log and provide skin tests as outlined in this section to determine whether or not the employee has active TB.

116.06 OSHA REQUIRED TRAINING

- 1.1 The Staff Development/Training Bureau Administrator, in consultation with the Occupational Health Administrator, shall develop communicable disease training that includes, but is not limited to:
 - 1.1.1 Bloodborne Pathogens - Consistent with the requirements in the OSHA Bloodborne Pathogens Standard and sufficient information for employees to make informed decisions about vaccinations provided by the Department.
 - 1.1.2 OSHA standards for all employees.
 - 1.1.3 The symptoms and types of transmission for Bloodborne diseases.
 - 1.1.4 The Department exposure control plan and where it is located.
 - 1.1.5 Tasks and procedures that may expose employees to the dangers of Bloodborne pathogens and/or other potentially infectious material.
 - 1.1.6 Methods to be used by employees to prevent or reduce exposure to pathogens, which includes the appropriate engineering controls, work practices, available PPE, handling of infected materials, decontamination, and the use, removal and disposal of contaminated PPE.

- 1.1.7 The Hepatitis B vaccine, it's effectiveness, safety, administration, the benefits of the vaccine, and that the vaccinations are offered with no expense to employees.
- 1.1.8 Procedures to be followed to ensure employee safety, the notification requirements when an incident occurs that involves any potentially infectious material, and any available medical follow-up.
- 1.1.9 The Department responsibilities/requirements to provide employees with post-exposure evaluations following an exposure incident.
- 1.1.10 The required signs, labels and color codes used to identify biohazards and biohazard materials in accordance with OSHA standards.
- 1.1.11 Tuberculosis information for employees with occupational exposure that addresses:
 - 1.1.11.1 The nature and methods of TB transmission.
 - 1.1.11.2 The risk factors for disease development.
 - 1.1.11.3 The signs, symptoms, diagnosis and treatment of TB.
 - 1.1.11.4 Procedures for recognizing and reporting disease symptoms.
 - 1.1.11.5 The proper use of PPE appropriate to the work place to reduce employee exposure.
 - 1.1.11.6 The use and fit testing of a TB respirator type N-95, prior to the employee performing high-hazard procedures.

- 1.2 The Staff Development/Training Bureau Administrator shall ensure that training records are available for inspection by OSHA, Arizona Division of Occupational Safety and Health (ADOSH) representatives, the Occupational Health Nurse, and others as designated by the Occupational Health Administrator.

116.07 EMPLOYEE OCCUPATIONAL HEALTH MEDICAL RECORDS - OSHA and the Centers for Disease Control and Prevention has determined that the OHU at each institution shall maintain an Occupational Health Medical File for each employee. All medical records maintained by the institution OHU shall be considered confidential and accessible only to OHU staff.

- 1.1 Occupational Medical Records shall include, at a minimum:
 - 1.1.1 The employee's name, address, social security number, job title, and current assignment.
 - 1.1.2 Hepatitis B vaccination status and a completed Hepatitis B Vaccine Consent/Refusal form, which indicates that the employee has refused the vaccination, or the date the vaccination was given to the employee, and the vaccine's lot number.
 - 1.1.3 All Workplace Exposure to Blood/Bodily Fluids Report forms, to include the assessments, evaluations, monitoring and referrals for post exposure prophylaxis, when appropriate.

