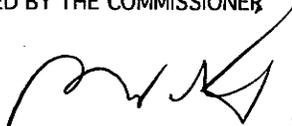




THE CITY OF NEW YORK  
DEPARTMENT OF CORRECTION



**DIRECTIVE**

<input type="checkbox"/> NEW <input type="checkbox"/> INTERIM <input checked="" type="checkbox"/> REVISED		SUBJECT	
EFFECTIVE DATE <b>04/05/00</b>		*TERMINATION DATE / /	
CLASSIFICATION <b># 3126R</b>	SUPERSEDES <b>Directive #3126</b>	DATED <b>12/15/94</b>	DISTRIBUTION <b>A</b>
RECOMMENDED FOR APPROVAL BY REVIEW BOARD MEMBER		AUTHORIZED BY THE COMMISSIONER	
 WILLIAM J. FRASER, CHIEF OF DEPARTMENT      SIGNATURE		 BERNARD B. KERIK      SIGNATURE	
PAGE 1		OF 16 PAGES	

**I. PURPOSE**

Acquired Immunodeficiency Syndrome (AIDS) and Hepatitis B Virus warrant serious concerns for workers occupationally exposed to blood and certain body fluids that contain bloodborne pathogens. The major intent of this Directive is to prevent the transmission of bloodborne diseases within the New York City Department of Correction work force as a result of occupational exposure. This plan mandates engineering controls, work practices, personal protective equipment, HBV vaccinations and training, and describes and mandates practices and procedures for housekeeping, medical evaluation, hazard communication, and record keeping.

**II. POLICY**

- A. The Department is committed to providing a safe and healthful work environment for its entire staff. In pursuit of this endeavor, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA Bloodborne Pathogen Standard, Title 29 Code of Federal Regulations (CFR) 1910.1030, as enforced by the New York State Department of Labor, Division of Public Employee Safety and Health (PESH).
- B. The ECP is an essential document to assist the Department in implementing and ensuring compliance with the standard thereby protecting employees. This ECP includes:
1. Employee exposure determination;
  2. The procedures for evaluating the circumstances surrounding an exposure incident, and

	EFFECTIVE DATE <b>04/05/00</b>	SUBJECT  <b>EXPOSURE CONTROL PLAN</b>	
	CLASSIFICATION <b># 3126R</b>		
	DISTRIBUTION <b>A</b>	PAGE <b>2</b> OF <b>16</b> PAGES	

## II. POLICY continued

3. The schedule and method for implementing the specific sections of the standard, including:
  - a. Methods of compliance;
  - b. Hepatitis B vaccination and post-exposure follow-up;
  - c. Training and communication of hazards to employees; and
  - d. Record keeping.

## III. DEFINITIONS

- A. **Blood** - Human blood, human blood components, and products from human blood.
- B. **Blood Spill Kit** - a prepackaged assortment of materials needed to clean up a blood spill, commonly consisting of absorbents, wipes, gloves, and antiseptic cleaning solutions.
- C. **Bloodborne pathogens** - Pathogenic microorganisms that are present in human blood and can infect and cause disease in humans. These pathogens include, but are not limited to, Hepatitis B virus (HBV), Hepatitis C virus (HCV), and human immunodeficiency virus (HIV).
- D. **Contaminated** - The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- E. **Contaminated Sharps** - Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, and broken glass.
- F. **Engineering controls** - controls (e.g. sharp disposal containers) that isolate or remove the bloodborne pathogen hazard from the work place.
- G. **Exposure Incident** - A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
- H. **Occupational Exposure** - Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

	EFFECTIVE DATE <b>04/05/00</b>	SUBJECT  <b>EXPOSURE CONTROL PLAN</b>	
	CLASSIFICATION <b># 3126R</b>		
	DISTRIBUTION <b>A</b>	PAGE <b>3</b> OF <b>16</b> PAGES	

### III. DEFINITIONS continued

#### I. Other Potentially Infectious Materials (OPIM):

1. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, 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;
3. HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV-containing culture medium or other solutions and blood, organs or other tissues from experimental animals infected with HIV or HBV.

J. **Parenteral** - Piercing mucous membranes or skin barrier through such events as needle sticks, human bites, cuts and abrasions.

