
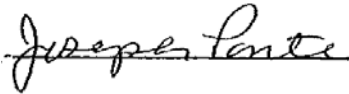


POLICY TITLE: COMMUNICABLE DISEASE AND INFECTION CONTROL, BLOODBORNE PATHOGENS AND OTHER INFECTIOUS BODY MATERIALS		PAGE 1 OF 11
POLICY NUMBER: 13.8.1		
CHAPTER 13: HEALTH CARE SERVICES		
	STATE of MAINE DEPARTMENT OF CORRECTIONS Approved by Commissioner: 	PROFESSIONAL STANDARDS: See Section VII
	EFFECTIVE DATE: August 16, 2004	LATEST REVISION: May 29, 2013

I. AUTHORITY

The Commissioner of Corrections adopts this policy pursuant to the authority contained in 34-A M.R.S.A. Section 1403.

II. APPLICABILITY

All Departmental Juvenile Facilities
 Juvenile Community Corrections (Procedure C)

III. POLICY

The Department of Corrections recognizes that exposure to bloodborne pathogens and other potentially infectious body materials is a health hazard. To limit this risk of exposure, the Department's juvenile facilities shall develop and maintain a communicable disease and infection control program for bloodborne pathogens, in compliance with the minimum requirements of this policy and its procedures and applicable laws and regulations.

All blood, blood products, and other potentially infectious body materials must be presumed to be infectious until proven otherwise. All staff, residents and volunteers shall be instructed to follow the minimum practices established in the communicable disease and infection control program for bloodborne pathogens, including the principle of universal precautions.

No resident or volunteer shall be allowed to disclose another person's infectious status. No staff shall be allowed to disclose another person's infectious status, except as specifically allowed by law and Departmental policy and procedures.

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V. ATTACHMENTS

- Attachment A: [Exposure Incident Form](#)
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- Attachment C: [Immunization/Communicable Disease Record](#)

VI. PROCEDURES

Procedure A: Communicable Disease and Infection Control Program, (Bloodborne Pathogen - BBP), Staff, Residents and Volunteers

1. The Chief Administrative Officer, or designee, for each facility shall maintain the communicable disease and infection control program for bloodborne pathogens (BBP Control Plan) that meets the minimum requirements established in this policy and its procedures and applicable law. It is the responsibility of the facility's Safety Committee to ensure that practices at its facility comply with the BBP Control Plan.
2. Communicable disease and infection control programs shall comply with Departmental policies and procedures, as well as protocols established by the Department's health care services provider regarding the following:
 - a. When and where residents are to be tested/screened;
 - b. Hepatitis A and B immunization, when applicable;
 - c. Pre- and post-test counseling for HIV testing;
 - d. Prevention measures for HIV, when applicable;
 - e. Treatment protocols for Hepatitis A, B and C, and HIV;

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- f. Management protocols for the evaluation and treatment, including medical isolation, when indicated, and follow-up care for Methicillin Resistant Staphylococcus Aureus (MRSA);
 - g. Confidentiality/protected health information;
 - h. When and under what conditions residents are to be separated from the general population; and
 - i. Follow-up care, to include arrangements with appropriate health care providers for continuity of care when the resident is transferred or released, prior to the completion of any therapy.
3. Each facility BBP Control Plan shall establish a process, including the method of compliance and a schedule of implementation, for its BBP Control Plan, to include universal precautions, emphasizing engineering and work practice controls. The BBP Control Plan shall be made available to all facility staff, volunteers, and residents.
 4. The facility Safety Officer shall be responsible to review and update the BBP Control Plan annually, and whenever otherwise necessary, to reflect new or revised universal precautions, including engineering and work practice controls.
 5. Each facility BBP Control Plan shall include a procedure for the immediate reporting of a possible exposure incident and for the evaluation of the circumstances surrounding a possible exposure incident.
 - a. An "exposure incident" means a specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials. In addition to blood, body fluids containing visible blood, semen and vaginal secretions also are considered potentially infectious.
 - b. Other potentially infectious materials may include cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid. Feces, nasal secretions, saliva, sputum, sweat, tears, urine, and vomitus are not considered potentially infectious, unless they contain blood.
 - c. Any staff member involved in an exposure incident must report the incident to their supervisor, or other appropriate staff, and immediately wash the affected area with soap and water, attempt to make parenteral exposure bleed, and/or flush eyes and mucous membranes with water.

