

MICHIGAN DEPARTMENT OF CORRECTIONS <b>POLICY DIRECTIVE</b>	EFFECTIVE DATE 07/19/2010	NUMBER 03.04.120
	SUBJECT CONTROL OF COMMUNICABLE BLOODBORNE DISEASES	
SUPERSEDES 03.04.120 (07/03/00)		AUTHORITY MCL 408.1001 et seq.; 333.5129, 333.5131, 333.5133, 791.267, 791.267b
ACA STANDARDS 4-4354, 4-4356, 4-4361, 4-4365, 4-4396, 3- ACRS-4E-12, 3-ACRS-4E-13, 3-ACRS-4E-14		PAGE 1 OF 8

**POLICY STATEMENT:**

The Department shall take reasonable steps to reduce and control the transmission of serious communicable bloodborne infections and diseases.

**RELATED POLICY:**

03.04.110 Control of Communicable Diseases

**POLICY:**

DEFINITIONS

- A. Bloodborne Pathogen - A microorganism present in human blood which can infect and cause disease in persons exposed to the blood. These pathogens include the Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and Hepatitis C Virus (HCV).
- B. Medical Practitioner - A qualified health professional who is a physician, physician assistant, or nurse practitioner.
- C. Occupational Exposure - An eye, mouth, other mucous membrane or non-intact skin contact with human blood or other potentially infectious materials, or such contact resulting from the piercing of the mucous membrane or skin barrier, that results from the performance of an employee's duties.
- D. Offenders - Prisoners, probationers in the Special Alternative Incarceration Program (SAI), and parolees in a residential reentry program facility.
- E. Qualified Health Professional - A health care professional licensed by the State of Michigan or, if licensure is not required, certified to practice within the scope of his or her training.

GENERAL INFORMATION

- F. Bloodborne infections and diseases such as HIV, HBV, and HCV are not transmitted by casual contact. such infections and diseases are transmitted only by direct inoculation from an infected individual.

UNIVERSAL PRECAUTIONS

- G. The observance of universal precautions is important in the control of all bloodborne infections and diseases, including HIV, HBV, and HCV. The objective of universal precautions is to isolate blood and other potentially infectious materials. The practice of universal precautions treats all persons as if they are infected with a communicable bloodborne pathogen and isolates their blood and other potentially infectious materials. This is necessary since it is not possible to be certain who is infected.
- H. Staff shall observe universal precautions at all times to reduce the risk of contact with blood, semen, vaginal fluid, or other potentially infectious material and to prevent injury from potentially contaminated

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sharps. Such precautions are especially important in uncontrolled or emergency situations due to the potential increased risk of such contact or injury.

#### EXPOSURE CONTROL PLAN

- I. The Administrator of the Bureau of Health Care Services (BHCS) shall ensure an Exposure Control Plan is maintained. The Plan shall identify ways to minimize or eliminate occupational exposures, as required pursuant to the Michigan Occupational Safety and Health Act (MIOSHA), being MCL 408.1001 et seq., and the MIOSHA standard for bloodborne infectious diseases, being Administrative Rule 325.70001 - 325.70018. The Plan shall specifically address the following:
  1. Necessary personal protective clothing and equipment, including content of blood spill kits, which must be available for use within the Department, to whom such items shall be made available, and under what circumstances they must be used.
  2. Identification of employees eligible to receive the HBV vaccine due to potential increased risk of sustaining an occupational exposure by virtue of their work responsibilities.
  3. Requirements to be met prior to assigning prisoners or staff to clean up blood spills, including training and vaccinations.
- J. The BHCS Administrator shall ensure that the Exposure Control Plan is reviewed at least annually and that any recommended changes are incorporated, as required. The BHCS Administrator also shall ensure that the Exposure Control Plan is made available to all facility heads and to other administrators affected by the Plan.
- K. Each facility head shall designate an Exposure Control Plan Coordinator to monitor and ensure compliance with the Exposure Control Plan. The Coordinator also shall be responsible for maintaining a site specific plan based on the model provided in the Exposure Control Plan; the site specific plan shall be reviewed at least annually and recommended changes incorporated, as required. The Coordinator shall promptly notify the facility head of any areas of non-compliance with the plans and suggest corrective action to be taken. The Coordinator also shall serve as liaison with the Infectious Disease Control Committee.

