HEALTH SERVICES BULLETIN NO: 15.03.43

SUBJECT: MANAGEMENT OF BLOODBORNE PATHOGEN EXPOSURES

EFFECTIVE DATE: 04/22/14

I. PURPOSE:

The purpose of this health services bulletin (HSB) is to assure that all inmates who have had significant exposure to blood or other potentially infectious materials (OPIM) will be managed according to appropriate guidelines, and to provide guidelines for the prevention of exposures.

These standards and responsibilities apply to both the Department staff and Comprehensive Health Care Contractor (CHCC) staff.

II. PROCEDURES:

A. TRAINING

1. The nursing supervisor or equivalent to will train inmate workers, using Appendix A, Bloodborne Pathogens for Health Care Workers Curriculum prior to inmates being assigned to:

   a. Handle red and yellow plastic bags containing biomedical waste or contaminated linen.

   b. Clean and sanitize contaminated multi-use utility gloves, rubber boots, mops and buckets associated with the clean up of blood and other potentially infectious fluids.

   c. Any duties, which involve exposure to blood and other potentially infectious materials.

2. The health services administrator (HSA) will maintain documentation of training in the medical unit.

B. PERSONAL PROTECTIVE EQUIPMENT

1. Inmates will wear gloves when doing the following tasks:

   a. Where contact with blood or potentially infectious body fluids may occur.

b. Whenever objects are handled (e.g., bed pans, or urinals) that are visibly contaminated with blood or potentially infectious body fluids.

c. Whenever areas or equipment visibly contaminated with blood or other body fluids (e.g., blood spill) are cleaned up.

d. When handling (in-use) biomedical waste containers and filled red or yellow plastic bags utilized for biomedical waste and contaminated linen.

2. Inmates will remove gloves and put on a new pair:

a. When they are torn or punctured.

b. As soon as the activity that required them is complete.

c. Before leaving an area.

3. Inmates will:

a. Dispose of gloves into a trash container. If grossly soiled they will be disposed of into a marked biohazardous waste container.

b. Wash hands as soon as gloves are removed.

c. Wear fluid-resistant gowns or protective aprons whenever splashes or spills are anticipated such as blood spill clean up. The amount of blood and other potentially infectious materials present determines the amount of protective equipment that is necessary in any given situation. They will be available in medical units and in locations where exposures may be anticipated.

d. Remove protective equipment before leaving the work area and as soon as possible after it becomes contaminated.

e. Place used protective equipment in areas or containers designated for this purpose when being stored, washed, decontaminated, or discarded.

4. Utility gloves may be decontaminated for reuse if they are intact and will be discarded when they show signs of cracking, peeling, tearing, puncturing, or deterioration.

5. Staff will not task inmates to clean and sanitize multi-use personal protective equipment (e.g., goggles, face shields) utilized by staff.

6. Disposable latex gloves will never be washed for reuse or before disposal.

7. Refer to the Bloodborne Pathogen Exposure Control Plan for more information**.**

C. FOOD SERVICE

1. Correctional officers supervising inmate food handlers will assist with daily observations of inmates coughing, sneezing, diarrhea and/or for obvious skin lesions, cuts, sores, and other non-intact skin conditions on the visible portions of the face, neck, arms and hands. When food service personnel have specific concerns about a food handler's health, they will refer the inmate to the medical unit for evaluation.

2. Pre-assignment physical examinations of inmate food handlers will not be routinely conducted.

3. A diagnosis of chronic Hepatitis B, C or Human Immunodeficiency Virus (HIV) will not exclude an inmate from working in food service.

4. Any inmate with diarrhea, nausea, vomiting, infected wounds, sores, boils, acute respiratory infection or acute Hepatitis A will not work in food service until medically cleared.

5. A previous history of Hepatitis A will not exclude an inmate from working in food service.

D. HEPATITIS B VACCINATION

1. Inmates, who perform job functions that put them at risk of exposure to blood or OPIM, will be offered the Hepatitis B vaccination series.

2. Health services will document:

   a. Consent for vaccination on DC4-710C, *Immunization Record Card*.

   b. Refusal of vaccination on DC4-792B, *Informed Refusal* section A

3. For more detailed information on the hepatitis vaccination series and who is eligible to receive the vaccination, see HSB 15.03.30, *Immunization Requirements for Inmates*, section C.

E. BLOODBORNE PATHOGEN EXPOSURE

1. When an exposure occurs health services staff or security staff will:

   a. Instruct inmate to wash blood off skin areas with soap and water.

   b. Instruct inmate to remove clothing splashed with blood and provide clean clothing for the inmate put on.

   c. Flush exposed mucous membranes (eyes, mouth, etc.) with clean (drinkable) water. **This should be done as soon as possible – even before going to the medical unit for assessment and referral.**

2. When an injury is so severe that immediate transport is needed, health services staff will notify the receiving institution that a bloodborne pathogens exposure is part of the injury and document the circumstances of this exposure on the same forms as any other bloodborne exposure.

3. If possible, the source person will be tested for bloodborne pathogens including HBV, HCV, and HIV. Decisions for follow-up will be determined by the status of the source blood. See procedure 401.013, *Testing Inmates Post Communicable Disease Exposure* per Section 945.35 F.S.