K. **Personal Protective Equipment (PPE)** - Equipment worn as a barrier to protect an individual from direct contact with a potentially hazardous or infectious material. Examples of PPE include gloves, gowns, lab coats, shields, masks, and respirators.

#### L. Regulated Medical Waste:

1. Liquid or semi-liquid blood or other potentially infectious materials;
2. Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed;
3. Items that are caked with dried blood or other potentially infectious material and are capable of releasing these materials during handling;
4. Contaminated sharps/out dated and expired unused needles and syringes; and
5. Pathological and microbial wastes containing blood or other potentially infectious materials.

M. **Universal Precautions** - An approach to infection control, which requires that all human blood and certain body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

	EFFECTIVE DATE <b>04/05/00</b>	SUBJECT  <b>EXPOSURE CONTROL PLAN</b>	
	CLASSIFICATION <b># 3126R</b>		
	DISTRIBUTION <b>A</b>	PAGE <b>4</b> OF <b>16</b> PAGES	

#### IV. PROGRAM ADMINISTRATION

- A. The following units and groups of employees are charged with the responsibility of maintaining, implementing, updating, and ensuring compliance with provisions of this plan.
1. The Health Management Division (HMD) is responsible for overseeing the medical aspects of the plan and ensuring that all required records are maintained. In conjunction with the Environmental Health Unit (EHU) and the Office of the Chief of Administration, the Health Management Division will review the plan annually and make any necessary changes.
  2. Those employees identified in section V of this directive are required to comply with the procedures and work practices outlined in this ECP.
  3. The Environmental Health Unit (EHU) is responsible for contracting with and supervising the services of an appropriately licensed infectious and hazardous waste disposal firm, and for approving the specifications for all disinfectants, blood-spill kits, and contaminated laundry transport containers used within the Department.
  4. The Correction Academy will be responsible for training, documentation for training, and distribution of the written ECP to the civilian and uniformed staff members attending the bloodborne pathogen training class.
  5. The Supervisor of the Rikers Island Central Storehouse shall be responsible for ordering and keeping an inventory of, and establishing a direct delivery system to each facility as required, for the following:
    - a. Latex and vinyl gloves;
    - b. Abrasion and cut-resistant gloves;
    - c. Containers for the transport of contaminated laundry; and
    - d. Blood-spill kits.

#### V. EMPLOYEE EXPOSURE DETERMINATION

- A. The Department has performed, and is required to perform on an ongoing basis, an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is

	EFFECTIVE DATE <b>04/05/00</b>	SUBJECT  <b>EXPOSURE CONTROL PLAN</b>	
	CLASSIFICATION <b># 3126R</b>		
	DISTRIBUTION <b>A</b>	PAGE <b>5</b> OF <b>16</b> PAGES	

## V. EMPLOYEE EXPOSURE DETERMINATION continued

made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment). This exposure determination requires that a list of all job classifications in which substantially all employees may be expected to incur such occupational exposure regardless of frequency be maintained. The following job classifications fall in this category within the Department of Correction:

- |                        |                                 |
|------------------------|---------------------------------|
| 1. Deputy Wardens/ADWs | 6. Supervisors of Mechanics     |
| 2. Captains            | 7. Plumbers/Plumbers Assistants |
| 3. Correction Officers | 8. Nurses                       |
| 4. Clinicians          | 9. Public Health Sanitarians    |
| 5. Maintenance Workers | 10. Institutional Aides         |

- B. In addition, the Department is required to list job classifications in which some employees may have occupational exposure. Since not all employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, tasks and procedures that would cause these employees to have an occupation exposure are also required to be listed. While the Department does not believe that any job classification falls into this category, it is the policy of the Department to offer Hepatitis B vaccines and training in bloodborne pathogens to all employees wishing it, regardless of the potential for exposure.

## VI. METHODS OF IMPLEMENTATION AND CONTROL

### A. UNIVERSAL PRECAUTIONS

All employees shall use Universal Precautions. Universal Precautions is an infection control method which requires employees to assume that all human blood and other potentially infectious materials as defined in this Directive are infectious for HIV, HBV, and other bloodborne pathogens and must be treated accordingly.