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Any staff member becoming aware of an exposure incident involving a resident, volunteer, visitor, or other person shall report the incident and encourage that person to take the above interventions.

If the possible exposure was to someone other than a staff member or resident, the staff member becoming aware of the incident shall complete an Exposure Incident Form (Attachment A) and encourage the person to contact their medical provider or otherwise seek medical attention immediately.

6. If the possible exposure was to a staff member, the staff shall be immediately referred by the Chief Administrative Officer, or designee for evaluation and possible treatment at a community health care facility (e.g., hospital emergency department) where chemoprophylaxis treatment is available. This referral shall be made regardless of any knowledge or lack thereof about the infectious status of the person.
7. If the possible exposure was to a resident:
 - a. The resident shall be immediately evaluated by facility health care staff or at a community health care facility (e.g., hospital emergency department) where chemoprophylaxis treatment is available;
 - b. If necessary, chemoprophylaxis treatment may be provided either on site or in the community, in accordance with Department policy and procedures and protocols established by the Department's health care services provider.
 - c. Documentation of the possible exposure incident and any chemoprophylaxis treatment to the resident shall be made in the resident's health care record.
8. If a resident who has attained the age of 18 and who does not have a legal guardian refuses health care evaluation or treatment, the resident shall be asked to sign a Refusal of Treatment form (see Policy 13.3, Attachment D). If the resident refuses to sign the form, the health care staff shall document on the form and in the progress notes that the resident refuses care and refuses to sign the Refusal of Treatment form. The resident may request evaluation or treatment at a later date.
9. If a resident who has not attained the age of 18 refuses health care evaluation or treatment, the refusal shall be handled as set out in Policy 13.3, Access to Health Care Services. If the resident continues to refuse and it is not an emergency, physical force shall not be used to deliver the care without

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consulting with the Department's legal representative in the Attorney General's Office.

10. If it is determined that there was an actual exposure to a staff member and that a resident was the source of the exposure, the resident shall be asked by facility health care staff to consent to an HIV test, per Policy 13.22, and a hepatitis screen and to disclose the results of the testing to the person exposed. A resident already known to be infected with a disease shall not be asked to consent to a test for that disease, but shall be asked to consent to disclose their infectious status to the person exposed.
11. If the person who was the source of the exposure refuses to consent, the matter shall be referred to the Department's legal representative for any further action necessary.
12. At no time shall a resident be involved in the handling or clean-up of blood and other potentially infectious materials.

Procedure B: Training

1. The facility Health Services Administrator (HSA) shall ensure that health care staff receive specialized training in bloodborne pathogens and that this training has been completed during orientation for new health care staff and on an annual basis for current staff. This training, at a minimum, shall include:
 - a. Discussion and explanation of this policy and procedures and information about its availability;
 - b. A description of the exposed individual's responsibilities, as they relate to the exposure incident;
 - c. Proper documentation of the route of exposure and circumstances under which the exposure occurred;
 - d. Testing of the source individual and disclosure of the results of the testing; and
 - e. Appropriate treatment and factors related to that treatment, including vaccination status.
2. The facility training department, in collaboration with the facility Health Services Administrator (HSA), shall ensure that all staff, including health care staff, are trained in bloodborne pathogens and required to use universal precautions,

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emphasizing engineering and work practice controls in his/her performance of duties dealing with handling and exposure to bloodborne pathogens and other potentially infectious materials. This initial training shall be completed prior to being assigned to work.

3. The facility's training department or Volunteer Coordinator, in collaboration with the facility Health Services Administrator (HSA), shall ensure that all volunteers are trained in bloodborne pathogens and the use of universal precautions. This training shall be completed prior to being permitted to undertake their volunteer assignment.
4. All training in bloodborne pathogens shall be provided by persons qualified to provide it by health care education or specialized training in providing bloodborne pathogen training.
5. Initial training for staff, volunteers, and residents in bloodborne pathogens shall include, at a minimum:
 - a. Discussion and explanation of this policy and procedures and information about its availability;
 - b. A general discussion of bloodborne diseases and their transmission;
 - c. The facility's specific BBP Control Plan and required documentation;
 - d. Practices in the facility and engineering controls to prevent exposure;
 - e. Availability of personal protective equipment and its use;
 - f. Explanation of the Hepatitis B vaccine and its importance;
 - g. Response to emergencies involving blood and other potentially infectious materials;
 - h. How to handle exposure incidents;
 - i. Post-evaluation and follow-up program; and
 - j. Hazard identification
6. All training provided to staff, volunteers, and residents shall be documented and kept on file. The record of training of staff shall be forwarded for inclusion in the staff's training file. The record of training of a volunteer shall be forwarded to the

