

GEORGIA DEPARTMENT OF CORRECTIONS



Standard Operating Procedures

Policy Name: Exposure Control Plan: Bloodborne Pathogens

Policy Number: 507.04.74

Effective Date: 2/15/2022

Page Number: 1 of 15

Authority:
Commissioner

Originating Division:
Health Services Division
(Physical Health)

Access Listing:
Level I: All Access

I. Introduction and Summary:

Engineering, Work Practice Controls and Personal Protective Equipment will be used to eliminate or minimize employee exposure to bloodborne and airborne pathogens. Standard precautions will be used to prevent contact with blood or Other Potentially Infectious Materials (OPIM). This policy is applicable to all facilities that house state offenders to include Private and County Prisons.

II. Authority:

- A. Georgia Department of Corrections (GDC) Standard Operating Procedures (SOPS): 208.01 Management of Offenders Diagnosed Positive for the HIV Antibody, 507.03.14 Training for Health Care and Correctional Personnel Regarding Communicable Diseases, 507.04.54 Management of Offenders with Suspected or Active Tuberculosis, 507.04.70 Infection Control Program, 507.04.75 Hepatitis B Vaccination and HBV/HIV Post Exposure Evaluation and Follow-Up, and 507.05.10 Infection Control Precautions;
- B. Occupational Exposure to Bloodborne Pathogens; Needlestick and Other Sharps Injuries; Final Rule; Federal Register #66:5317-5325; United States Department of Labor, Occupational Safety and Health Administration, January 18, 2001;
- C. O.S.H.A. Compliance Directive: CPL 02-02-069, Enforcement Procedures for Occupational Exposure to Bloodborne Pathogens, November 27, 2001;
- D. Testing and Clinical Management of Health Care Personnel Potentially Exposed to Hepatitis C Virus – CDC Guidance, United States,
- E. NCCHC 2018 Adult Standard: P-B-02; and
- F. ACA Standards: 5-ACI-6A-12, 5-ACI-6A-13, and 5-ACI-6A-17.

III. Definitions:

- A. **Bloodborne Pathogens** - Disease causing organisms that are present in human blood and can cause disease in humans. These pathogens include, but are not

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limited to, Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), Human Immunodeficiency Virus (HIV), and Syphilis.

- B. **Contaminated** - The presence or the reasonably anticipated presence of blood or Other Potentially Infectious Materials on an item or surface.
- C. **Occupational Exposure** - Reasonably anticipated skin, eyes, mucous membrane or parenteral contact with blood or Other Potentially Infectious Materials (OPIM) that may result from the performance of the employees' duties.
- D. **Decontamination** - The use of physical or chemical means to remove, inactivate, or destroy Bloodborne Pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.
- E. **Engineering Controls** - Controls that isolate or remove the Bloodborne Pathogens hazard from the workplace. (E.g., sharps disposal containers, self-sheathing needles.)
- F. **Other Potentially Infectious Materials (OPIM)** - The following human body fluids: (1) semen, vaginal secretions, cerebrospinal, synovial, pleural, pericardial, peritoneal and amniotic fluid, saliva in dental procedures, any body fluid that is visibly Contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead), and (3) HIV-cell or tissue-containing culture or medium or other solutions.
- G. **Personal Protective Equipment** - Specialized clothing or equipment worn by an employee for protection against a hazard (latex gloves, eyewear). General work clothes (e.g., uniforms, pants, shirts, or blouses) not intended to function as protections against a hazard are not considered to be Personal Protective Equipment.

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- H. **Regulated Waste** - Liquid or semi-liquid blood or Other Potentially Infectious Materials, Contaminated items that would release blood or other potentially infectious material in a liquid or semi-liquid state if compressed, items that are caked with dried blood or Other Potentially Infectious Materials and are capable of releasing these materials during handling, Contaminated sharps, and pathological wastes containing blood or Other Potentially Infectious Materials.
- I. **Standard Precautions** - An approach designed to reduce the risk of transmission of pathogens from both recognized and unrecognized sources of infection. All blood, body fluids, secretions, excretions (except sweat) whether or not they contain visible blood, non-intact skin, and mucous membranes are treated as infectious.
- J. **Work Practice Controls** - Performance of a task in a way that reduces the likelihood of exposure by altering the *manner* in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

IV. Statement of Policy and Applicable Procedures:

A. Occupational Exposure to Bloodborne Pathogens Determination:

1. All the employees in the job classifications that perform direct care have a reasonably anticipated risk of Occupational Exposure to Bloodborne Pathogens.
2. Employees/offenders in the following job classifications have a reasonably anticipated risk of Occupational Exposure to Bloodborne Pathogens due to the performance of certain tasks:
 - a. Firefighters (including offenders who perform firefighting duties).
 - b. Maintenance Personnel.
 - c. Any employee whose job description requires them to be a first responder and who is trained in CPR or First Aid; and

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d. Offender workers assigned to Health Services or certain maintenance jobs.