### B. EXPOSURE CONTROL PLAN (ECP)

1. Employees covered by the bloodborne Pathogen Standard will receive an explanation of this ECP during initial training. At the time of the training, the employee will receive a copy of the ECP. It will also be reviewed in the annual refresher training. All employees will have an opportunity to review this plan by contacting the Deputy Warden for Administration during business hours, and at all other times, by contacting the on-duty Tour Commander. An employee may contact the Director of Environmental Health for a copy of the Bloodborne Pathogen Standard.

	EFFECTIVE DATE <b>04/05/00</b>	SUBJECT  <b>EXPOSURE CONTROL PLAN</b>	
	CLASSIFICATION <b># 3126R</b>		
	DISTRIBUTION <b>A</b>	PAGE <b>6</b> OF <b>16</b> PAGES	

## VI. METHODS OF IMPLEMENTATION AND CONTROL continued

2. The Health Management Division in conjunction with the Environmental Health Unit and the Chief of Administration will review the plan annually and update the plan to reflect any new or modified tasks and procedures which affect occupational exposure. At that time, new or modified tasks within employee positions will be reviewed and incorporated into the ECP as required.
3. A copy of the ECP, in protective binding, shall be kept on file in the Central Control Room of the facility and issued pursuant to orders from the on-duty Tour Commander. The copy must be returned to the Control Room and accounted for after employee review.

### C. ENGINEERING CONTROLS

1. Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls that will be used and where they will be used are listed below:
  - a. All employees shall wash their hands, and any other skin with soap and water, or flush mucous membranes (nose, eyes, mouth) with water immediately, or as soon as operational duties permit, following contact on such body areas with blood or potentially infectious materials.
  - b. Each facility is required to make hand-washing stations readily accessible and/or make necessary arrangements to have antiseptic towelettes readily available. If this alternative must be utilized, the facility must appropriately notify the staff of the locations at which the towelettes are available.
  - c. All blood spills shall be cleaned with the blood spill kits available in the Control Room.
  - d. The Ampel Probe, provided in each housing area, is to be used to collect used inmate razors. Under no circumstances is a staff member to have direct unprotected contact with a used inmate razor.
  - e. All staff members involved in the mass distribution and collection of inmate razors are to wear abrasion and cut-resistant gloves over either latex or vinyl disposable gloves, and are to handle the used inmate razors with the Ampel Probe one at a time.

	EFFECTIVE DATE <b>04/05/00</b>	SUBJECT  <b>EXPOSURE CONTROL PLAN</b>	
	CLASSIFICATION <b># 3126R</b>		
	DISTRIBUTION <b>A</b>	PAGE <b>7</b> OF <b>16</b> PAGES	

## VI. METHODS OF IMPLEMENTATION AND CONTROL continued

2. Disposable gloves (latex or vinyl) shall be worn when it can be reasonably anticipated that employees may have contact with blood or other potentially infectious materials and when handling or touching contaminated items or surfaces. That is, during cell searches or housing area searches where inmate personal hygiene items may be encountered, and during searches of sinks, showers and commodes. **UNDER NO CIRCUMSTANCES SHALL FOOD HANDLER GLOVES BE USED FOR THIS PURPOSE.** Boxes of latex and vinyl gloves shall be placed on the response wagon each tour. The gloves shall be made available, upon request, to any staff member that may reasonably anticipate coming into contact with blood or other potentially infectious materials. A choice of latex and vinyl is offered because some employees may be skin-sensitive to latex.
3. Disposable gloves (latex or vinyl) are single-use only, but also shall be replaced when contaminated, torn, or punctured.
4. Abrasion and cut-resistant gloves shall be worn in situations involving broken glass or sharp edges. If exposure to blood or other potentially infectious material is reasonably anticipated, disposable gloves (latex or vinyl) shall be worn under the abrasion and cut-resistant gloves.
5. Whenever an employee may be occupationally exposed while performing cardio-pulmonary resuscitation or rescue breathing, a Code Pak resuscitator shall be used.
6. Employees shall wash their hands immediately, or as soon as operational conditions permit, after removal of gloves or other personal protective equipment.
7. "Sharps" such as needles, scalpel blades, broken test tubes, and other sharp instruments represent a great risk of transmission of bloodborne pathogens such as HIV and HBV. All sharps shall be considered potentially infectious and handled with care so as to prevent injuries during cleaning and disposal procedures. Sharps containers shall be located in every area where sharps are used. See Directive #3903, Sanitation of Medical Areas for the procedures for disposing of regulated medical waste.
8. All contaminated personal protective equipment (e.g. gloves, lab coats, or disposable gowns, etc.) shall be placed in a red, regulated medical waste disposal bag in accordance with Directive #3903, Sanitation of Medical Areas.

