

MICHIGAN DEPARTMENT OF CORRECTIONS POLICY DIRECTIVE	EFFECTIVE DATE	NUMBER
	07/08/2019	03.04.120
SUBJECT	SUPERSEDES	
CONTROL OF COMMUNICABLE BLOODBORNE DISEASES	03.04.120 (06/25/2012)	
	AUTHORITY	
	MCL 408.1001 et seq.; 333.5129, 333.5131, 333.5133, 791.267, 791.267b	
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POLICY STATEMENT:

The Michigan Department of Corrections (MDOC) 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 that can infect and cause disease in persons exposed to the blood. These pathogens include, but are not limited to, the Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and Hepatitis C Virus (HCV).
- B. Medical Provider: A qualified health professional who is a physician, physician assistant, or nurse practitioner licensed to practice in the State of Michigan.
- 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. Prisoner: For purposes of this policy, prisoner includes probationers and parolees housed in MDOC correctional facilities and the Lake County Residential Reentry Program (LCRRP).
- E. Prisoner Health Record: All information recorded in electronic form, paper form, or any other medium that pertains to a prisoner's mental and/or physical healthcare, history, diagnosis, prognosis, or condition that is maintained by the MDOC.
- F. Qualified Health Professional (QHP): A Physician, Psychiatrist, Nurse Practitioner, Physician Assistant, Psychologist, Social Worker, Licensed Professional Counselor, Dentist or Registered Nurse who is licensed and registered/certified by the State of Michigan to practice within the scope of their training.

GENERAL INFORMATION

- G. 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

- H. 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.
- I. 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 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

- J. 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), and the MIOSHA standard for bloodborne infectious diseases. The Plan shall specifically address the following:
1. Required personal protective clothing and equipment including the content of blood spill kits that 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 the 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.
- K. The Chief Medical Officer (CMO) shall ensure that the Exposure Control Plan is reviewed and documented at least annually and that any recommended changes are incorporated, as required. The CMO also shall ensure that the Exposure Control Plan is made available to all facility heads and other administrators affected by the Plan.
- L. 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

- M. 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 Michigan Department of Health and Human Services (MDHHS) and the Training Division, Budget and Operations Administration, and the Operations Division of the Correctional Facilities Administration (CFA). The Infectious Disease Coordinator shall work with the MDHHS to assure full utilization of that Department's expertise and education materials.
- N. 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.
- O. 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

- P. A person who is exposed to blood or other potentially infectious materials in a manner that 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 their 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 prisoner shall be immediately referred to an appropriate health care clinic.
- Q. The Warden, Assistant Chief Medical Officer (ACMO) or designee, and the CMO 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. Prisoners 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

- R. 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.
- S. 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.
- T. Employees shall not be excused from working with or caring for prisoners with a communicable bloodborne infection or from working with such employees.

HIV Testing of Employees

- U. An employee may request to be tested for HIV at the Department's expense by submitting the request in writing to their 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

- V. 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 or in the case of Corrections Officers, within ten days of the start of on-the-job training. This also shall apply to an employee who becomes eligible for the HBV vaccine due to a change in their 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 QHP, 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.
- W. The appropriate Human Resource Office shall provide the Vaccine Information Statement (VIS) for Hepatitis B form 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 have consented to or declined the vaccination. The signed form shall be retained in the employee's

medical file.

HBV VACCINE FOR PRISONERS

- X. 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 provider. The QHP shall provide the VIS for Hepatitis B to each prisoner prior to the vaccine being offered. If the prisoner withdraws their request for the HBV vaccine, the vaccine shall not be administered. The prisoner shall then sign a declination statement.

TESTING AND COUNSELING OF PRISONERS FOR COMMUNICABLE BLOODBORNE INFECTIONS

Testing

- Y. All newly committed prisoners and those returned from community status, who were not in secure confinement in a jail or other correctional facility, shall be tested for HIV by a QHP within 14 calendar days after arrival. This does not apply if the prisoner 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 they submit to testing.
- Z. 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 QHP 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 they submit to screening.
- AA. A QHP shall verify during parole planning that prisoners have been tested for HIV and screened/tested for HCV risk factors prior to release on parole or discharge.
- BB. Prisoners shall be tested for HIV, HBV, and HCV whenever determined to be medically indicated by a medical provider.
- CC. A prisoner may request to be tested for HIV but such testing shall be conducted only upon an order of a medical provider and shall not be ordered more than once per twelve-month period. The prisoner may withdraw their request at any time.
- DD. Prisoners may be tested on a strictly voluntary basis for periodic anonymous surveys, as authorized by the BHCS Administrator.
- EE. Appropriate counseling shall be provided to prisoners prior to HCV antibody screening and prior to HIV or HBV testing. At a minimum, this shall include information regarding treatment, transmission, and protective measures to be taken. Prisoners also shall be given the appropriate counseling pamphlet provided by the MDHHS prior to screening and testing. The Infectious Disease Coordinator shall be responsible for advising the MDHHS when there are changes that must be incorporated into the pamphlet to accurately reflect Department policy or procedures.
- FF. A prisoner shall be advised of their 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 QHP. If the screening or test results are positive, the visit shall be conducted by a medical provider. Prisoners who

test positive shall be provided a recommendation to seek follow-up medical attention if appropriate based on the test result.