B. Standard Precautions to Prevent Transmission of Bloodborne Pathogens:

1. Standard precautions, using appropriate Personal Protective Equipment (PPE), will be used by all personnel performing tasks posing a risk of exposure to blood or Other Potentially Infectious Materials. This equipment includes:
 - a. Gloves (latex and utility).
 - b. Face and eye protection e.g., goggles, glasses, face shield, masks, etc.
 - c. Protective body clothing e.g., aprons, barrier gowns, etc.
 - d. Ventilation devices such as CPR pocket masks; and
 - e. Hair and shoe covers when a large amount of blood or OPIM, splashing, splattering may reasonably be anticipated. E.g., operating rooms, etc.
2. Selection of PPE is based upon the specific exposure conditions that may exist and the anticipated level of risk.
 - a. Gloves will be used for: touching blood and all body fluids, mucous membranes or non-intact skin, handling items or surfaces soiled with blood or body fluids, and performing finger sticks for blood sugar testing, venipuncture, and vascular access procedures.
 - b. Disposable (single use) gloves such as surgical or examination gloves will not be washed or decontaminated for reuse. Hands will be washed immediately after removing gloves.
 - c. Gloves must be intact. Torn or punctured gloves will be replaced as soon as possible.

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- d. Hypoallergenic gloves or cotton glove liners will be provided for employees who are allergic to latex or vinyl.
 - e. Utility gloves (e.g., rubber household gloves) may be decontaminated if the integrity of the glove is not compromised. They must be discarded if they are peeling, cracked, torn, punctured, or show signs of deterioration.
 - f. Heavy protective gloves (thick leather) may be worn when working with violent or potentially violent offenders. Long-sleeved shirts or jackets may be appropriate to avoid being bitten or scratched.
 - g. Masks or protective eyewear with solid (not perforated) side shields or face shields will be worn during procedures that are likely to generate aerosols or droplets of blood or OPIM to prevent exposure of mucous membranes of the mouth, nose, and eyes.
 - h. Protective body clothing such as gowns and aprons will be used based on the potential for exposure of the employee's clothing or skin to contamination.
 - i. Surgical caps or hoods and shoe covers, or boots will be worn in instances when gross contamination can reasonably be anticipated (e.g., surgery, crime scene, etc.).
3. Cleaning, Laundering and Disposal of Personal Protective Equipment (PPE).
- a. Cleaning, laundering and disposal of PPE will be performed at no cost to the employee.
 - b. If blood or Other Potentially Infectious Materials penetrate the garment, it should be removed as soon as possible and placed in plastic bags that are impervious, tear-resistant, and distinctive in color or markings.

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- c. PPE will be removed by the employee and placed in a designated area or container for storage, laundering or disposal before leaving the work area.
- d. At no time will an employee take PPE home to be laundered or cleaned.
- e. If an employee's personal clothing becomes Contaminated, it will be handled as referenced in section (b) above. Fresh clothing will be given to the employee. No employee will take Contaminated clothing out of the facility unless necessary for the emergent care of an offender, the emergent care of the employee or another employee, or for evidence collection purposes by the Office of Professional Standards or another law enforcement agency.

C. Engineering and Work Practice Controls:

- 1. Engineering and Work Practice Controls will be used to eliminate or reduce exposures to Bloodborne Pathogens. There will be an annual review and evaluation of available technology by a centralized, statewide committee.
- 2. The facility will have a written exposure control plan that will be approved by the responsible physician and henceforth reviewed and updated on an annual basis.
- 3. Hand Washing:
 - a. Hand washing facilities will be readily accessible to employees in areas where patients are examined. Employees will wash their hands immediately or as soon as feasible after removal of gloves or other protective equipment. Refer to the hand washing procedure in Section 1 of the Infection Control Manual.
 - b. When provision of hand washing facilities is not feasible, appropriate antiseptic hand cleanser in conjunction with a clean cloth, paper towels or antiseptic towelettes will be provided. When antiseptic hand cleansers or

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towelettes are used, hands will be washed with soap and running water as soon as feasible.