- 1.1.4 Employee reports of industrial injuries, to include medical examinations and/or treatment received from the Department.
- 1.1.5 Pre-placement physicals for all staff who participate in the Correctional Officer Retirement Plan.
- 1.1.6 Fitness for duty examinations.
- 1.2 Institutional OHU staff shall:
 - 1.2.1 Maintain all established forms and information.
 - 1.2.2 Forward to the Occupational Health Administrator the original copies of:
 - 1.2.2.1 Pre-placement physicals.
 - 1.2.2.2 Fitness for duty examinations.
 - 1.2.3 Reestablish the Occupational Health Medical file for reinstated employees, to include any information that was transferred to a state archive facility.
 - 1.2.4 Be the recipient of medical records for employees who have transferred to that institution.
 - 1.2.5 Maintain the confidentiality of medical records, and release the contents in accordance with Department Order #201, Information Release, as follows:
 - 1.2.5.1 To a third party, only with the written authorization of the employee.
 - 1.2.5.2 To OSHA or ADOSH.
 - 1.2.5.3 To the Arizona Department of Health Services and County Health Departments for epidemiological purposes only.
 - 1.2.6 Forward the institutional occupational medical records to:
 - 1.2.6.1 The new duty assignment when transferred.
 - 1.2.6.2 Occupational Health Administrator when the employee leaves state service.
- 1.3 Occupational Health Administrator shall maintain occupational medical records:
 - 1.3.1 Which contains the original forms listed in 1.2.2.1 and 1.2.2.2 of this section.
 - 1.3.2 For two years on all employees who have been terminated from state service. After two years, the medical records shall be transferred to the Records management Division of Arizona Library, Archives and Public Records for retention in accordance with the Department's appropriate records retention schedule.

- 1.3.3 For five years on all employees who have retired or resigned from state service. After five years, the medical records shall be transferred to the Records management Division of Arizona Library, Archives and Public Records for retention in accordance with the Department's appropriate records retention schedule.
- 1.4 State Archives shall maintain all employee occupational medical records for a balance of 30 years.

{Original Signature on File}

TERRY L. STEWART
Director

ATTACHMENTS

- Attachment A - Job Classifications/Tasks in Which there is A Reasonable Expectation That Exposure to Bloodborne Pathogens May Occur.
- Attachment B - Procedures for Preserving and Packaging Biological Evidence.
- Attachment C - Contaminated Crime Scene Requirements.

IMPLEMENTATION

Within 90 days of the effective date of this Department Order, the Deputy Director for Health Services shall ensure:

- # The Health Services Technical Manuals, which address the requirements of exposure, control are updated and maintained.
- # The Occupational Health Unit Nursing Technical Manuals are updated and maintained, which at a minimum shall include:
 - ! Bloodborne pathogen and TB pre-exposure and post exposure measures.
 - ! A copy of OSHA Bloodborne Pathogen Standards.
 - ! Procedures for communicable disease training and Hepatitis B vaccinations.
 - ! A process for the reporting of exposure incidents, completion of reports specified by this Department Order and completion of post-exposure evaluations and follow-up.

The Assistant Director for Human Resources/Development shall:

- # Ensure that the Staff Development and Training Bureau Technical Manual addresses the training requirements of this Department Order, and includes:
 - ! Name and job title of the person attending the training sessions.
 - ! Date and contents of the training.

! Name and Qualifications of the instructor.

Within 90 days of the effective date of this Department Order, the Deputy Director for Prison Operations shall ensure that Institution Orders are updated and maintained to comply with Occupational Safety and Health Administration (OSHA) requirements, and address at a minimum:

- # Detailed universal precautions which address the use of personal protective equipment, location and use of hand-washing facilities, and the location of first aid kits which contain resuscitation bags and pocket masks.
- # The proper application and use of engineering controls.
- # Housekeeping procedures and/or routines, such as a requirement that the work site remain in a clean and sanitary condition and a written schedule for cleaning and methods of decontamination.
- # A schedule for the proper collection and disposal of regulated waste.

DEFINITIONS

BIOHAZARD BAG - A red plastic bag with a universal biohazard label that is used for the disposal of contaminated material such as laundry, personal protective equipment and containers of sharps.

BLOODBORNE PATHOGENS - Pathogenic (disease-causing) microorganisms that are present in human blood that may cause disease in humans, such as but not limited to Hepatitis and HIV.

CONTAMINATED - The presence or reasonably anticipated presence of blood or other potentially infectious material on an item or surface, to include clothing and other material.

DECONTAMINATE - The use of physical or chemical means to remove, deactivate or destroy biological pathogens on a surface or item, to the extent that the pathogens are no longer capable of transmitting infectious particles, and the surface or item is rendered safe for handling, use or disposal.