	EFFECTIVE DATE <b>04/05/00</b>	SUBJECT  <b>EXPOSURE CONTROL PLAN</b>	
	CLASSIFICATION <b># 3126R</b>		
	DISTRIBUTION <b>A</b>	PAGE <b>8</b> OF <b>16</b> PAGES	

## VI. METHODS OF IMPLEMENTATION AND CONTROL continued

9. All personal protective equipment used at any departmental facility will be provided without cost to the employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potential infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used. Each facility must designate the party responsible for the maintenance of an adequate supply of personal protective equipment on site and maintain an accurate listing of their location and the appropriate means for obtaining supplies on all tours of duty.
10. An employee may temporarily and briefly decline to use personal protective equipment when, under rare and extraordinary circumstances, it is the employee's judgment that in the specific instance its use will prevent the delivery of health care or public safety or pose an increased hazard to the safety of the employee or others.

### D. BLOODBORNE PATHOGEN TRAINING

1. All employees (uniformed and civilian) with occupational exposure shall receive training which contains the following elements:
  - a. An explanation of Title 29 CFR 1910.1030 and an accessible copy of the text;
  - b. A general explanation of the epidemiology and symptoms of bloodborne diseases;
  - c. An explanation of the modes of transmission of bloodborne pathogens;
  - d. Methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
  - e. An explanation of the use and limitations of the methods to be used by the Department to prevent or reduce exposure;
  - f. Information of the types, proper uses, location, donning, and removing of personal protective equipment;

	EFFECTIVE DATE <b>04/05/00</b>	SUBJECT  <b>EXPOSURE CONTROL PLAN</b>	
	CLASSIFICATION <b># 3126R</b>		
	DISTRIBUTION <b>A</b>	PAGE <b>9</b> OF <b>16</b> PAGES	

## VI. METHODS OF IMPLEMENTATION AND CONTROL continued

- g. An explanation of the basis for selection of PPE;
  - h. Information on the Hepatitis B vaccine, including information on its efficacy, safety, methods of administration, benefits of vaccination, and that the vaccine is offered free of charge;
  - i. Information on the appropriate procedures and contact personnel in an emergency involving blood or other potentially infectious materials;
  - k. An explanation of the procedures for an exposure incident, including the method of reporting the incident and the required medical follow-up;
  - l. Information on post-exposure evaluation and follow-up;
  - m. An explanation of the signs and labels and/or color coding required by Title 29 CFR 1910.1030; and
  - n. An opportunity for interactive questions and answers.
2. Bloodborne Pathogen Exposure Control Training shall be provided at the time of the initial assignment to tasks where occupational exposure may occur with annual updates thereafter.
  3. Additional training shall be provided when changes such as modification of tasks or procedures, or the institution of new tasks or procedures affect employee's occupational exposure.

### E. HEPATITIS B VACCINATION

1. Hepatitis B vaccination shall be made available to all occupationally exposed employees after the employees have received the training specified in this Directive, and within ten (10) days of initial assignment, unless such employees have previously received the complete Hepatitis B vaccination series, or antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons. (According to Title 29 CFR 1910.1030, participation in the prescreening program is not a prerequisite for receiving the Hepatitis B vaccination).
2. All employees are strongly encouraged to receive the Hepatitis B vaccination series. The vaccination shall be made available to any occupationally exposed employee who initially declines the Hepatitis B vaccination, but at a later date decides to accept it.

	EFFECTIVE DATE <b>04/05/00</b>	SUBJECT  <b>EXPOSURE CONTROL PLAN</b>	
	CLASSIFICATION <b># 3126R</b>		
	DISTRIBUTION <b>A</b>	PAGE <b>10</b> OF <b>16</b> PAGES	

## VI. METHODS OF IMPLEMENTATION AND CONTROL continued

3. Employees who decline the Hepatitis B vaccination shall sign a declination statement (Appendix B). Documentation of refusal of the Hepatitis B vaccination will be kept in the employee medical record on file with the Health Management Division.
4. Hepatitis B vaccination shall be administered in accordance with the U.S. Public Health Service recommended protocol. Hepatitis B vaccination booster doses must be made available to employees if recommended by the U.S. Public Health Service.
5. The health care professional responsible for the administration of the Hepatitis B vaccination shall be provided with a copy of Title 29 CFR 1910.1030.