#### EDUCATIONAL PROGRAMS

- L. There shall be comprehensive communicable bloodborne infection educational programs for staff and prisoners. The programs shall be coordinated and monitored by the Infectious Disease Coordinator in BHCS in collaboration with the Department of Community Health and the Office of New Employee Training and Professional Development, Operations Support Administration, and the Operations Division, Correctional Facilities Administration (CFA). The Infectious Disease Coordinator shall work with the Department of Community Health to assure full utilization of that Department's expertise and education materials.
- M. Educational programs for staff shall include, at a minimum, a general explanation of communicable bloodborne infections and modes of transmission, practices that will reduce or eliminate occupational exposures, and procedures to follow if an occupational exposure occurs.
- N. Educational programs for prisoners shall include, at a minimum, a multi-media program for use in reception facilities and as part of each institution's orientation program. The education program shall include a general explanation of communicable bloodborne infections as well as information on modes of transmission and risk reduction. This information also shall be provided to prisoners both verbally and in writing at the time of the prisoner's annual health care screening and prior to discharge or release on parole.

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### ACTION TO BE TAKEN IN RESPONSE TO OCCUPATIONAL EXPOSURE

- O. A person who is exposed to blood or other potentially infectious materials in a manner which could transmit a communicable bloodborne pathogen should promptly cleanse the exposed areas and obtain first aid. Exposed areas other than the eye should be cleansed with soap and water or a waterless hand sanitizer; eyes should be flushed only with water (no soap) or a portable eyewash solution. Employees shall immediately report the exposure to his/her supervisor, who shall immediately refer the employee to an occupational or emergency health care clinic to ensure any necessary treatment may begin as soon as possible after the exposure. An exposed offender shall be immediately referred to an appropriate health care clinic.
- P. The Warden and Regional Medical Officer, and the Chief Medical Officer and FOA Deputy Director for FOA offenders, shall promptly review any occupational exposures to ensure appropriate corrective action is taken. They shall also promptly review and respond appropriately to reports submitted by staff in which transmission of a bloodborne infection is a staff concern. Offenders known to be engaged in high risk behavior shall be appropriately counseled and security classification and other aspects of supervision altered as appropriate.

### EMPLOYEES AND COMMUNICABLE BLOODBORNE INFECTIONS

- Q. The fact that an employee has a communicable bloodborne infection shall not itself be a consideration in appointment, promotion, or other condition of employment, except that BHCS employees with such infections whose duties involve invasive procedures may be required to take appropriate extra precautions when performing certain procedures and may be restricted from performing certain procedures.
- R. Employees who perform invasive procedures are encouraged to learn whether they have a communicable bloodborne infection. If infected, they shall periodically consult their personal physicians regarding the need for modification of their clinical practice and shall inform their supervisor if there is a risk of compromised patient care. If there is such a risk, the clinical practice shall be modified to the degree necessary to eliminate the risk.
- S. Employees shall not be excused from working with or caring for offenders with a communicable bloodborne infection or from working with such employees.

#### HIV Testing of Employees

- T. An employee may request to be tested for HIV at the Department's expense by submitting the request in writing to his/her human resource office. The employee shall not be required to provide a reason for the request. The human resource office shall refer the employee to an appropriate health care clinic for the testing.

#### HBV Vaccine for Employees

- U. The HBV vaccine, including any required booster vaccinations, shall be offered to eligible employees, as identified in the Exposure Control Plan, within ten calendar days of the employee beginning employment. This also shall apply to an employee who becomes eligible for the HBV vaccine due to a change in his/her assignment. An eligible employee who declines the vaccination but subsequently requests it shall be offered the vaccine within 30 calendar days of the request. The vaccine may be administered by a BHCS qualified health professional, a local occupational health clinic or public health department, or the employee's personal physician. The Department shall pay the cost, if any, of administering the vaccine.
- V. The appropriate Human Resource Office shall provide the Vaccine Information Statement for Hepatitis B form (DCH-0450) to each eligible employee prior to the vaccination being offered. Employees must sign the Employee Hepatitis B Vaccine Consent/Declination Form (CHJ-263) to document whether they

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have consented to or declined the vaccination. The signed form shall be retained in the employee's medical file.

