

CHAPTER: 100

Agency Administration/Management

DEPARTMENT ORDER:

**116 – Employee Communicable Disease
Exposure Control Plan**

**OFFICE OF PRIMARY
RESPONSIBILITY:**

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MS**

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**Arizona
Department
of
Corrections
Rehabilitation
and Reentry**



Department Order Manual

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David Shinn, Director

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PURPOSE

This Department Order establishes safety and health directives and a Loss Prevention Program targeted to employees of the Department and Non-Department employees (i.e., contractors, Program Associates, volunteers, and interns) in accordance with Occupational Safety and Health Administration (OSHA), National Institute of Occupational Safety and Health (NIOSH), Center for Disease Control and Prevention (CDC), and Arizona Department of Health Services (ADHS) guidelines and standards.

The Department recognizes that, in a correctional setting, there is a risk of exposure to communicable diseases (i.e., Hepatitis B virus (HBV), the Hepatitis C virus (HCV), Human Immunodeficiency Virus (HIV), Tuberculosis (TB), etc.). The Department is dedicated to the prevention of communicable disease exposure through the Department's safe work practices and administrative procedures, engineering controls, Personal Protective Equipment (PPE), training, and medical surveillance.

APPLICABILITY

This Department Order addresses communicable disease exposure control for Department and Non-Department employees. Inmate communicable disease and infection control is addressed in Department Order #1102, Communicable Disease and Infection Control. The Department's Mandatory Exposure Control Plan, part of the OSHA Mandatory Programs, is a unifying source for this Department Order and Department Orders #404, Fire, Safety and Loss Prevention and #1102, Communicable Disease and Infection Control that outlines the steps to follow for infectious disease management, control and prevention, in compliance with OSHA Standards general rules and regulations. The Mandatory Exposure Control Plan is located on the ADCnet on the Office of Safety and Environmental Services page.

Non-Department employees should consult with their own medical providers and/or employer as applicable about appropriate post-exposure treatment after a bloodborne pathogen (BBP) exposure incident or TB infection treatment. Private prison employees and contracting companies are to provide their own Workers' Compensation insurance.

Pursuant to Arizona Revised Statute (A.R.S.) §23-901, volunteers are not considered to be Department employees eligible for Workers' Compensation insurance claims against the state. Persons who volunteer in correctional facilities do so at their own risk. The Department assumes no responsibility for medical expenses.

RESPONSIBILITY

The Chief Human Resources Officer or designee shall:

- Provide oversight for implementing applicable state and federal health standards.
- Review Occupational Health Unit (OHU) written instructions and suggest revisions necessary as needed.
- Ensure the OHU provides services to all Department employees.
- Direct the Department's TB surveillance, prevention, diagnosis and treatment program.

Regional Operations Directors, Wardens, Deputy Wardens and Bureau Administrators shall ensure appropriate and approved universal precautions, engineering controls, and PPE are provided at no cost to employees to prevent exposure to communicable disease.

Department/Non-Department employees requiring information regarding communicable disease affecting staff shall contact the Occupational Health Administrator, Occupational Health Nurse (OHN), the Fire, Life and Safety Administrator, or a Medical Services Contract Monitoring Bureau representative.

Department employees requiring information regarding PPE, Structural Safety, and Disinfection Control Processes and Systems shall contact the Department Worker Injury Reduction Committee (WIRC). The WIRC shall provide recommendations and updates for the Mandatory Exposure Control Plan.

Contractors who operate private prisons are responsible for establishing and maintaining an Employee Communicable Disease Screening program consistent with this Department Order and for all expenses related to implementing and complying with this Department Order.

PROCEDURES

1.0 GENERAL RESPONSIBILITY

- 1.1 Assistant Directors, Wardens, Deputy Wardens and Administrators shall ensure:
 - 1.1.1 Employees under their supervision are offered Hepatitis B immunizations, at the Department's expense, within 10 calendar days of assignment to a high risk position as identified in Attachment A, Positions/Tasks With Reasonable Expectation of Exposure to Bloodborne Pathogens. Department employees may decline the immunization if they choose. A signed Hepatitis A & B Vaccine Consent/Refusal, Form 116-5, is required pursuant to 29 CFR 1910, 1030(f) (2) (IV).
 - 1.1.2 Department employees involved in receiving, transporting, observing, supervising and/or controlling, assessing, treating or assisting inmates having or suspected of having a communicable disease shall wear PPE in accordance with Department Order #404, Fire, Safety and Loss Prevention.
 - 1.1.2.1 Respirator and respiratory medical evaluation, clearance and usage shall be in accordance with Department Order # 404, Fire, Safety and Loss Prevention.
 - 1.1.3 All Department employees under their supervision are provided time during work hours to:
 - 1.1.3.1 Attend all mandatory training relating to exposure and exposure control issues on an annual basis, as required by OSHA and the Department.
 - 1.1.3.2 Obtain the Hepatitis A and B vaccine as recommended.
 - 1.1.3.3 At the Department's expense:
 - 1.1.3.3.1 Receive the TB skin test through the OHU within 10 business days of hire and annually thereafter, and return 48 to 72 hours following for the skin test to be read.
 - 1.1.3.3.2 Obtain a chest x-ray and medical evaluation within 72 hours because of a positive TB skin test, if referred by the OHN.