### F. POST EXPOSURE EVALUATION AND FOLLOW-UP

1. When an employee experiences an exposure incident (exposure to blood, contaminated sharps, or other potentially infectious material), he/she shall immediately notify his/her immediate supervisor.
2. The employee must wash his/her hands and any other exposed skin areas with soap and water or flush mucous membranes (nose and mouth) with water immediately or as soon as operation duties permit following contact of such body areas with blood or other potentially infectious materials.
3. HHC (Correctional Health Services) and/or its affiliate shall provide on-site post-exposure prophylaxis (PEP) services to correctional personnel working at the institutions. If for any reason such PEP services may be unavailable in a timely manner (within two (2) hours of exposure), the employee must be transported to the nearest city hospital (i.e. Elmhurst General, Kings County Hospital, Bellevue Hospital, Lincoln Hospital) to be medically evaluated and treated, if such treatment is medically indicated.
4. The employee shall communicate with the Infection Control Nurse at HMD about the exposure and treatment at the hospital within ninety-six (96) hours.
5. The employee shall complete workers compensation forms and submit them to the supervisor notified at the time of the injury, as in step 1 above. That supervisor shall complete the forms and forward them to the Compensation Unit at HMD, following Directive 1004, Procedures for Filing Workers Compensation Claims.

	EFFECTIVE DATE <b>04/05/00</b>	SUBJECT  <b>EXPOSURE CONTROL PLAN</b>	
	CLASSIFICATION <b># 3126R</b>		
	DISTRIBUTION A	PAGE <b>11</b> OF <b>16</b> PAGES	

## VI. METHODS OF IMPLEMENTATION AND CONTROL continued

6. In addition to the actions required in Directive 1004, Procedures for Filing Workers Compensation Claims, the notified supervisor shall immediately contact the Tour Commander of the facility. The Tour Commander shall contact the Infection Control Coordinator at HMD during normal business hours at (718) 595-2509 or via the Central Operations Desk during non-business hours. The Tour Commander, together with the employee shall document the exposure incident on the Exposure Incident Report (Appendix A). Copies of the report shall be forwarded to the Deputy Warden for Administration or the Commanding Officer and the Infection Control Unit at HMD.
7. A confidential medical evaluation and follow-up will be made by the Infection Control Unit of HMD and shall include the following:
  - a. The documented routes of exposure and how the exposure occurred;
  - b. Identify and document the source individual, unless identification is not feasible or prohibited by State or local law;
  - c. Obtain consent, if possible, to have the health care provider for the source individual test the source individual's blood to determine HIV and HBV infectivity and release results to HMD. (If infectivity is known, testing need not be repeated.)

### G. HEALTH CARE PROFESSIONALS

1. The Health Management Division will ensure that the health care professionals responsible for employee's Hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of the OSHA Bloodborne Pathogen Standard (Title 29 CFR 1910.1030) as well as be provided with:
  - a. A description of the employee's job duties relative to the exposure incident;
  - b. Route(s) of exposure;
  - c. Circumstances of exposure;
  - d. If possible, results of the source individual's blood test; and
  - e. Relevant employee medical records including vaccination status.

	EFFECTIVE DATE <b>04/05/00</b>	SUBJECT  <b>EXPOSURE CONTROL PLAN</b>	
	CLASSIFICATION <b># 3126R</b>		
	DISTRIBUTION <b>A</b>	PAGE <b>12</b> OF <b>16</b> PAGES	

## VI. METHODS OF IMPLEMENTATION AND CONTROL continued

2. The health care professional's written opinion shall be provided to the exposed employee within fifteen (15) days of the completion of the evaluation. Regarding Hepatitis B vaccinations, the written opinion shall be limited to:
  - a. Whether the employee received the Hepatitis B vaccination, or the vaccination is medically indicated.
  - b. Whether or not the employee was informed of the results of the medical evaluation and of any medical conditions which may require further evaluation and treatment.
3. All other findings resulting from the post-exposure evaluation shall remain confidential.