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facility Volunteer Coordinator, or other designee of the Chief Administrative Officer. The record of training of a resident shall be kept in the resident's case management record. At a minimum, documentation of training shall include:

- a. Subject or topic areas;
 - b. Date training received;
 - c. Name and job classification of the trainee;
 - d. Signature of person receiving training;
 - e. Names of trainers and their qualifications; and
 - f. Results of any performance evaluation and/or testing.
7. Annual refresher training for staff shall include, at a minimum, a review of changes and advances in knowledge about bloodborne diseases and their prevention and treatment, this policy and its procedures, the facility BBP Control Plan, and universal precautions. There may also be a review, without revealing confidential information, of past exposure incidents and how they might have been avoided or handled more effectively.

Procedure C: Hepatitis B Vaccination

1. Each facility shall offer Hepatitis B vaccinations to all staff and residents for whom the facility medical provider has ordered vaccination. Procedures for providing such vaccinations shall be developed and shall include, at a minimum:
 - a. Newly-hired staff must be offered and, if they so choose, must receive the first vaccination prior to the end of training or within ten (10) working days of assignment, unless the staff has previously received the Hepatitis B series, antibody testing has revealed that he/she is immune, or the vaccine is contraindicated for medical reasons. The facility Training Officer shall follow up on the new hire vaccination program.
 - b. Current staff and residents to whom vaccination is to be made available shall be offered the Hepatitis B vaccination as soon as possible and in conjunction with the facility activation plan, unless the staff has previously received the Hepatitis B series, antibody testing has revealed that he/she is immune, or the vaccine is contraindicated for medical reasons.

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2. All vaccinations shall be provided at no cost, at a reasonable time and place, and by facility health care staff or other qualified health care professionals.
3. Pre-screening is not a prerequisite for vaccination. Training must be provided on Hepatitis B prior to the administration of the Hepatitis B Vaccine.
4. All staff who do not wish to have the Hepatitis B vaccination administered shall be required by the Chief Administrative Officer, or designee, to sign the declination portion of the Staff Hepatitis B Vaccine Record (Attachment B).
5. The record of vaccination of staff or the declination form shall be forwarded for inclusion in the staff's personnel file. The record of vaccination of a resident or the declination form shall be kept in the resident's health care record. (See Attachment B, Staff Hepatitis B Vaccine Record and Attachment C, Immunization/Communicable Disease Record).
6. Vaccinations for other bloodborne pathogens shall be made available to staff and residents when they become available to the general public, if appropriate.
7. Juvenile Community Corrections staff who have been identified as having some occupational exposure to bloodborne pathogens shall be offered Hepatitis B vaccinations as noted in a. and b. above.

Procedure D: HIV Education and Testing

1. All residents shall receive education about HIV during the initial orientation process at the reception facility. This shall include information about the disease, its signs and symptoms, its progression, its routes of transmission, prevention, testing, and treatment and how to access facility health care and counseling services related to HIV.
2. Appropriate steps shall be taken to inform residents about changes and advances in knowledge about HIV and its prevention and treatment.
3. At every resident's admission physical health assessment, the facility physician, physician assistant, or nurse practitioner shall determine whether HIV testing is indicated and, if so, shall offer it to the resident. The provider shall document that determination and the reason(s) in the resident's health care record, as well as the resident's acceptance or rejection of the offer of testing.
4. HIV testing may be ordered at any other time by the facility physician, physician assistant, or nurse practitioner upon resident request; unless the facility physician, physician assistant, or nurse practitioner determines that such testing

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is not indicated and documents that determination and the reason(s) in the resident's health care record. If determined to be indicated, the physician, physician assistant, or nurse practitioner shall write an order for the test in the resident's health care record.