ENGINEERING CONTROLS - Physical items and methods used to isolate or remove the Bloodborne pathogens in blood or other potentially infectious material from the work place. (e.g., laundry, laundry bags, laundry schedules, warning labels, specimen containers, biohazard containers, and the proper disposal of contaminated needles, regulated waste, sharps, and/or self-sheathing needles.)

EPIDEMIOLOGICAL INFORMATION - The number of occurrences and distribution of a disease(s), which is released for statistical or public health purposes. Confidential medical information is removed to prevent the individual from being identified.

EXPOSURE INCIDENT

Bloodborne pathogens - When blood or Other Potentially Infectious Materials:

- ! Make contact with a person's mucous membrane of the eye, nose, mouth, or through contact with skin that has been broken open, such as with a cut, scrape, or chapped skin.

! Are introduced through the piercing of the skin by needle sticks, human bites, cuts and abrasions.

TB - When an individual with unrecognized pulmonary or laryngeal TB who is not on an effective anti-TB therapy and has not been placed in TB isolation is in a close proximity and shares the same air with someone else.

OTHER POTENTIALLY INFECTIOUS MATERIAL - Body fluids such as semen, vaginal fluid, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental settings or body fluid visibly contaminated with blood, and all body fluids in situations where it is impossible to differentiate between bodily fluids; or any unfixed tissue from a live or dead human, and any tissue or organs from an Human Immunodeficiency Virus or Hepatitis B Virus infected animal or human. **This does not include urine, feces, vomit, saliva, sweat, or tears, unless visibly contaminated with blood.**

OSHA STANDARD - Refers to the Bloodborne Pathogen Standard, 29 CFR 1910.1030. and 29 CFR 1910.134 TB Mask Fit Testing.

OSHA 300 LOG - An OSHA-REQUIRED record of all work-related injuries and illnesses that occurred during the calendar year, which is to be posted at all work sites during the month of February each year.

PERSONAL PROTECTIVE EQUIPMENT - Specialized clothing and equipment required for protection against a hazard. (E.g., goggles, glasses with solid side shields, chin-length shields, face shields, face masks, utility gloves, hypo allergenic gloves, gowns, caps, shoe covers, boots, resuscitation devices and pocket masks in appropriate sizes and accessible locations. Excludes general work clothes, such as uniforms, which are not intended to function as protection against a hazard.) TB - particulate respirators (N-95) approved by the National Institute of Occupational Safety and Health for high-risk procedures.

POST-EXPOSURE PROPHYLAXIS - A course of two to three different medications prescribed by a health care provider after a significant exposure to Human Immunodeficiency Virus.

REGULATED WASTE - Items that are contaminated with any potentially infectious materials that could release the infectious materials if compressed or during normal handling.

SHARPS - Any object that can penetrate the skin, including but not limited to needles, scalpels, broken glass, broken capillary tubes, bites and exposed ends of dental wires.

TUBERCULOSIS DISEASE - An air-borne chronic pulmonary and extra pulmonary infectious disease caused by the TB bacillus. Multi drug-resistant TB is an organism that is resistant to the usual drugs prescribed for patients infected with TB.

An individual may be considered to have TB when that individual has a positive skin test and is identified as having symptoms consistent with TB, identified by Centers for Disease Control as productive cough, coughing up blood, weight loss, loss of appetite, lethargy, weakness, night sweats or fever, a positive chest x-ray and positive cultures. These individuals are placed on a four-drug regimen and can spread TB Disease.

A positive reaction to the skin test that indicates that the person has the tuberculosis bacteria in the body and/or that it has been controlled by the body's immune system. A person who has TB infection without TB disease cannot spread the infection to others and usually has a negative chest x-ray and does not have TB symptoms, preventive medication is recommended for six months.

UNIVERSAL PRECAUTIONS - Safety procedures based on the assumption that all human blood and body fluids are considered to be infectious and are designed to eliminate or minimize exposure incidents.