- c. The Responsible Health Authority at each facility will ensure that employees wash hands and any other skin with water and soap or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or Other Potentially Infectious Materials.

4. Sharps Control:

- a. Contaminated needles and other Contaminated sharps will not be bent, recapped, or removed by health care personnel or offenders performing self-injections i.e., insulin. Shearing or breaking of Contaminated needles is prohibited.

Retractable safety needles will be used, and the offender should place the used syringe in an approved sharps container for disposal. It should not be given to a health care worker or correctional officer.

- b. Contaminated needles and other Contaminated sharps will not be recapped or removed unless no other alternative is feasible, or such action is required by a medical/dental procedure. In such cases, recapping or needle removal must be accomplished using a mechanical device or a one-handed technique.
- c. Immediately or as soon as possible after use, contaminated reusable sharps will be placed in closable, puncture resistant containers until properly processed.
- d. Reusable sharps, which are Contaminated, will not be stored, or processed in a manner that requires employees to reach by hand into the storage containers.

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e. Sharps containers:

- i. Will be easily accessible to personnel in health service areas and located as close as is feasible to the immediate area where sharps are used or can reasonably be anticipated to be used; or an approved portable device may be used if necessary.
- ii. Will be closable, leak-proof on sides and bottoms and puncture resistant.
- iii. Should be visible to employees who use them. Employees should be able to see the degree of fullness, a warning label or color-coding.
- iv. Closure mechanism should be resistant to manual opening. There should not be any opening that would allow access to the contents manually or by using a tool or if tipped during removal, allow the contents to fall out of the container.
- v. Should be of sufficient size and quantity to accommodate the work situation.
- vi. Should not be accessible to unsupervised offenders.

- f. Reusable containers will not be opened, emptied, or cleaned manually or in any manner that would expose employees to injury.
- g. Portable sharps containers must be used when injections are given outside the health service area.

5. Handling of Specimens:

- a. Specimens of blood or Other Potentially Infectious Materials will be placed in a container that prevents leakage during collection, handling, processing, transporting, or shipping.

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- b. The container will be labeled or color-coded and closed prior to storage, transportation, or shipping.
 - c. If Standard Precautions are employed for all specimens, labeling or color-coding is not required while at the facility if the container is recognizable as containing specimens. Once the container leaves the facility, it must be color-coded or labeled.
 - d. If the outside of the container is Contaminated or if the container is punctured, it must be placed in a second container similarly labeled or color-coded.
 - e. Mouth pipetting/suctioning of blood or Other Potentially Infectious Materials is prohibited.
6. Equipment and Equipment Repairs:
- a. Medical, dental, and laboratory equipment and instruments will be appropriately cleaned, decontaminated, and sterilized per applicable recommendations and/or regulations.
 - b. Equipment, which may be Contaminated and requires repairs or servicing, will be decontaminated to the extent feasible prior to servicing or shipment of the equipment (e.g., Defibrillator).
 - c. If portions of the equipment cannot be decontaminated, the equipment will be clearly labeled and information regarding possible contamination will be conveyed to employees or representatives servicing or repairing the equipment.
7. Equipment Maintenance:
- a. An environmental inspection of health services areas will be conducted monthly to verify that:

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- i. Equipment is inspected and maintained,
 - ii. The unit is clean and sanitary,
 - iii. Measures are taken to ensure the unit is occupationally and environmentally safe.
8. Communication of Hazards to Employees in Correctional Facilities:
- a. Warning labels will be affixed to containers of Regulated Waste, refrigerators and freezers containing blood or other potentially infectious material and other containers used to store, transport or ship blood or Other Potentially Infectious Materials.
 - b. The biohazard label will be used as the appropriate label to identify containers of blood or other potentially infectious waste (See Infection Control Manual, Section 1).
 - c. The labels will be fluorescent orange or orange/red with lettering or symbols in a contrasting color.
 - d. Labels will be affixed to the container by a method that prevents their loss or unintentional removal.
 - e. Red bags or red containers may be substituted for labels.
 - f. Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from labeling requirements.
 - g. Individual containers of blood or Other Potentially Infectious Materials that are placed in a labeled container during storage, transport, shipment, or disposal are exempted from the labeling requirement.

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- h. Contaminated equipment will be properly labeled and sterilized or disinfected.