5. Prior to being tested for the first time while in the custody of the Department, the resident shall be given personal face-to-face pre-test counseling by qualified health care staff which shall include, at a minimum:
 - a. The nature and reliability of the test;
 - b. The persons to whom the results of the test may be disclosed;
 - c. The purpose for which the test result may be used;
 - d. Any foreseeable risks and benefits resulting from the test; and
 - e. Information on good preventive practices and risk reduction.

A notation of the pre-test counseling shall be included in the resident's health care record.

6. Each time a resident is tested, he/she shall be required to sign the Consent to Test for HIV form (See Policy 13.22) and the form shall be filed in the resident's health care record.
7. The blood draw for the HIV test shall be conducted under circumstances that protect the confidentiality of the resident.
8. The test results shall be filed in the resident's health care record and shall only be disclosed as allowed under applicable statute and regulations, as outlined in Policy 13.22.
9. After being tested, the resident shall be notified of the test results during personal face-to-face post-test counseling by qualified health care staff and shall include, at a minimum:
 - a. The reliability and significance of the test results;
 - b. Information on good preventive practices and risk reduction; and
 - c. Referrals for health care and support services, including counseling, as needed.
10. A notation of the post-test counseling shall be included in the resident's health care record.

Procedure E: Documentation of Exposure Incident

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1. Documentation of an exposure incident, at a minimum, shall include documentation of the circumstances under which the possible exposure occurred.
2. The staff potentially exposed, or who witnesses a potential exposure, shall complete an incident report. If it was a Departmental employee who was possibly exposed, the employee shall also complete a Report of Injury form (available from Human Resources staff) prior to the end of the work shift.
3. A supervisor shall complete an Exposure Incident Form (Attachment A) and, if it was a Departmental employee who was possibly exposed, the Supervisor's Report of Staff Injury form (available from Human Resources Staff, before the end of the shift).
4. If the possible exposure was to a Departmental employee, the original forms shall be forwarded to the facility's Human Resource Officer, or designee, as soon as possible, and a copy provided to the Chief Administrative Officer, or designee.

VII. PROFESSIONAL STANDARDS

ACA:

4-JCF-4C-22 (MANDATORY) A written program addresses the management of communicable and infectious diseases in juveniles. The program includes procedures for the following:

1. Prevention, to include immunizations, when applicable
2. Surveillance (identification and monitoring)
3. Resident education and staff training
4. Treatment, to include medical isolation, when indicated
5. Follow-up care
6. Reporting requirements to applicable local, state, and federal agencies
7. Confidentiality of protected health information
8. Appropriate safeguards for residents and staff

A multidisciplinary team that includes clinical, security, and administrative representatives discuss and review, at least quarterly, communicable-disease and infection-control activities.

4-JCF-4C-24 (MANDATORY) Management of hepatitis A, B, and C in juveniles includes procedures as identified in the communicable-disease and infectious disease-control program. In addition, the program for hepatitis management shall include procedures for the following:

1. When and where juveniles are to be screened and tested
2. Hepatitis A and B immunization, when applicable

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3. Treatment protocols
4. When and under what conditions juveniles are to be separated from the general population
5. Follow-up care, including arrangements with appropriate health-care authorities for continuity of care when the juvenile is released.

4-JCF-4C-25 (MANDATORY) Management of HIV-infection in juveniles includes procedures as identified in the communicable disease and infectious disease- control program. In addition, the program for HIV-management shall include procedures for the following:

1. When and where juveniles are to be HIV tested
2. Pre- and post-test counseling
3. Employing immunization and other preventive measures, when applicable
4. Using treatment protocols
5. Ensuring confidentiality of protected health information
6. When and under what conditions juveniles are to be separated from the general population
7. Follow-up care, including arrangements with appropriate health-care authorities for continuity of care when the juvenile is released.

4-JCF-4C-26 (MANDATORY) Management of juveniles with Methicillin-resistant Staphylococcus aureus (MRSA) infection includes requirements as identified in the communicable-disease and infectious-disease control program. In addition, the program for MRSA management shall include procedures for the following:

1. Evaluating and treating infected juveniles in accordance with an approved practice guideline
2. Medical isolation, when indicated
3. Follow-up care, including arrangements with appropriate health-care authorities for continuity of care, if a juvenile is released prior to the completion of therapy.

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