AUTHORITY

A.R.S. 13-1210, Assaults on Officers or Fire Fighters; Human Immunodeficiency Virus testing
A.R.S. 13-1212, Prisoner Assault with Bodily Fluids; Liability for Costs; Classification; Definition
A.R.S. 13-1415, Human Immunodeficiency Virus testing; Victims Rights
A.R.S. 41-1606, Release of Medical Information
A.R.S. 23-101 et seq., Industrial Commission of Arizona, General Powers
A.R.S. 23-107, Industrial Commission, General Powers
A.R.S. 23-401 et seq., Industrial Commission of Arizona, Division of Occupational Safety and Health
A.R.S. 23-403, Employer's Duty to Provide a Safe Workplace
A.R.S. 23-404, Employee's Duty to Comply with Occupational Safety and Health Standards
A.R.S. 23-901 et seq., Workers' Compensation
A.R.S. 36-661 et seq., Communicable Disease Information
A.A.C. R2-10-201., Loss Prevention
A.A.C. R2-10-205. , Loss Control Program Standards for State Agencies
A.A.C. R4-13-101. Et seq., The Industrial Commission of Arizona
A.A.C. R4-13-601. The Federal Occupational Safety and Health Standards for Construction, 29 CFR 1926
A.A.C. R9-6-601. , Diseases Declared Communicable
A.A.C. R9-6-605. , Confidentiality of Communicable Disease Information
A.A.C. R9-6-701. Et seq., Control Measures for Communicable and Preventable Diseases
Code of Federal Regulations, TITLE 29, Part 1910 ET SEQ., OSHA General Duty Requirement
Code of Federal Regulations, TITLE 29, Part1910, SUBPART Z, 1910.1030, Bloodborne Pathogens
Code of Federal Regulation, TITLE 29, Part 1910.134, Fit Testing

**JOB CLASSIFICATIONS/TASKS IN WHICH THERE IS A REASONABLE EXPECTATION
THAT EXPOSURE TO BLOODBORNE PATHOGENS MAY OCCUR ¹**

1. **Correctional Administrator I; Associate Deputy Warden; Assistant Warden; Assistant Administrator; Deputy Warden; Warden; Administrator;**

Tasks: Responding to emergency situations in institutions.

2. **Refrigeration Mechanic; Plumber; Physical Plant Manager; Physical Plant Supervisor I, II, III; Electrician; Electronic Technician I, III; Equipment Parts Expediter; Equipment Repair Technician; Equipment Shop Supervisor; Locksmith/Security Specialist II**

Tasks: Performing institutional maintenance and repair, involving the use of restricted tools and close supervision of inmates.

3. **Correctional Dining Service Manager II; Correctional Food Service Manager I, II, III; Correctional Food Service Supervisor I, II**

Tasks: Working closely with inmates while being exposed to environmental hazards, such as knives, kitchen tools and other equipment.

4. **Prison Dentist; Radiology Technician I, II; Physician II, III; Correctional Dental Service Manager; Correctional Medical Assistant; Correctional Nursing Supervisor; Correctional Physician Assistant; Correctional Registered Nurse Supervisor I, II; Correctional Registered Nurse; Dental Assistant II; Dental Hygienist II; Psychologist I, II, III; Psychology Associate I, II; Psychiatric Nurse; Nursing Assistants**

Tasks: Performing invasive medical procedures and dealing with unpredictable inmates who are mentally ill.

5. **Correctional Facility Health Administrator; Health Program Manager II**

Tasks: Responding to emergency medical incidents.

6. **Lab Technician II**

Tasks: Performing lab procedures involving bodily fluids.

7. **Correctional Officer III; IV**

Tasks: Providing case work and/or mental health treatment to both the general and special-need inmate population. Dealing with unpredictable inmates and/or those who are mentally ill.

8. **Correctional Officer II; Sergeant; Lieutenant; Captain; Major**

Task: Training and performing a variety of security functions in a prison setting.

¹ Note: Classifications/positions will be added or deleted from this list as job duties substantially change and, in the opinion of the employee's Assistant Director, the change results in the elimination of or addition of occupational exposure. The positions in this list are intended to be those in a prison worksite or who supervise parolees and inmates on home arrest.

9. **Correctional Work Program Specialist**

Tasks: Supervising inmate workers and prison work crews on and off site.

10. **Investigative Supervisor I, III; Investigator II**

Tasks: Arresting persons, investigating crimes and handling contaminated evidence.