Testing of Prisoners Pursuant to Employee Request

- GG. 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 a prisoner, the employee may request that the prisoner 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 Warden, or designee within 72 hours after the exposure occurs. The employee shall not include information that would identify the prisoner on the form.
- HH. The Warden 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 ACMO or designee. 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.
- II. The ACMO or designee shall review the CHJ-405 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 or designee as to whether the exposure incident occurred and, if different than as described by the employee, how the exposure incident occurred.
- JJ. If the ACMO or designee determines that the employee sustained a percutaneous, mucous membrane, or open wound exposure to the blood or other potentially infectious body fluids of the prisoner, the prisoner shall be tested unless already known to be positive. A prisoner shall be tested 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.
- KK. The employee or, upon the employee's request, their 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 ACMO, CMO or designee. 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.
- LL. If the ACMO or designee 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 CHJ-415 form shall be used to notify the employee of this information.

Counseling

- MM. A prisoner who tests positive for a communicable bloodborne infection shall be provided written and verbal post-test counseling that 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 they will be classified to administrative segregation if they are subsequently found guilty of any of the misconducts identified in Paragraph PP, and it is determined that behavior presented a significant risk of HIV transmission.
3. If HIV positive, that the law requires that they inform any future sexual partner that they tested positive before engaging in sexual relations.

NN. The prisoner shall receive this counseling before medical clearance is granted to transfer the prisoner to a facility in a different BHCS region. The counseling shall be documented in the prisoner health record. Requests for prisoners to be tested by outside authorities (jail staff housing an MDOC prisoner) shall be retained by court order.

MANAGEMENT OF PRISONERS WITH COMMUNICABLE BLOODBORNE INFECTIONS

OO. Prisoners with a communicable bloodborne infection are eligible for any housing, work, or school assignment or other program that 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 they also have a condition that 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.

Misconduct Guilty Findings - HIV

PP. Wardens shall ensure that timely reports of prisoners at their respective facilities who have been found guilty of any of the following misconduct violations are provided to the Health Unit Manager (HUM):

1. Substance Abuse involving the use of a syringe or needle;
2. Sexual Misconduct or Sexual Assault, or an attempt to commit either that involves even the slightest sexual penetration;
3. Assault and Battery, Assault Resulting in Serious Physical Injury, Fighting, or Threatening Behavior that involves serious injury or an attempt to seriously injure.

QQ. If the prisoner who received the misconduct is HIV positive, the HUM shall timely report the incident to the ACMO or designee. The ACMO and the on-site physician shall review the actual misconduct report(s) and other pertinent information, including the per-act risk of the sexual activity at issue and any other risk reduction measures such as adherence to medication to maintain a suppressed viral load, to certify whether the prisoner's behavior presented a significant risk of HIV transmission. The date of the misconduct and the determination of whether or not the behavior presented a significant risk of HIV transmission shall be documented in the prisoner's health record.

RR. If it is determined as set forth in Paragraph QQ that the behavior presented a significant risk of HIV transmission and the prisoner received post-test counseling required pursuant to Paragraph MM prior to engaging in the behavior, the CFA Deputy Director upon consultation with the CMO shall be informed in writing of the incident and shall review the case to determine if the prisoner should be classified to administrative segregation. If the prisoner is classified to administrative segregation, they shall not subsequently be reclassified without prior authorization by the CFA Deputy Director after consultation with the CMO. Such prisoners may be placed in health care inpatient units if necessary to receive medical care, including mental health care.

SS. If a prisoner classified to administrative segregation pursuant to Paragraph RR is paroled or discharged while on that status, and returns to a MDOC facility for any reason, including for a new conviction, the HUM or designee shall consult with the ACMO to determine if the prisoner presents a significant risk of HIV transmission. If it is determined that the prisoner does present a significant risk of HIV

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transmission, the HUM shall refer the prisoner to the Security Classification Committee (SCC) for appropriate placement.

REPORTING/DISCLOSING INFORMATION ON COMMUNICABLE BLOODBORNE INFECTIONS

- TT. As is the case with all medical information, the results of tests for communicable bloodborne infections and information regarding any individual's HIV, HBV, or HCV status, including employees and prisoners, shall not be disclosed to anyone other than the individual tested except as authorized by Department policy or state law. An employee who receives confidential information on a prisoner HIV, HBV, or HCV status pursuant to Paragraphs GG through LL 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."
- UU. All new prisoner cases of HIV or AIDS in an MDOC facility shall promptly be reported to the ACMO or designee. The medical provider shall complete any forms or reports required by the Centers for Disease Control and promptly submit them to the MDHHS. A copy shall be filed in the prisoner health record. The BHCS Administrator shall designate staff to assist local public health officials in obtaining any information needed from the prisoner to facilitate required partner notification.
- VV. A victim or person with whom a prisoner 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 prisoner's HIV, HBV, and/or HCV status as ordered by a court. Such court orders shall be sent to the BHCS Administrator.
- WW. If a prisoner 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 their agent is notified before the body is released of appropriate infection control precautions to be taken.
- XX. If a prisoner with a communicable bloodborne infection is transferred to a correctional facility, hospital, or clinical facility not operated by the Department, the medical provider shall provide all relevant health care information to the receiving facility's health care staff for use in continuing health care.

PROCEDURES

- YY. If necessary, to implement requirements set forth in this policy directive, Wardens and the appropriate Deputy Director shall ensure that procedures are developed.

AUDIT ELEMENTS

- ZZ. 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-Audits and Performance Audits."

APPROVED: HEW 06/03/2019