#### HBV VACCINE FOR PRISONERS

- W. All newly committed prisoners and those returned to a reception facility or other CFA institution from community status shall be offered the HBV vaccine by BHCS staff, unless it is documented that the prisoner has already been vaccinated or has HBV. A prisoner who initially declines the vaccination may subsequently request it. The vaccination shall be provided only upon order of a medical practitioner. If the prisoner withdraws his/her request for the HBV vaccine, the vaccine shall not be administered.

#### TESTING AND COUNSELING OF OFFENDERS FOR COMMUNICABLE BLOODBORNE INFECTIONS

##### Testing

- X. All newly committed prisoners and those returned to a reception facility or other CFA institution from community status, who were not in secure confinement in a jail or other correctional facility, shall be tested for HIV by a BHCS qualified health professional within 14 calendar days after arrival unless the prisoner either has a prior documented positive test result or was tested within the three months preceding arrival by order of the sentencing court and the test result accompanies the prisoner. In such cases, a confirmatory test shall be offered to the prisoner, but the prisoner is not required to submit to the testing. In all other cases, a prisoner who declines testing shall be managed as set forth in PD 03.04.110 "Control of Communicable Diseases" until s/he submits to testing.
- Y. All newly committed prisoners and those returned to a reception facility or other CFA institution from community status shall be screened for HCV risk factors by a BHCS qualified health professional within 14 calendar days after arrival unless the prisoner has a prior documented positive HCV test result. Each prisoner identified with HCV risk factors shall be offered HCV testing, and tested if requested by the prisoner, during this same time period. A prisoner who refuses to be screened shall be managed as set forth in PD 03.04.110 "Control of Communicable Diseases" until s/he submits to screening.
- Z. All prisoners shall be tested for HIV, and screened for HCV risk factors, by a BHCS qualified health professional prior to release on parole or discharge unless the prisoner has a prior documented positive HIV or HCV test result, as applicable. Each prisoner identified with HCV risk factors shall be tested for HCV prior to release on parole or discharge. If a prisoner declines required screening or testing prior to release on parole, the Office of the Parole and Commutation Board shall be notified and the prisoner shall not be paroled. If the prisoner subsequently agrees to the screening or testing, the Office of the Parole and Commutation Board shall be notified and shall determine if the parole will be reinstated. If a prisoner declines required screening or testing prior to discharge, appropriate health care staff shall notify the BHCS Administrator or designee through the appropriate chain of command. The BHCS Administrator or designee shall consult with the CFA Deputy Director and the Administrator of the Office of Legal Affairs, as appropriate, for direction on how to proceed.
- AA. Offenders shall be tested for HIV, HBV, and HCV whenever determined to be medically indicated by a medical practitioner.
- BB. An offender may request to be tested for HIV but such testing shall be conducted only upon an order of a medical practitioner and shall not be ordered more than once per six-month period. The offender may withdraw his/her request at any time.
- CC. Offenders may be tested on a strictly voluntary basis for periodic anonymous surveys, as authorized by the BHCS Administrator.
- DD. Appropriate counseling shall be provided to offenders prior to HCV antibody screening and prior to HIV or HBV testing. At a minimum, this shall include information regarding treatment, transmission, and

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protective measures to be taken. Offenders also shall be given the "Important Health Information" (DCH-0675) pamphlet developed by the Department of Community Health prior to screening and testing. The Infectious Disease Coordinator shall be responsible for advising the Department of Community Health when there are changes which must be incorporated into the pamphlet to accurately reflect Department policy or procedures.

- EE. An offender shall be advised of his/her screening and test results at an individual, confidential health care visit. If the screening or test results are negative, the visit shall be conducted by a qualified health professional. If the screening or test results are positive, the visit shall be conducted by a medical practitioner. Offenders who test positive shall be provided a recommendation to seek follow-up medical attention if appropriate based on the test result.