11. **Parole Officer I, II, III; Parole Unit Supervisor**

Tasks: Field supervision of parolees and detection of violators of parole conditions of supervision. Also, supervision of inmates on home arrest.

12. **Duplicating Services Supervisor I, II, III (ACI); Correctional Industries Supervisor Service Specialist I, II (ACI); Correctional Industries Support Service Specialist I (ACI)**

Tasks: Working closely with inmates while being exposed to environmental hazards, i.e., shop tools and equipment.

13. **Correctional Chaplain I, II; Correctional Education Program Teacher; Correctional Education Program Supervisor; Correctional Fire/Safety Specialist; Correctional Classification Specialist I; Data Entry Supervisor I, II (ACI); Data Entry Operator IV (ACI); Administrative Services Officer II (ACI); Librarian I, II, III**

Tasks: Working closely with inmates, in a prison work site, and responding to emergency situations.

PROCEDURES FOR PRESERVING AND PACKAGING BIOLOGICAL EVIDENCE ²

The following procedures pertain to the most frequently obtained items of evidence that require cautionary measures or special attention for the safety of personnel handling the items and preservation of evidence for analysis and court use.

Staff shall use appropriate universal precautions, personal protective equipment and engineering controls (biohazard marking and color-coding) when handling biological evidence that is wet or may be contaminated.

The DPS Crime Laboratory will not accept any case in which biological specimens and/or associated evidence is known to have originated from a person diagnosed as having AIDS or HIV. The laboratory will assist the submitter in locating a laboratory/agency that will process the evidence.

Only I&I Investigators are authorized to request scientific analysis of evidence. Investigators who intend to submit evidence for scientific analysis should, in most cases, first contact the DPS Crime Laboratory before submitting the evidence.

BIOLOGICAL SPECIMENS

General Guidelines

- # Do not package items that are still moist or wet.
- # Before packaging, air-dry all wet stains found on materials.
- # Place a clean piece of paper (preferably white) between the folds of cloth to protect and isolate the stained material from the unstained material.
- # Isolate each item and package it separately. Thoroughly seal the packages to prevent cross-contamination from other samples or specimens.
- # Completely air-dry wet spots and spills found at a crime scene and on items that cannot be impounded, such as a cement floor or wall. Scrape dried samples into clean and dry paper packets, envelopes or glass vials. Use a separate container for each questioned specimen.
- # Separate specimens taken for analysis from those samples taken for comparison.
- # If glass vials or tubes are used, or the evidence is breakable, label the outside of the package **FRAGILE**.
- # In accordance with OSHA requirements and the Department's written instructions for Exposure Control affix a universal biohazard symbol to the outside container of all evidence containing blood or other potentially infectious material.

² The information in this attachment was obtained from publications entitled *Evidence Submission Guidelines for Criminal Justice Agencies*, Arizona Department of Public Safety, October 1992, and *Property, Evidence and Asset Seizure Procedures Manual*, Arizona Department of Public Safety, April 1992.

The *Evidence Submission Guidelines for Criminal Justice Agencies* are made available to all criminal justice agencies by the Arizona Department of Public Safety.

- # Package all evidence containing blood or other potentially infectious material in a suitable leak-proof plastic bag. The bag should be the outermost container for the evidence and does not preclude the use of other packaging materials as recommended in the specific guidelines that follow.

Specific Guidelines

- # Saliva
 - Package air-dried, saliva-stained material in a paper bag or envelope, and freeze as soon as possible.
- # Semen
 - Place liquid semen specimens in sterile containers. Package each item to prevent spillage or breakage.
 - Air-dry stained materials, then package them in paper bags or envelopes.
 - Freeze all samples as soon as possible after drying and keep them frozen in transit.
- # Urine
 - Submit a minimum of one ounce.
 - Put urine in a clean, leak-proof urine specimen container.
 - Refrigerate and transport as soon as possible.
- # Hair
 - Place hair samples in a clean dry evidence envelope or paper packet and seal securely.
- # Tissue Specimens or Body Parts
 - Put the items in a clean, dry, rigid and leak-proof container and then package them in a cardboard box. Freeze the boxed items as soon as possible and keep them frozen during transit.
- # Liquid Blood
 - Must be drawn by qualified medical staff.
 - Provide sterile tubes containing the appropriate preservatives. (These are commercially available.)
 - Two 10 milliliter (ml.) tubes, with gray stoppers, for blood alcohol and other toxicology (drugs) analysis.
 - Tubes with purple stoppers for serology and DNA analysis.

