



**PROBATION AND PAROLE BUREAU
STANDARD OPERATING PROCEDURES**

Procedure No.: P&P 230-1	Subject: INFECTIOUS DISEASES AND EXPOSURE CONTROL PLAN
Reference: DOC 1.3.3; DOC 1.3.35	Page 1 of 2
Effective Date: 06/01/00	Revision Dates: 09/04/01; 06/12/06; 08/06/09; 05/01/14
Signature / Title: /s/ Ron Alsbury, Probation & Parole Bureau Chief	

I. BUREAU DIRECTIVE:

Probation & Parole Bureau employees will follow established guidelines regarding disclosure of offender health information and employee exposure to infectious diseases.

II. DEFINITIONS:

Communicable or Infectious Disease – A disease that can be transferred from one individual to another by direct or indirect contact.

Infectious Bodily Fluids – Human blood or other potentially infectious body fluids including semen, urine, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and any bodily fluid visible with contaminated blood.

Universal Precautions – All human blood or blood products and other potentially infectious bodily fluids are treated as if known to be infectious for Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and other blood-borne pathogens.

III. PROCEDURES:

All P&P Bureau employees will observe universal precautions in order to prevent contact with blood or other potentially infectious materials.

A. Disclosure of Offender Communicable Disease

Pursuant to Montana statutes regarding medical information, Probation & Parole (P&P) Officers may be unaware that an offender has a communicable disease unless informed by the offender.

An Officer may only disclose information regarding an offender’s communicable disease when authorized by the offender. To be valid, a disclosure authorization must:

1. Be in writing, dated and signed by the offender;
2. Identify the nature of the information to be disclosed; and
3. Identify the person(s) to whom the information is to be disclosed.

Without the needed authorization, disclosure of any offender communicable disease information shall be reviewed with the P&P Bureau Chief before information is released.

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B. Exposure to a Communicable Disease

An employee who believes they have been exposed to a communicable disease will notify his/her supervisor and complete the *P&P 90-2(A) Incident Report Form* prior to the end of his/her assigned shift unless precluded by reasonable circumstances. If necessary, medical care should be obtained as soon as possible.

The supervisor will be responsible for completion of the employee and supervisor sections of the Montana State Fund *First Report*, including signatures, prior to the end of the employee's assigned shift unless precluded by reasonable circumstances, and will forward the form to the Human Resources (HR) Office within eight (8) hours of completion. HR will complete the form, set up a tracking file for the supervisor, and forward the form to the Montana State Fund.

C. Hepatitis B Immunization and Vaccination Administration

The Hepatitis vaccination will be made available to P&P Bureau employees determined to be at occupational risk. Immunization is not required, but is encouraged.

P&P Officers, PO Techs and support staff will be provided a copy of *DOC 1.3.35 Attachments, Hepatitis B Vaccine Disclosure and Acceptance/Declination Statement* during the new hire orientation. Employees must indicate on the *Statement* to either receive or waive the vaccine, and the signed and dated form will be retained by the HR Bureau. An employee that initially declined receiving the vaccination may decide at a later date to accept the vaccination.

IV. CLOSING:

Questions concerning this procedure shall be directed to the Regional Administrator or P&P Bureau Chief.

V. FORMS:

P&P 90-2 (A)	Incident Report Form
DOC 1.3.35 Attachment	Hepatitis B Vaccine Disclosure
DOC 1.3.35 Attachment	Acceptance/Declination Statement
Montana State Fund	First Report