4. HIV/AIDS Post Exposure Treatment:

   a. The chief health officer (CHO)/equivalent to, or his/her designee will:

      (1) Assess the risk of Human Immunodeficiency Virus (HIV).
      (2) Offer HIV post exposure prophylaxis (PEP) medication when occupational exposures to HIV occur as recommended by the U.S. PHS Guidelines at: http://www.jstor.org/stable/10.1086/672271.
      (3) PEP medication will consist of Isentress (Raltegravir) 400mg and Truvada (tenofovir and emtricitabine).
      (4) Start medication as soon as possible after the exposure.
      (5) If an inmate refuses medication, document refusal of the medication on DC4-792B, *Informed Refusal*.
      (6) Educate the inmate on the reasons for the medication and the side effects of the medication.
      (7) Continue medication for 28 days if clinically indicated.
      (8) Consult by phone with the inmate's obstetrician prior to starting antiviral treatment, if the inmate is pregnant.

   b. All institutions will have Isentress and Truvada on hand to be used for post exposure prophylaxis.

   c. Evaluate HIV resistance of source if known.

5. Hepatitis B Post Exposure Treatment

   a. The CHO/equivalent to, or his/her designee will:

      (1) Determine the exposed inmate's Hepatitis B vaccine status. See DC4-710A, Immunization *Record*.
      (2) Offer testing for anti-HBs (HBsAntibody-HBsAb) and ALT.

      If the exposed person is positive for HBsAb (anti-HBs), this indicates immunity and no further tests are needed.

         (i) If the result is HBsAb negative (anti-HBs), retest for HBsAg and HBsAb (anti-HBs) in four to six months.

(3) Provide medical evaluation and treatment for any exposed person who is HBsAg positive or has an elevated ALT.

(4) Use the following to determine post exposure prophylaxis:

TABLE 3. Recommended postexposure prophylaxis for exposure to hepatitis B virus

Vaccination and antibody response status of exposed workers*	Treatment		
	Source HBsAg† positive	Source HBsAg† negative	Source unknown or not available for testing
Unvaccinated	HBIG§ x 1 and initiate HB vaccine series¶	Initiate HB vaccine series	Initiate HB vaccine series
Previously vaccinated			
Known responder**	No treatment	No treatment	No treatment
Known nonresponder††	HBIG x 1 and initiate revaccination or HBIG x 2§§	No treatment	If known high risk source, treat as if source were HBsAg positive
Antibody response unknown	Test exposed person for anti-HBs¶ 1. If adequate,** no treatment is necessary 2. If inadequate,†† administer HBIG x 1 and vaccine booster	No treatment	Test exposed person for anti-HBs 1. If adequate,¶ no treatment is necessary 2. If inadequate,¶ administer vaccine booster and recheck titer in 1–2 months

* Persons who have previously been infected with HBV are immune to reinfection and do not require postexposure prophylaxis.

† Hepatitis B surface antigen.

§ Hepatitis B immune globulin; dose is 0.06 mL/kg intramuscularly.

¶ Hepatitis B vaccine.

** A responder is a person with adequate levels of serum antibody to HBsAg (i.e., anti-HBs ≥10 mIU/mL).

†† A nonresponder is a person with inadequate response to vaccination (i.e., serum anti-HBs < 10 mIU/mL).

§§ The option of giving one dose of HBIG and reinitiating the vaccine series is preferred for nonresponders who have not completed a second 3-dose vaccine series. For persons who previously completed a second vaccine series but failed to respond, two doses of HBIG are preferred.

¶¶ Antibody to HBsAg.

CDC, Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post Exposure Prophylaxis, MMWR Recommendations and Reports, June 29, 2001 50(RR11); 1-4

6. Hepatitis C Post Exposure Treatment

   a. Standard Immune Globulin is not effective for post exposure prophylaxis of hepatitis C and will not be given.

   b. The CHO/equivalent to, or his/her designee will order the following on the exposed inmate:

      (1) Baseline testing for anti-HCV and ALT activity.
      (2) Anti-HCV and ALT at four to six months after the exposure.
      (3) Referral for medical evaluation and treatment for any lab results showing positive anti-HCV or elevations in ALT.

F. REPORTING OF BLOODBORNE PATHOGEN EXPOSURE

1. The institution nursing supervisor or equivalent or the infection control nurse will report a bloodborne pathogen exposure to the region infection control on DC4-799, *Inmate Bloodborne Pathogen Exposure Report Form*.

G. INSTITUTIONS WITHOUT 24-HOUR MEDICAL COVERAGE

1. When medical personnel are not present, security staff will send the exposed person to the emergency room for evaluation and start of treatment if the exposure involves one of the following:

   a. Bite

   b. Puncture or cut

   c. Blood splash to the eyes, mouth, or nose

   d. Blood splash to non-intact skin

3. Security will provide information about the incident to medical personnel at the earliest possible time after the exposure occurs.

4. Medical personnel will ensure that the appropriate security personnel know the procedure concerning follow-up for bloodborne pathogen exposures.

III. RELEVANT FORMS AND DOCUMENTS

A. Departmental Exposure Control Plan
   Appendix A *Bloodborne Pathogens for Health Care Workers Curriculum*
B. DC4-710A *Immunization Record*
C. DC4-710C *Immunization Record Card*
D. DC4-792B *Informed Refusal*
E. DC4-799 *Inmate Bloodborne Pathogen Exposure Report Form*

IV. REFERENCES:

A. Departmental Exposure Control Plan
B. Florida Department of Corrections Safety Manual
C. CDC, MMWR, June 29, 2001/50(RR-11) Updated Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post exposure Prophylaxis.
D. CDC, MMWR, January 21, 2005/549RR02; 1-20, Antiretroviral Post Exposure Prophylaxis After Sexual Injection-Drug Use, or other Non-occupational Exposure to HIV in the United States.
E. U.S. Department of Labor Occupational Safety & Health Administration, CFR 29, Bloodborne Pathogens 1910.1030 updated April 3, 2012 .

Assistant Secretary of Health Services Date:

This Health Services Bulletin Supersedes: Section VIII of TI 15.03.22 dated 4/1, and TI 15.03.43 dated 9/10/02 and HSB 08/31/09.