- 1.1.4 All supervisors investigate industrial exposures with the Occupational Safety Consultant (OSC), and that:
 - 1.1.4.1 Faulty equipment is repaired or replaced.
 - 1.1.4.2 Department/Non-Department employees are counseled regarding work practices.
 - 1.1.4.3 Recommendations for revisions to written directives are completed and sent forward to prevent further occurrences.
- 1.1.5 Non-Department employees are in compliance with the following TB skin test requirements:
 - 1.1.5.1 All Department institution/facility volunteers shall complete initial and annual TB testing as outlined in this section and submit a Volunteer /Intern Tuberculosis (TB) Screening Compliance, Form 116-10, to the Volunteer Coordinator.
 - 1.1.5.2 Community Corrections Reentry Center volunteers, interns, contractors and/or Program Associates with frequent and/or periodic inmate contact, as defined in Department Order #602, Background Investigations, shall complete initial and annual TB testing.
 - 1.1.5.2.1 Community Corrections Reentry Center volunteers and interns shall submit the Volunteer/Intern Tuberculosis (TB) Screening Compliance form to the Program Manager/ Supervisor or Intern Coordinator, as appropriate.
 - 1.1.5.2.2 Contracting companies shall collect and maintain TB test results of contractors and/or Program Associates and ensure the Tuberculosis (TB) Compliance, Form 116-8, is submitted in accordance with Department Order #205, Contractor and Program Associate Security.
 - 1.1.5.3 For Non-Department employees with medical documentation indicating a negative TB skin result dated not more than 12 months prior to their Department-required TB test, only one TB test shall be required.
 - 1.1.5.4 For Non-Department employees without the medical documentation specified above, a two-step Mantoux TB skin test (two TB skin tests given one week to one month apart) shall be required.
- 1.2 Institution/facility OHU staff shall:
 - 1.2.1 Provide all Department employees mandated screening, monitoring and follow up as defined in the CDC Bloodborne Pathogen Standard and TB Guidelines.
 - 1.2.2 Notify Department employees when they are due to receive mandated services.
 - 1.2.3 Coordinate with the OSC to complete medical evaluations and respirator fit testing in accordance with Department Order #404, Fire, Safety and Loss Prevention.

- 1.2.4 Maintain Department employee screening and exposure records in accordance with section 7.0.
- 1.2.5 When requested by the OSC, review and report exposure incidents to the Institutional Safety and Loss Prevention Committee in accordance with Department Order #404, Fire, Safety and Loss Prevention.
- 1.2.6 Recommend changes in administrative procedures, engineering controls and/or PPE to agency management as appropriate.
- 1.3 The OSC at each institution/facility shall:
 - 1.3.1 Ensure all safety equipment and materials are routinely inspected and appropriate for the task.
 - 1.3.2 Where mandated by a regulatory standard, ensure safety equipment (i.e., hand washing equipment, antiseptic hand washing materials and eye wash equipment) is in duty stations and inspected each month in accordance with applicable OSHA standards.

2.0 BLOODBORNE PATHOGEN EXPOSURE CONTROL AND PREVENTION

- 2.1 All Department/Non-Department employees shall:
 - 2.1.1 Refer to the Mandatory Exposure Control Plan for information regarding the management of exposures to and other communicable diseases.
 - 2.1.1.1 At a minimum, OSHA has determined that exposure to blood or any body fluid which visibly contains blood presents an occupational hazard as they are likely to transmit BBP.
 - 2.1.2 Take precautions to avoid exposures by wearing appropriate PPE based on the task and degree of potential exposure. Specific guidelines shall be followed:
 - 2.1.2.1 Searches shall be conducted with the utmost care and in compliance with Department Order #708, Searches.
 - 2.1.2.2 Biological evidence shall be handled as outlined in Attachment B, General Guidelines for Preserving and Packaging Biological Evidence.
 - 2.1.2.3 For disinfection and clean-up guidelines, refer to the Mandatory Exposure Control Plan, section 8 (Housekeeping).
 - 2.1.2.4 Crime scenes shall be processed by the Inspector General Criminal Investigators, as outlined in Attachment C, Contaminated Crime Scene Processing Guidelines.
 - 2.1.3 When handling contaminated or potentially contaminated materials:
 - 2.1.3.1 Wear the appropriate PPE.
 - 2.1.3.2 Wear protective gloves (made of non-latex or other OSHA approved material) and wash hands after use.