- Must be refrigerated prior to transport and kept cold in transit. **DO NOT FREEZE THE SAMPLES.**

Blood Stains

- Allow wet blood samples such as those at a crime scene to air dry completely. Scrape into clean, dry paper packets, properly sealed envelopes or glass vials. Use a separate container for each questioned specimen.
- Allow wet blood stains on miscellaneous material, clothing and linens to air dry completely. Place in clean and dry paper evidence bags or wrapping paper. If the material must be folded, place clean, dry paper between the folds to isolate the stained material from unstained material.
- Wrap and package each bloodstained item separately.
- Freeze as soon as possible and keep frozen in transit.

Marijuana and Narcotic Seizures

- Weigh and count all drugs, regardless of the quantity. This information shall be listed on the Agency Request for Scientific Analysis form, DPS 802-01550, and, if needed, the Inventory Control Supplement forms, DPS 802-01825, both of which are provided at no charge by the DPS Crime Lab. Weights listed shall include the weights of containers. Because of the variety of scales that may be used and the subsequent analysis processes, submitting officers should denote "approximate" when listing such items on the inventory form.
- Keep all dry items dry. Keep all wet solutions at room temperature. Do not refrigerate or freeze the items.
- Seal any contraband removed from body cavities, or known to have been exposed to body fluids, in packaging marked "**BIOHAZARD.**" List the source of the hazard, such as the specific body cavity, on the Agency Request for Scientific Examination form and, if used, the Inventory Control Supplement form.
- Do not submit used chemical drug test kits.
- Submit hypodermic syringes for lab analysis only if they are the sole items of drug evidence and if they contain more than a residue amount of liquid.
- Package hypodermic syringes, needles or other sharps in puncture-proof containers (which are commercially available), properly sealed and labeled "**BIOHAZARD.**"
- Do not attempt to replace needle-tip covers on syringes. This practice often results in accidental "needle sticks."

Contaminated Crime Scene Requirements

- ! The Investigator at a crime scene shall:
- # Ensure that all nonessential employees remain out of the scene and that every effort is made to limit the time of exposure at a contaminated scene.
 - # Ensure that appropriate PPE shall be worn by all employees working at a contaminated crime scene or when processing contaminated evidence. Appropriateness depends on the extent of evidence contamination, crime scene conditions, e.g., large amounts of blood, and common sense. Appropriate PPE, may include, but is not limited to:
 - **Protective gloves (made of latex or other OSHA approved material).**
 - Protective mask and goggles, are to be worn when dried samples are scraped for biological evidence.
 - Footwear covers.
 - Disposable coveralls and head cover.
 - Aprons/surgical gown.
 - # Wear **protective gloves (made of latex or other OSHA approved material)** when handling dead bodies.
 - # Decontaminate in accordance with Attachment C, section 1.2.2, all Pens, clipboards and telephone receivers used at the crime.
 - # Clearly mark "BIOHAZARD" on all biological evidence obtained from a member of a high-risk group or a contaminated crime scene.
 - Stained evidence shall be identified, collected and properly packaged in double paper bags. If the stains are still wet, use additional packaging to eliminate contamination.
 - # Place any instrument used in collecting contaminated evidence in a separate package so that it can be properly decontaminated. Any disposable instruments shall be placed in a Bio-Hazard bag for appropriate disposal.
 - # Whenever there is reason to believe that an item of evidence is potentially infectious or that evidence processing may place an employee at risk for contracting a communicable disease, the evidence shall not be processed until the determination is made that it can be accomplished safely.
 - Employees shall bring questionable situations to the attention of their immediate supervisors.
 - # Remove all disposable clothing and immediately red-bag it for disposal in accordance with the appropriate institution order upon completion of the processing of a contaminated crime scene or an item of evidence.