

GEORGIA DEPARTMENT OF CORRECTIONS



Standard Operating Procedures

Policy Name: Exposure Control Plan: Hepatitis B Vaccinations, Post-Exposure Evaluation, and Follow-Up		
Policy Number: 507.04.75	Effective Date: 2/22/2022	Page Number: 1 of 11
Authority: Commissioner	Originating Division: Health Services Division (Physical Health)	Access Listing: Level I: All Access

I. Introduction and Summary:

HIV/HBV/HCV post-exposure evaluation and follow-up and Hepatitis B vaccine will be offered to Georgia Department of Corrections (GDC) and contractor/vendor employees in accordance with Occupational Health and Safety Administration (OSHA) Rules and State Law. Post-exposure management of HIV and HCV will follow Centers for Disease Control and Prevention recommendations. This policy is applicable to all facilities that house GDC offenders to include private and county prisons.

II. Authority:

- A. O.C.G.A. §§ 31-35-3, 31-22-9.2, and 42-1-6;
- B. GDC Standard Operating Procedures (SOPs): 507.03.06 Offender Workers, 507.03.07 Treatment of Employees by Healthcare Personnel, 507.03.14 Training for Health Care and Correctional Personnel Regarding Communicable Diseases, and 507.04.74 Exposure Control Plan: Bloodborne Pathogens;
- C. 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;
- D. O.S.H.A. Compliance Directive: CPL 02-02-069, Enforcement Procedures for Occupational Exposures to Bloodborne Pathogens, November 27, 2001;
- E. MMWR: Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Post-exposure Prophylaxis, 9/25/13 Update (May 23, 2018);
- F. Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Sexually Transmitted Diseases Policy, Georgia Department of Human Resources, Division of Public Health;
- G. NCCHC 2018 Standards P-B-02; and

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H. ACA Standards: 5-ACI-6A-15, 5-ACI-6B-06, 4-ALDF-4C-16, 4-ALDF-4C-17, and 4-ALDF-4D-07.

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 limited to, Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV), Hepatitis C Virus (HCV), and Syphilis.
- B. **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 employees' duties.
- C. **Exposure Incident** - A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral (e.g., needlestick) contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
- D. **Personal Protective Equipment** - Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, or blouses) are not intended to function as a protection.

IV. Statement of Policy and Applicable Procedures:

- A. Exposure Determination and Eligibility for Hepatitis B Vaccine.
 - 1. The Hepatitis B vaccination series will be made available to all employees who have Occupational Exposure potential and all employees who have had an Exposure Incident.
 - 2. All the employees in the job classifications that perform direct care have a reasonably anticipated risk of Occupational Exposure to Bloodborne Pathogens.

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3. Employees and/or 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
 - d. Offender workers assigned to Health Services or certain maintenance jobs.
4. Hepatitis B vaccine will be given after an eligible employee has received training and within ten (10) working days of initial assignment unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.
5. Prescreening for Hepatitis B antibodies is not required to receive the vaccine.
6. Hepatitis B vaccine will be made available to eligible employees at no cost to the employee during normal working hours.

B. Scheduling Hepatitis B Vaccination.

1. Employees working in state and county prisons, probation detention, and transitional centers where offender health care is provided will receive training and vaccination at their respective facilities, during Basic Correctional Officer Training, or as directed by facility administrators.
2. Employees at private prisons will receive training and vaccination at their respective prisons.

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3. The Responsible Health Authority at each facility will establish a vaccination schedule that will be made available to supervisors of eligible employees (Wardens, Superintendents, Regional Directors, Contractors/Vendors, etc.).
4. The Hepatitis B series will be offered and initiated at BCOT, and the GDC personnel office will monitor and track the series schedule.

C. Ordering and Administering Hepatitis B Vaccine.

1. All Hepatitis B vaccine will be ordered from the contract vendor pharmacy.
2. At the time of administration, employees who accept Hepatitis B vaccine will provide documentation of appropriate training and sign a Georgia Department of Corrections Hepatitis B Vaccine Record Consent Form (See Infection Control Manual, Section 11, and Health Record Manual, Health Service (Form P-54-0007-06)) or other approved form.
3. Eligible employees who decline vaccination will sign a GDC Hepatitis B Vaccine Record Refusal Form (See Infection Control Manual, Section 11, and Health Record Manual, Health Service Form (P-54-0007-06)) or other approved form. These employees may choose to accept vaccination at a later date.
4. Vaccines will be administered according to the Department of Public Health (DPH) and the Centers for Disease Control and Prevention (CDC) guidelines. A written vaccination schedule will be provided to the employee at the time of initial vaccination, and it will be the employee's responsibility to keep appointments. If an employee terminates, it will be the employee's responsibility for continuing the vaccination series.
5. If a routine booster(s) of Hepatitis B vaccine is recommended by the Department of Public Health (DPH) at a future date, booster doses will be made available by the department.