- 2.1.3.3 Wear safety eye protection, face shields and impermeable clothing protection where exposure to body fluids or contaminants may occur through splashes, splatters and/or an aerosol through coughing and/or sneezing.
- 2.1.3.4 When handling or transporting body fluid specimens, place specimen containers in sealed plastic bags or leak proof containers marked with a biohazard material label.
- 2.1.3.5 Ensure food and/or drinks are not consumed prior to washing hands or placed in or on a refrigerator, freezer, shelf, cabinet, counter top or bench top where blood and/or body fluid samples and/or specimens may be present or stored.
- 2.1.3.6 Examine equipment, samples, regulated waste and containers before they are taken from the premises to ensure they are not contaminated, and that all containers are properly labeled, if applicable.
- 2.1.3.7 Refer to the Mandatory Exposure Control Plan in the event of contamination.
- 2.1.4 When handling contaminated or potentially contaminated needles, sharps, and any other items that could puncture the skin:
 - 2.1.4.1 Wear the appropriate PPE.
 - 2.1.4.2 Place used syringes, needles and other sharps into a sharps container immediately after use. Sharps containers shall be checked daily to ensure they are not overfilled and appropriately disposed when two-thirds full.
 - 2.1.4.3 Not bend, recap, or remove contaminated needles and other sharps unless such an act is required by a specific procedure and has no feasible alternative.
 - 2.1.4.3.1 If a used needle or sharp needs to be re-sheathed, a one-handed technique shall be used. Do not walk with an unsheathed sharp.
 - 2.1.4.4 Have needle/sharps containers available near areas where used needles/sharps may be found.
 - 2.1.4.5 Remove used blood drawing needles from the reusable syringes/vacutainer using a hemostat or other tool.
 - 2.1.4.6 Use needle-less equipment where available or other passive equipment where practical.
- 2.2 Inmates with blood/body fluid spilling or seeping from wounds or body parts shall be transported in separate vehicles.

3.0 POST-EXPOSURE PROCEDURES FOR BLOODBORNE PATHOGENS (BBP) AND OTHER POTENTIALLY INFECTIOUS MATERIALS (OPIM)

- 3.1 Department employees who believe they have been exposed to blood or OPIM shall:
 - 3.1.1 Immediately wash with soap and water any part of their body that may have been contaminated (i.e., hands, arms, face, etc.) and contact the OHN. If the OHN is not available (after hours, weekends or holidays) the guidelines in the Mandatory Exposure Control Plan, Subpart A, Post-Exposure Prophylaxis Evaluation shall be followed.
 - 3.1.2 If body fluids make contact with the eyes, immediately flush the eyes with water for 15 minutes; seek the evaluation from a healthcare professional, and contact the OHN. Refer to the Mandatory Exposure Control Plan, Subpart A.
 - 3.1.3 Remove contaminated clothing as soon as possible and place it in a plastic bag. If the exposure is related to body fluid assaults perpetrated against a person, treat the clothing as evidence and ensure criminal investigators receive the evidence. Do not seal plastic bags containing wet/moist articles. Refer to Attachment B or confer with investigators for packaging guidelines.
 - 3.1.4 Wear protective gloves made of non-latex or other OSHA-approved material to decontaminate shoes and leather gear by scrubbing with soap and hot water.
 - 3.1.5 Report the incident to their supervisor and administrative staff for investigation.
 - 3.1.6 Report the exposure to the facility OHN. If a significant exposure as defined in this Department Order occurs, seek first aid immediately, then evaluation by a healthcare professional, and notify the OHN as soon as possible. Refer to the Mandatory Exposure Control Plan, Subpart A.
 - 3.1.6.1 Exposures of Department employees are not covered by Workers' Compensation until they are medically diagnosed as positive for Hepatitis B virus, Hepatitis C virus or HIV post-exposure.
 - 3.1.6.2 Pursuant to A.R.S. §23-1043.02, medical expenses prior to the diagnosis of Hepatitis B virus, Hepatitis C virus or HIV are covered by the employer. Expenses incurred in this process for Department employees are absorbed by the OHU Administration.
 - 3.1.7 Complete the Workplace Exposure to Blood/Bodily Fluids Report, Form 116-4.
 - 3.1.8 Within 10 calendar days of the incident, complete the Employee/Supervisor Report of Industrial Injury, Form 519-2, and refer to the Mandatory Exposure Control Plan, Subpart A.
 - 3.1.9 Decontaminate personal non-PPE clothing.
 - 3.1.9.1 The Department shall be responsible for the decontamination of PPE and temporary modesty garments, such as disposable scrubs (not PPE).