Testing of Offender Pursuant to Employee Request

- FF. If an employee, including an individual under contract to the Department, sustains a percutaneous (i.e., effected or performed through the skin), mucous membrane, or open wound exposure to the blood or body fluids of an offender, the employee may request that the offender be tested for HIV, HBV, and/or HCV infections. To request such testing, the employee shall complete an Employee Request for HIV/HBV/HCV Testing of Potential Exposure Source form (CHJ-405) and submit it to the appropriate Warden, FOA Deputy Director, or designee within 72 hours after the exposure occurs. The employee shall not include information that would identify the offender on the form.
- GG. The Warden, FOA Deputy Director, or designee shall immediately review the request and any other relevant documentation to determine whether there is reasonable cause to believe that the exposure incident occurred as described. The Employee Request for HIV/HBV/HCV Testing of Potential Exposure Source form and the finding as to whether there is reasonable cause to believe the exposure incident occurred as described shall be immediately forwarded to the Regional Medical Officer. The basis for any finding that the incident did not occur as described shall be fully explained. Whether HIV, HBV, or HCV infection could have been transmitted as a result of the exposure incident shall not be addressed.
- HH. The Regional Medical Officer shall review the Employee Request for HIV/HBV/HCV Testing of Potential Exposure Source form immediately upon receipt and determine whether there is reasonable cause to believe that the employee sustained a percutaneous, mucous membrane, or open wound exposure. This determination shall be based on the findings by the Warden, FOA Deputy Director, or designee as to whether the exposure incident occurred and, if different than as described by the employee, how the exposure incident occurred.
- II. If the Regional Medical Officer determines that the employee sustained a percutaneous, mucous membrane, or open wound exposure to the blood or other potentially infectious body fluids of the offender, the offender shall be requested to consent to testing unless already known to be positive. An offender who consents to testing shall be tested as requested by the employee within five business days. If a probationer or parolee does not consent, the case shall be referred to the BHCS Administrator. The BHCS Administrator or designee shall contact the Administrator of the Office of Legal Affairs who shall in turn contact the Department of Attorney General if it is necessary to obtain a court order to conduct the testing. Since it is not necessary to obtain the consent of a prisoner prior to testing, a prisoner shall be tested as requested by the employee within five business days even if s/he does not consent.
- JJ. The employee or, upon the employee's request, his/her primary care physician or other health professional shall be notified of the test results, or known positive status, within two business days after the test results are obtained or the positive status becomes known by the Regional Medical Officer or the Chief Medical Officer. A Response to Employee Request for HIV/HBV/HCV Testing of Potential Exposure Source form (CHJ-415) shall be used to provide this information and to notify the employee of the confidentiality requirements set forth in state law. The form shall not include any information that would identify the prisoner who was tested.

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- KK. If the Regional Medical Officer determines that the employee did not sustain a percutaneous, mucous membrane or open wound exposure to the blood or other potentially infectious body fluids of a prisoner, the employee shall be notified of this determination and how this determination was reached within two business days of the determination. The Response to Employee Request for HIV/HBV/HCV Testing of Potential Exposure Source form shall be used to notify the employee of this information.

Counseling

- LL. An offender who tests positive for a communicable bloodborne infection shall be provided written and verbal post-test counseling, which shall include the following information:
1. The limitations of the test, the methods of transmission, available treatment, and risk reduction both while incarcerated and after release.
  2. If HIV positive, that s/he will be classified to administrative segregation if s/he is if subsequently found guilty of any of the major misconducts identified in Paragraph NN, and it is determined that behavior could have transmitted HIV.
  3. If HIV positive, that the law requires that s/he inform any future sexual partner that s/he tested positive before engaging in sexual relations.

The prisoner shall receive this counseling before medical clearance is granted to transfer the prisoner to a facility in a different BHCS region.

MANAGEMENT OF OFFENDERS WITH COMMUNICABLE BLOODBORNE INFECTIONS

- MM. Offenders with a communicable bloodborne infection are eligible for any housing, work, or school assignment or other program which their behavior and health allows, except that a prisoner shall not be assigned to work in a health service area. For example, a prisoner with a communicable bloodborne infection may work in a food service area unless s/he also has a condition which should disqualify anyone from working with food or food contact surfaces, such as cuts, sores, and dermatitis (above the torso), diarrhea, uncontrolled cough, runny nose, and poor general hygiene.