### H. RECORD KEEPING

1. A record for each employee with occupational exposure shall be maintained at the HMD and shall include:
  - a. The name and social security number of the employee;
  - b. A copy of the employee's Hepatitis B vaccination status and any medical records relative to the employee's ability to receive the vaccination;
  - c. A copy of the results of examinations and medical testing relevant to the occupational exposure;
  - d. A copy of the health care professional's written opinion as specified above;
  - e. A copy of the information provided to the health care professional as specified above. All employee's medical records will be kept confidential and will not be disclosed or reported without the employee's written consent as required by Title 29 CFR 1910.1030 or as may be required by law. Employee medical records shall be maintained for at least the duration of the employment plus thirty (30) years, as per OSHA/PESH standards.
2. Bloodborne Pathogen training records shall be maintained at the Correction Academy and shall include the following information:
  - a. Dates of the training sessions;

	EFFECTIVE DATE <b>04/05/00</b>	SUBJECT  <b>EXPOSURE CONTROL PLAN</b>	
	CLASSIFICATION <b># 3126R</b>		
	DISTRIBUTION A	PAGE 13 OF 16 PAGES	

## VI. METHODS OF IMPLEMENTATION AND CONTROL continued

- b. Contents of a summary of the training session;
  - c. Names and qualifications of the persons conducting the training; and
  - d. Names and job titles of all persons attending the training sessions.
3. Training records shall be maintained for three (3) years from the date on which the training occurred. Training records shall be provided upon request to the employee or the employee's authorized representative within fifteen (15) days of such request.

### I. HOUSEKEEPING

1. The Environmental Health Unit developed and implemented written schedules for cleaning and decontaminating all surfaces as indicated by the standard. The cleaning and sanitization of medical areas is found in Directive #3903, Sanitation for Medical Areas. Appropriate cleaning procedures include, but are not limited to:
  - a. Sanitize all surfaces with the appropriate disinfectant at the manufacturer's recommended concentration at the following times:
    - i. after completion of procedures;
    - ii. immediately upon overt contamination;
    - iii. after any spill of blood or other potentially infectious materials; and
    - iv. at the end of the work shift.
  - b. Inspect and decontaminate, on a regular basis, reusable receptacles such as bins, pails and cans that have a likelihood for becoming contaminated. When contamination is visible, clean and sanitize receptacles immediately, or as soon as feasible;
  - c. Always use mechanical means such as tongs, forceps, or a brush and dustpan to pick up contaminated glassware. Never pick up contaminated glass with your hands even if gloves are worn.
  - d. Discard all regulated medical waste in accordance with Directive #3903, Sanitation of Medical Areas. Under no circumstances shall regulated medical waste be placed in regular garbage receptacles.

	EFFECTIVE DATE <b>04/05/00</b>	SUBJECT  <b>EXPOSURE CONTROL PLAN</b>	
	CLASSIFICATION <b># 3126R</b>		
	DISTRIBUTION A	PAGE 14 OF 16 PAGES	

## VI. METHODS OF IMPLEMENTATION AND CONTROL continued

- e. Only disinfectants approved by the Environmental Health Division, and used at the manufacturer's recommended strength, are appropriate for cleaning blood or other potentially infectious material. Additionally, 5.25% sodium hypochlorite (household bleach) in a 10% solution (one part bleach to nine (9) parts water) may be used to clean contaminated areas.
- f. Large blood spills (i.e. resulting from stabbings/slashing) shall be cleaned using the blood spill kit provided through the Central Control Room within fifteen (15) minutes of the end of an incident, as follows:
  - i. Don the personal protective equipment (PPE) provided in the kit (gloves, mask, etc.).
  - ii. Dispense the absorbent material provided in the kit on the blood spill;
  - iii. Utilize the scraper and pan to remove the absorbent materials from the surface, and place this material in the red bag provided in the kit;
  - iv. Use the germicidal material, as directed, to sanitize the area; and
  - v. Place all personal protective equipment, absorbent material, and germicidal material inside the red bag. Seal the red bag. Transport the red bag to the clinic and dispose of the bag in the regulated medical waste container.
- g. Wet, contaminated laundry shall be placed (at the source of contamination) in a leak-proof, labeled or color coded container before transporting;
- h. Each facility is required to list cleaning and sanitizing procedures and schedules in the Institutional Orders. Additionally, the location of blood spill kits should be noted in the Orders.

