



**STATE OF MONTANA  
DEPARTMENT OF CORRECTIONS  
POLICY DIRECTIVE**

Policy No. DOC 1.3.35	Subject: <b>BLOOD-BORNE PATHOGENS EXPOSURE CONTROL PLAN</b>
Chapter 1: ADMINISTRATION AND MANAGEMENT	Page 1 of 3 and Attachments
Section 2: Human Resources	Effective Date: April 1, 1997
Signature: /s/ Mike Batista, Director	Revised: 12/09/2014

## **I. POLICY**

The Department of Corrections complies with the blood-borne pathogens guidelines outlined in A.R.M. 24.30.102 and 29 CFR 1910.1030 to eliminate or minimize employee occupational exposure to human blood or other infectious bodily fluids.

## **II. APPLICABILITY**

All facilities, divisions, and programs Department-owned and contracted, as specified in the contract.

## **III. DEFINITIONS**

Administrator – The official, regardless of local title (division or facility administrator, bureau chief, warden, superintendent), ultimately responsible for the division, facility or program operation and management.

Facility – Refers to any Department divisions, facilities or programs that employ or contract with staff to which this policy applies.

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 body 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.

## **IV. DEPARTMENT DIRECTIVES**

### **A. Responsibility**

Department administrators are responsible for providing all necessary supplies, e.g., personal protective equipment, soap, approved disinfectant cleaner, Hepatitis B vaccinations; and, assuring facilities have an Exposure Control Plan in compliance with *A.R.M. 24.30.102*. Department supervisors will be responsible for ensuring their employees comply with the provisions of this policy.

### **B. Facility Exposure Control Plans**

1. Universal precautions will be observed by all employees in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious

materials will be considered infectious regardless of the perceived status of the source individual.

2. Exposure control plans must be developed based on the individual and unique needs of each Department facility. Plans must contain and address the following:
  - a. Staff Exposure Determination – identify employee positions which may, based on their duties, have exposure to air, blood-borne, and body fluid pathogens or other potentially infectious material. Examples of positions include:
    1. medical services, nursing and dental care
    2. direct offender supervision
    3. housekeeping, laundry, facility maintenance and repair
    4. first aid and CPR
    5. food service and industry training
  - b. Hepatitis B Vaccine – include provision for administering vaccine, tracking and record-keeping, and post-exposure incident evaluation and follow up.
  - c. Engineering and Work Practice Controls – eliminate or minimize exposure to employees working at the Department of Corrections.
  - d. Housekeeping – include decontamination of employees and work areas and equipment, disposal of contaminated sharps and regulated waste, and laundry procedures.
  - e. Personal Protective Equipment – include equipment provided, employee use, and disposal/replacement.
  - f. Employee Orientation and Training – include new employees, and ongoing updates and training of current employees.

### **C. Hepatitis B Immunization**

1. The Hepatitis B vaccination will be made available, without charge, to all employees determined to be at occupational risk. Immunization of employees is not required but is encouraged, particularly for high risk occupational groups. Exceptions to receipt of the vaccination include:
  - a. the employee has previously received the complete Hepatitis B vaccination series; or
  - b. the vaccine is contraindicated for medical reasons.

### **D. Hepatitis B Vaccination Administration**

1. Each employee identified as at occupational risk will be provided a copy of the [Hepatitis B Vaccine Disclosure](#) form that provides information on Hepatitis B including the vaccine, side effects, indications for receiving the vaccine, contraindications, and other Hepatitis diseases.
2. Each employee will also be provided a Department of Corrections [Acceptance/Declination Statement](#) and must elect to either receive or waive the vaccine as indicated on the disclosure form; the signed and dated form will be retained in the employee's medical file maintained in the Office of Human Resources.
3. Employees who elect to receive the vaccination will obtain the three part vaccination series as provided in the facility exposure control plan. Employees are responsible for

**Subject: BLOOD-BORNE PATHOGENS EXPOSURE CONTROL PLAN**

assuring they complete the vaccinations series, following the schedule provided at the initial inoculation.

4. If an employee initially declines the Hepatitis B vaccination, but at a later date decides to accept the vaccination, the vaccination will then be made available.
5. If a routine booster dose of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster doses will be made available at no cost to the employee.
6. The Hepatitis B vaccine will be offered to all Department employees who, during the course of their employment and regular job duties, may come into contact with human blood or potentially infectious bodily fluids.

**E. Post-exposure Evaluation and Follow Up**

When an employee incurs an exposure incident, he/she must immediately report the incident to their supervisor. All employee exposure incidents will be reported, investigated, and documented as described in the facility exposure control plan.

**V. CLOSING**

Provisions of this policy not required by statute will be followed unless they conflict with negotiated labor contracts which will take precedence to the extent applicable.

Questions concerning this policy should be directed to the Office of Human Resources or facility administrator.

**VI. REFERENCES**

- A. 29 CFR 1910.1030; *Occupational Safety and Health Regulation, Blood Borne Pathogens*
- B. A.R.M. 24.30.102; *Occupational Safety and Health Code for Public Sector Employment*

**VII. ATTACHMENTS****Related Forms:**

[Hepatitis B Vaccine Disclosure PDF](#)  
[Acceptance/Declination Statement PDF](#)