D. Housekeeping:

1. The Responsible Health Authority at each facility will ensure that work areas are maintained in a clean and sanitary condition. A written schedule for cleaning and a method for appropriate Decontamination will be developed for each area where health care delivery is performed. Facility Cleaning Schedule, Form P-54-0001-04, or other approved form.
2. All equipment, environmental and working surfaces will be cleaned and decontaminated using an EPA-approved germicide or a 1:10 (10%) solution of household bleach (100 ml bleach and 900 ml water to make 1 liter/quart 10% bleach solution) after contact with blood or Other Potentially Infectious Materials. Other germicides are found in the EPA Lists A, B, C, D located in Section 13 of the Infection Control Manual.
3. Work surfaces that are Contaminated will be decontaminated with an appropriate disinfectant immediately after completion of procedures or as soon as feasible after surfaces are overtly Contaminated, or after any spill of blood or Other Potentially Infectious Materials, and at the end of the work shift if the surface may have become Contaminated since the last cleaning.
4. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming Contaminated with blood or Other Potentially Infectious Materials will be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
5. Protective coverings used to cover equipment and environmental surfaces shall be removed and replaced as soon as feasible when they become overtly Contaminated or at the end of the work shift if they become Contaminated during the shift.

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6. Broken glassware, which may be Contaminated, will not be picked up directly with the hands. It will be cleaned up using a mechanical means, such as a brush and dustpan, tongs, or forceps.

E. Laundry:

1. Contaminated laundry will be handled as little as possible with a minimum of agitation.
 - a. Contaminated laundry will be bagged in an impervious or tear-resistant plastic bag and placed in a container at the location where it was used and will not be sorted or rinsed in the location of use.
 - b. Contaminated laundry will be placed in red- or orange-colored bags or containers or labeled bags.
 - c. Whenever Contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry will be placed and transported in bags or containers that prevent soak-through or leakage of fluids to the exterior.
2. Employees who have contact with Contaminated laundry will wear protective gloves (e.g., rubber household gloves) and other appropriate Personal Protective Equipment.
3. If any Contaminated laundry is shipped to an outside facility for processing, the laundry will be labeled or color-coded.

F. Sharps and Other Regulated Waste Disposal:

1. Contaminated sharps will be discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leak proof on sides and bottom, and labeled or color-coded.

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2. During use, containers for Contaminated sharps will be:
 - a. Easily accessible to personnel and located as close as is feasible to the immediate work area or where sharps are used or can reasonably be anticipated to be found;
 - b. Maintained upright throughout use; and
 - c. Replaced when 2/3 full or at the “full” mark if indicated on the container.
3. When moving containers of Contaminated sharps from the area of use, the containers will be:
 - a. Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping; and
 - b. Placed in a secondary container if leakage is possible.
4. The second container will be:
 - a. Closable;
 - b. Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and
 - c. Properly labeled or color-coded.
5. Reusable containers will not be opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of percutaneous (e.g., needle stick) injury.
6. Other Regulated Waste will be disposed of in accordance with housekeeping requirements listed in section D.3. and 4.

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7. Disposal of all Regulated Waste will be in accordance with the Rules of the Georgia Department of Natural Resources, Environmental Protection Division, Solid Waste Management, Chapter 391-3-4.15, and federal regulations.

G. Additional Precautions:

1. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of Occupational Exposure (e.g., clinical areas and laboratories).
2. Food and drink will not be kept in refrigerators, freezers, shelves, and cabinets or on countertops or bench tops where blood or Other Potentially Infectious Materials are present or in-patient examination areas.
3. All procedures involving blood or Other Potentially Infectious Materials will be performed in such a manner as to minimize splashing, spraying, spattering, or generation of droplets of these substances.

H. Training:

1. Employees will be educated on Bloodborne Pathogens, exposure control plans, Engineering Controls, Work Practice Controls and Personal Protective Equipment prior to assignment and annually.

Note: See SOP 507.03.06 Offender Workers for training requirements.

2. Training records will contain the date and topic, the instructor and his/her qualifications, the names of all attendees and a summary of the information taught. Qualifications will be kept on file in the instructor's personnel file or within approved e-learning system. Training records will be kept three years and maintained by the facility-training officer and/or the infection control coordinator.
3. Training records are not confidential.

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V. **Attachments:** None.

VI. **Record Retention of Forms Relevant to this Policy:** None.