### J. LAUNDRY

Laundering will be performed by the Correction Industries Division (CID) in accordance with Universal Precautions, which shall include, but not be limited to, the following procedures:

1. Contaminated laundry shall be handled with the use of appropriate personal protective equipment and with a minimum of agitation.

	EFFECTIVE DATE <b>04/05/00</b>	SUBJECT  <b>EXPOSURE CONTROL PLAN</b>	
	CLASSIFICATION <b># 3126R</b>		
	DISTRIBUTION A	PAGE <b>15</b> OF <b>16</b> PAGES	

## VI. METHODS OF IMPLEMENTATION AND CONTROL continued

2. Linen soiled with blood or body fluids should be placed and transported in labeled or color-coded leak-proof containers.
3. Machines used for laundering contaminated materials shall be distinctly marked. If hot water is used, the linen must be washed with detergent in water at least 140 - 160F for 25 minutes. If low-temperature (less than 140 degrees F.) laundry cycles are used, chemicals suitable for low temperature washing at proper concentration must be used.

### K. LABELING

The Environmental Health Unit is responsible to ensure that the regulated medical waste is handled and labeled in accordance with Directive #3903, Sanitation of Medical Areas. Sharps containers and red bags are provided by the contracted vendor who removes the regulated medical waste.

## VII. INSTITUTIONAL ORDERS

Each facility is required to immediately promulgate institutional orders based on the Exposure Control Plan. Specific procedures and schedules must be included in the institutional orders.

## VIII. POSTING

The Exposure Control Plan, along with relevant institutional orders, must be accessible to employees as well as to PESH inspectors. Each facility may determine the best location as long as all employees can access a copy at the work place during all tours of duty.

## IX. REFERENCES

- A. Directive #3125, Departmental Policy - Infectious Blood Borne Diseases, dated 12/26/89.
- B. Directive #3903, Sanitation of Medical Areas, dated 12/08/95.
- C. Operations Order #56/89, Life Design Systems (LDS) Cushion - Flex Mask and Pall Filter, dated 12/26/89.

	EFFECTIVE DATE <b>04/05/00</b>	SUBJECT  <b>EXPOSURE CONTROL PLAN</b>	
	CLASSIFICATION <b># 3126R</b>		
	DISTRIBUTION <b>A</b>	PAGE <b>16</b> OF <b>16</b> PAGES	

## IX. REFERENCES continued

- D. Teletype Order #159-0, CPR Mask, dated 01/10/89.
- E. Teletype Order #5074-0, LDS Cushion-Flex Masks, dated 09/11/89. ✓
- F. Directive #1004, Procedures for Filing Workers Compensation Claims, dated 08/15/88.

## X. ATTACHMENTS

- A. Appendix A - Exposure Incident Report
- B. Appendix B - Declination Statement

## XI. SUPERSEDES

Directive #3126, EXPOSURE CONTROL PLAN, dated 12/15/94.

APPENDIX A

EXPOSURE INCIDENT REPORT  
(Routes and Circumstances of Exposure Incident)

Please Print

DATE COMPLETED: \_\_\_\_\_

EMPLOYEE'S NAME: \_\_\_\_\_ SS#: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

DOB: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

EMPLOYEE VACCINATION STATUS: \_\_\_\_\_

DATE OF EXPOSURE: \_\_\_\_\_ TIME OF EXPOSURE: \_\_\_\_\_

LOCATION OF INCIDENT (FACILITY): \_\_\_\_\_

NATURE OF INCIDENT (NEEDLESTICK, PUNCTURE WOUND) BE SPECIFIC:

\_\_\_\_\_  
\_\_\_\_\_

DESCRIBE WHAT TASK(S) YOU WERE PERFORMING WHEN THE EXPOSURE OCCURRED (BE SPECIFIC):

\_\_\_\_\_  
\_\_\_\_\_

WERE YOU WEARING PERSONAL PROTECTIVE EQUIPMENT (PPE)? Y \_\_\_ N \_\_\_

IF YES, LIST: \_\_\_\_\_

DID THE PPE FAIL? YES \_\_\_ NO \_\_\_

IF YES, EXPLAIN HOW: \_\_\_\_\_

WHAT BODY FLUID(S) WERE YOU EXPOSED TO (BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIAL)? BE SPECIFIC:

\_\_\_\_\_  
\_\_\_\_\_

EXPOSURE INCIDENT REPORT  
(Routes and Circumstances of Exposure Incident)

WHAT PARTS OF YOUR BODY BECAME EXPOSED? BE SPECIFIC:

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ESTIMATE THE SIZE OF THE AREA OF YOUR BODY THAT WAS EXPOSED:

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FOR HOW LONG?