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D. Record Keeping.

1. Records of vaccination will be kept in the employees' health record at the facility and maintained through the GDC personnel office. The GDC personnel office will provide the medical section with an employee roster for Hepatitis B vaccines. The Hepatitis B Vaccination Log (Form P-54-0007-08) or other approved form will list complete information for employees who have finished the vaccination series and will be maintained in the vaccination record book. The information from the Hepatitis B Vaccine Record (Form P-54-0007-06) will be transferred to this log upon series completion. The individual vaccine record (Form P-54-0007-06) will then be placed in the employee's health record.
2. If an employee is reassigned to a new facility, their health record will be transferred to the facility personnel office at the new facility.
3. Health records of terminated GDC employees will be sent to the following address for placement in their medical file:

Georgia Department of Corrections
File Room
P.O. Box 1529
Forsyth, GA 31029

E. Post-exposure Evaluation and Follow-up for GDC Employees.

1. Following an Exposure Incident, the employee will report the incident to a supervisor immediately, and report to the medical section for the provision of first aid. An Employee Incident Notice (104.22, Attachment 1) and Georgia State Board of Workers' Compensation form (WC-1 Form) is to be completed as soon as feasible through the GDC personnel office. The employee will be referred to the GDC personnel office for information regarding post-exposure prophylaxis recommendations, if any, and immediately referred to a Workers' Compensation Panel physician or emergency room for confidential medical

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evaluation and treatment. Contractor/Vendor employees will follow the contractor/vendor's Workers Compensation requirements.

2. Information concerning all Exposure Incidents will be noted on the Sharps Injury Report (Form P54-0007-10) or other approved form for each employee exposed, including but not limited to:
 - a. Date and time of the Exposure Incident;
 - b. Type and brand of sharp involved in the Exposure Incident;
 - c. Description of the Exposure Incident which will include:
 - i. Job classification of the exposed employee;
 - ii. Department or work area where the exposure occurred;
 - iii. Procedure being performed at the time of exposure;
 - iv. How the Exposure Incident occurred;
 - v. The body part involved in the incident;
 - vi. If the sharp had engineered sharps injury protection:
 - 1) Whether the protective mechanism was activated; and
 - 2) Whether the injury occurred before the mechanism was activated, during activation of the mechanism, or after activation of the mechanism, if applicable.
 - vii. If the sharps did not have an engineered protective mechanism, the injured employee's opinion whether such a mechanism could have prevented the injury and his/her basis for the opinion; and

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- viii. The employee's opinion about whether any other engineering, administrative, or work practice control could have prevented the injury and his/her basis for the opinion.
- d. The completed reports will be maintained in a file or binder and will be used for annual evaluation of engineering and work practice controls.
- 3. The following information will be documented on the GDC Post-Exposure to Blood and/OPIM and Evaluation/Follow-up-Exposure Report and Information for the Employee forms (Infection Control Manual, Section 1, Forms P-54-0007-01 and P-54-0007-02) and forwarded to the evaluating health care professional by the Responsible Health Authority:
 - a. A description of the exposed person's duties as they relate to the Exposure Incident;
 - b. Documentation of the route(s) of exposure(s) and circumstances under which the exposure occurred (including information regarding use of Personal Protective Equipment or improper disposal of needles, etc.);
 - c. The identity and results of the source individual's blood testing, if available;
 - d. All medical records relevant to the appropriate treatment of the employee including vaccination status;
 - e. A copy of the OSHA standard regarding Bloodborne Pathogens; and
 - f. USPHS/CDC recommendations regarding post-exposure prophylaxis (See Clinical Update 98.05 and the Infection Control Manual).
- 4. If medical personnel are not on duty at the time of the Exposure Incident, the GDC supervisor should be contacted and the GDC employee sent to the

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emergency room. The above information (IV.E.2.a.-d.) will be collected by the Worker's Compensation Panel Provider or Emergency Room Physician.