Major Misconduct Guilty Findings - HIV

- NN. Wardens shall ensure that timely reports of prisoners at their respective facilities who have been found guilty of any of the following major misconduct violations are provided to Regional Medical Officers.
1. Substance Abuse involving the use of a syringe or needle;
  2. Sexual Misconduct or Sexual Assault, or an attempt to commit either, which involves even the slightest sexual penetration;
  3. Assault and Battery, Assault Resulting in Serious Physical Injury, Fighting, or Threatening Behavior which involves serious injury or an attempt to seriously injure.
- OO. If the prisoner who received the misconduct is HIV positive, the Regional Medical Officer shall review the actual misconduct report(s) and other pertinent information to determine if the prisoner's behavior could transmit HIV. It will be presumed to be behavior which could transmit HIV if the behavior involved actual or attempted sexual penetration or the intravenous use of a needle or syringe. The date of the misconduct and the determination of whether or not HIV could have been transmitted shall be documented in the prisoner's health record.
- PP. If it is determined that the behavior could transmit HIV and the prisoner received post-test counseling required pursuant to Paragraph LL prior to engaging in the behavior, the CFA Deputy Director and the Chief Medical Officer shall be informed in writing of the incident and shall review the case to determine

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if the prisoner should be classified to administrative segregation. If the prisoner is classified to administrative segregation, s/he shall not subsequently be reclassified without prior authorization by the CFA Deputy Director after consultation with the Chief Medical Officer. Such prisoners may be placed in health care inpatient units if necessary to receive medical care, including mental health care.

- QQ. If a prisoner classified to administrative segregation pursuant to Paragraph PP is paroled or discharged while on that status, s/he shall be classified to administrative segregation status if s/he is returned to a CFA facility for any reason, including for a new conviction, unless the CFA Deputy Director authorizes other placement.

#### REPORTING/DISCLOSING INFORMATION ON COMMUNICABLE BLOODBORNE INFECTIONS

- RR. As is the case with all medical information, the results of tests for communicable bloodborne infections and information regarding any person's HIV, HBV, or HCV status, including employees and offenders, shall not be disclosed to anyone other than the person tested except as authorized by Department policy or state law. An employee who receives confidential information on an offender's HIV, HBV, or HCV status pursuant to Paragraphs FF through KK of this policy may disclose the information to others to the extent necessary to obtain medical care or prevent further transmission. Unauthorized disclosure of information on any person's HIV, HBV, or HCV status by an employee may result in discipline pursuant to PD 02.03.100 "Employee Discipline".
- SS. All new offender cases of HIV or AIDS in a CFA or FOA facility shall promptly be reported to the Regional Medical Officer. The medical service provider shall complete any forms or reports required by the Centers for Disease Control (CDC) and promptly submit them to the Michigan Department of Community Health. A copy shall be filed in the offender's health record. The BHCS Administrator shall designate staff to assist local public health officials in obtaining any information needed from the offender to facilitate required partner notification.
- TT. A victim or person with whom an offender engaged in sexual penetration or sexual contact, or who was exposed to a body fluid during the course of the crime, shall be notified of the offender's HIV, HBV, and/or HCV status as ordered by a court. Such court orders shall be sent to the BHCS Administrator.
- UU. If an offender with a communicable bloodborne infection dies and the physician who signs the death certificate has knowledge of the infection, the physician shall ensure the funeral director or his/her agent is notified before the body is released of appropriate infection control precautions to be taken.
- VV. If an offender with a communicable bloodborne infection is transferred to a correctional facility, hospital, or clinical facility not operated by the Department, the medical practitioner shall provide all relevant health care information to the receiving facility's health care staff for use in continuing health care.

#### PROCEDURES

- WW. The FOA Deputy Director shall ensure that procedures are developed as necessary to implement requirements set forth in this policy directive for FOA facilities; Wardens and the appropriate Regional Health Administrator shall ensure that joint procedures are similarly developed for CFA institutions. Procedures shall be completed within 60 calendar days after the effective date of the policy directive. This requirement includes ensuring that their existing procedures are revised or rescinded, as appropriate, if inconsistent with policy requirements or no longer needed.

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AUDIT ELEMENTS

- XX. A Primary Audit Elements List has been developed and is available on the Department's Document Access System to assist with self audit of this policy pursuant to PD 01.05.100 "Self Audit of Policies and Procedures".

APPROVED: PLC 06/28/10