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DID A FOREIGN OBJECT (NEEDLE, NAIL, AUTO PART, ETC.) PENETRATE YOU  
BODY? YES \_\_\_ NO \_\_\_

IF YES, WHAT WAS THE OBJECT? \_\_\_\_\_

WHERE DID IT PENETRATE YOUR BODY? \_\_\_\_\_

WAS ANY FLUID INJECTED INTO YOUR BODY? YES \_\_\_ NO \_\_\_

IF YES, WHAT FLUID? \_\_\_\_\_ HOW MUCH? \_\_\_\_\_

DID YOU RECEIVE MEDICAL ATTENTION? YES \_\_\_ NO \_\_\_

IF YES, WHERE? \_\_\_\_\_

WHEN? \_\_\_\_\_

BY WHOM? \_\_\_\_\_

NAME OF SOURCE INDIVIDUAL: \_\_\_\_\_

OTHER PERTINENT INFORMATION: \_\_\_\_\_

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SUPERVISOR'S SIGNATURE

## APPENDIX B

### HEPATITIS B VACCINE DECLINATION (MANDATORY)

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

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Signature

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Printed Name

---

Date

FROM: CHIEF'S ORDER  
TO :  
SUBJ:

MSG#: 2012-006394  
SENT: 10/16/12 1757 HRS

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TELETYPE ORDER NO. HQ -02393-0

DATE OCTOBER 16, 2012

TO COMMANDING OFFICERS, FACILITIES AND DIVISIONS

FROM MICHAEL HOURIHANE, CHIEF OF DEPARTMENT

SUBJECT LIBERTY 670 AND 671

1. IN AN EFFORT TO KEEP POTENTIALLY HAZARDOUS MATERIALS SUCH AS THE WATER SOLUBLE PACKETS OF LIBERTY 670 AND 671 CLEANING SOLUTIONS FROM BEING USED INAPPROPRIATELY BY THE INMATE POPULATION, THE FOLLOWING PROCEDURES SHALL BE ADHERED TO WITHOUT EXCEPTION.

2. THE LIBERTY 670 AND 671 (SOAP BALLS) CONTAINERS SHALL BE SECURED AT ALL TIMES IN LOCKED JANITOR'S CLOSETS ONLY, WHEN NOT IN USE.

3. WHENEVER THE SANITATION DETAIL OR ANOTHER INMATE IS ASSIGNED TO CLEAN A PARTICULAR AREA, THE SOAP BALL WILL BE ISSUED UNDER THE SUPERVISION OF AN OFFICER, WHO SHALL ENSURE THAT WHEN EITHER PRODUCT IS USED, EACH SOAP BALL SHALL FIRST BE MIXED WITH THREE (3) GALLONS OF WATER IN THE MOP BUCKET. STAFF SHALL NEVER PROVIDE INMATES WITH A SOAP BALL UNLESS A BUCKET OF WATER CONTAINING THREE GALLONS OF WATER IS PROVIDED FOR DILUTION AT THE SAME TIME.

4. AT NO TIME IS A SOAP BALL PACKET TO BE REMOVED FROM THE JANITOR'S CLOSET OTHER THAN TO MIX AND DILUTE WITH WATER IN THE MOP BUCKET AS SPECIFIED ABOVE.

5. STAFF IS REMINDED THAT THESE CLEANING PRODUCTS ARE POTENTIALLY HARMFUL IF SWALLOWED OR OTHERWISE USED INAPPROPRIATELY.

6. COMMANDING OFFICERS OF FACILITIES AND DIVISIONS ARE TO ENSURE THAT THE CONTENTS OF THIS TELETYPE ORDER ARE READ AT TWENTY-ONE (21) CONSECUTIVE ROLL CALLS AND POSTED IN THE APPROPRIATE EMPLOYEE AREAS.

AUTHORITY:  
OFFICE OF THE CHIEF OF DEPARTMENT  
MM/CR