5. Within 15 days of completion of the evaluation, the health care provider will obtain from the evaluating health care professional, a GDC Post Exposure to Blood and/or Body Fluids Evaluation and Follow-up Health Care Provider Written Opinion which includes, and is limited to, the following information (See Infection Control Manual, Section 1, and Health Records Manual, Form P-54-0007-03):
 - a. The health care professional's written opinion regarding the need for Hepatitis B vaccination and whether or not the employee has received or completed the vaccination series.
 - b. The health care professional's written opinion regarding post exposure prophylaxis for HIV and Hepatitis B.
 - c. The health care professional's written opinion regarding post exposure follow-up for the Hepatitis C virus (See Clinical Update 99.04 and MMWR, Pg. 24).
 - d. The post-exposure evaluation has been completed, and the employee has been informed and counseled regarding any medical conditions resulting from exposure to blood or other potentially infectious materials that require further evaluation and treatment.
6. All other findings or diagnoses will remain confidential and will not be included in the written report.
7. Employees who refuse evaluation and follow-up after Occupational Exposure and after counseling regarding the potential consequences of refusal will be asked to sign a GDC Post Exposure to Blood and/or Body Fluids Employee Refusal of Post Exposure Follow-up form (Infection Control Manual and Health Records Manual, Form P-54-0007-05).

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8. The reports will be placed in the employee's confidential health record with GDC personnel, and a copy of the reports will be provided to the employee.
- F. Post-Exposure Evaluation and Follow-Up for Contract Vendor Employees: Contract Vendor employees will follow their respective post-exposure evaluation, investigation, treatment, reporting, and tracking policies.
- G. Collection and Testing of the Source Person's Blood for HBV, HCV, and HIV Serological Status.
1. If, at the time of the Exposure Incident, the HBV, HCV, and HIV serological status of the source person is unknown, the source person's blood will be tested as soon as feasible after consent is obtained.
 2. If the source person refuses to be tested and the nature of the Exposure Incident presents a possible threat of transmission to the person contacted, then all reasonable steps to determine the status of the source person may be taken, including testing of the source person's blood without consent if blood is already available.
 3. Due to the risk of additional Occupational Exposure to correctional employees, if a blood sample is not available for testing and the source person refuses to be tested, it is not recommended that blood be collected by force. In such cases, the evaluation should proceed with the source person's status as unknown.
 4. In the rare instance where the source person's status is necessary and the source person refuses to provide a blood sample, GDC Legal Services should be contacted to determine if a court order will be sought to obtain a blood sample.
 5. If the source individual's HBV, HCV, and HIV status is known and test results are recent, testing need not be repeated.
 6. Results of the source individual's testing will be made available to the exposed employee. The information will be documented on form P-54-0007.04 found

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in the Infection Control Manual, Section 1. This form will be filed in the employees' health record.

7. Employee testing must be kept confidential.

H. Record Keeping for Occupational Exposures.

1. The facility personnel office and contract vendor personnel offices at each facility will establish and maintain accurate health records for their own employees with risk of Occupational Exposure. The record will include:
 - a. The name and social security number of the employee;
 - b. A copy of the employee's Hepatitis B vaccination status (consent/refusal/previous vaccination record) including the dates of all the Hepatitis B vaccinations and any medical records related to the employee's ability to receive vaccination as required;
 - c. A copy of the results of all examinations, medical testing, and follow-up procedures as required;
 - d. A copy of the health care professional's written opinion of any Exposure Incident as required;
 - e. The employee's completed Hepatitis B immunization form;
 - f. The GDC's post-exposure evaluation report which includes all known facts and circumstances of an Exposure Incident; and
 - g. Copy of the source test result form.
2. The GDC will ensure that employee medical records are:
 - a. Kept confidential;

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- b. Provided to the employee upon request for examination and copying and not disclosed or reported to any person within or outside the workplace except as required by OSHA regulations or state law without the employee's written consent; and
- c. Maintained for at least the duration of employment plus 30 years where required by 29 CFR 1910.1020.

I. Training:

- 1. Education on Bloodborne Pathogens, exposure control plans, and Hepatitis B vaccination will be provided to employees prior to initial assignment and annually.
- 2. Training on the use of any new safety engineered equipment will be provided before employees use the new equipment.
- 3. Training records or copies will be kept by the training officer for three (3) years.
- 4. Training records are not confidential.

V. Attachments: None.

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