



**DEPARTMENT OF CORRECTIONS
PROBATION AND PAROLE DIVISION
OPERATIONAL PROCEDURE**

Procedure:	PPD 1.3.3500 BLOOD-BORNE PATHOGENS EXPOSURE CONTROL PLAN
Effective Date:	08/31/2020 Page 1 of 2
Revisions Date(s):	
Reference(s):	DOC 1.3.3; DOC 1.3.35; 29 CFR 1910.1030; 24.30.102 A.R.M.
Signature / Title:	/s/ Kevin Olson, Probation and Parole Division Administrator

I. PURPOSE:

Probation and Parole Division staff will follow established guidelines regarding staff exposure to blood-borne pathogens and the disclosure of offender health information.

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:

A. EXPOSURE TO COMMUNICABLE DISEASE:

1. All PPD staff will observe universal precautions in order to prevent contact with infectious bodily fluids.
2. Staff who believe they have been exposed to a communicable disease will notify his/her supervisor and complete *PPD 1.1.600(A) Incident Report Form* prior to the end of his/her assigned shift unless precluded by reasonable circumstances. In necessary, medical care should be obtained as soon as possible.
3. 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 staff's assigned shift unless precluded by reasonable circumstance. The *First Report* is forwarded to the Office of Human Resources (HR) within eight (8) hours of completion. HR will complete the form, set up tracking file for the supervisor, and forward the form to the Montana State Fund.

B. HEPATITIS B IMMUNIZATION AND VACCINATION ADMINISTRATION:

1. The Hepatitis vaccination will be made available to staff in the Probation & Parole (P&P) Bureaus determined to be at occupational risk. Immunization is not required but is encouraged.

2. Bureau staff will be provided *DOC 1.3.35 (Attachments) Hepatitis B Vaccine Disclosure and Acceptance/Declination Statement* during the new hire orientation. Staff must indicate on the Statement to either receive or waive the vaccine, and the sign end dated form will be retained by HR. Staff who initially declined receiving the vaccination may decide at a later date to receive the vaccination.

C. DISCLOSURE OF OFFENDER COMMUNICABLE DISEASE:

1. Pursuant to Montana statutes regarding medical information, P&P Officers may be unaware that an offender has a communicable disease unless informed by the offender.
2. An Officer may only disclose information regarding the offender's communicable disease when authorized by the offender. To be valid, a disclosure authorization must:
 - a. be in writing, dated, and signed by the offender;
 - b. identify the nature of the information to be disclosed; and
 - c. identify the person(s) to whom the information is to be disclosed.
3. Without the needed authorization, disclosure of any offender communicable disease information will be reviewed with the P&P Bureau Chief before information is released.

IV. CLOSING:

Questions regarding this procedure should be directed to the Deputy Chief or Probation & Parole Bureau Chief.

V. FORMS:

DOC 1.3.35 (Attachment)	Hepatitis B Vaccine Disclosure
DOC 1.3.35 (Attachment)	Acceptance/Declination Statement
PPD 1.1.600 (A)	Incident Report Form
Montana State Fund	First Report