- 3.1.9.2 If possible, contaminated clothing shall be laundered at an on-site laundry facility.
- 3.1.9.3 Protective gloves (made of non-latex or other OSHA approved material) should be used to handle contaminated clothing or empty the clothing directly from the plastic bag into the washing machine.
- 3.1.9.4 Contaminated clothing should be washed separately with hot water and an appropriate detergent.
- 3.1.9.5 Grossly contaminated PPE or non-PPE clothing items shall be placed into an appropriate red biohazard bag and disposed of as regulated waste.
 - 3.1.9.5.1 Department employees shall apply for reimbursement of grossly contaminated personal clothing, uniforms or uniform accessories as outlined in Department Order #513, Employee Property.
- 3.2 To ensure timely post-exposure management of HIV Post-Exposure Prophylaxis, the employee will call the nurse triage line for a referral to the offsite healthcare provider for consideration of possible Post-Exposure Prophylaxis, as soon as possible.
 - 3.2.1 If HIV Post-Exposure Prophylaxis is offered and taken, and the source of the exposure is later determined to be HIV negative, the employee shall follow-up with the healthcare provider for further guidance.
- 3.3 The OHU staff shall:
 - 3.3.1 Contact the Contract Healthcare Provider (CHP) Facility Health Administrator and Director of Nursing to arrange for the immediate blood testing of each inmate identified as a source of the exposure incident.
 - 3.3.2 Refer to Mandatory Exposure Control Plan, Subpart A.
 - 3.3.3 Offer Department employees a Hepatitis B vaccination, if they have not already had one, using the Hepatitis A and B Vaccine Consent/Refusal form.
 - 3.3.4 Document exposure incidents in the Occupational Health database and in the Arizona Department of Administration (ADOA) Risk Management/Workers' Compensation database.
 - 3.3.5 Immediately contact and advise Department employees if inmates identified as a source of the exposure incident tests positive or negative for Hepatitis B, Hepatitis C, or HIV.
- 3.4 If Department or non-Department employees becomes ill with Hepatitis B, Hepatitis C or HIV, the OHN shall direct the them to:
 - 3.4.1 Telephonically report the information to ADOA Risk Management and provide the date of exposure and claim number provided by the OHN.

- 3.4.2 Seek medical care with the contracted Occupational Health clinic or their primary care physician as instructed by the Occupational Health triage health care professional.

4.0 INMATE ASSAULT – EXPOSURE RESPONSE

- 4.1 Department employees shall follow the post-exposure procedure outlined in section 3.0 when inmates use body fluids in assaults.
- 4.2 OHU staff shall begin post-exposure procedures and monitor Department employees accordingly, as outlined in this Department Order and the Mandatory Exposure Control Plan. When determined to be a significant exposure, the OHN shall immediately request the Contract Facility Health Administrator test the inmate for BBP with the inmate's consent or court order.
- 4.3 Wardens and Deputy Wardens shall notify the Criminal Investigation Unit, General Counsel and the OHU when inmates have used body fluids to assault a Department/Non-Department employee and refuse to voluntarily be tested for BBP.
- 4.4 The Criminal Investigations Unit shall investigate the incident as outlined in Department Order #608, Criminal Investigations.
 - 4.4.1 The criminal investigator shall:
 - 4.4.1.1 At the onset of the investigation, determine through medical staff if a significant exposure occurred and whether the inmate consented to disease testing.
 - 4.4.1.2 Coordinate with the respective County Attorney to petition the court for an order authorizing the testing for specified disease if there is reasonable grounds to believe an exposure occurred and one of the following applies (A.R.S §13-1210):
 - 4.4.1.2.1 The person is charged in any criminal complaint and the complaint alleges that the person interfered with the official duties of the public safety employee or volunteer by biting, scratching, spitting or transferring blood or other bodily fluids on or through the skin or membranes of the public safety employee or volunteer.
 - 4.4.1.2.2 There is probable cause to believe that the person interfered with the official duties of the public safety employee or volunteer by biting, scratching, spitting or transferring blood or other bodily fluids on or through the skin or membranes of the public safety employee or volunteer and that the person is deceased.
 - 4.4.1.2.3 There is probable cause to believe that the person bit, scratched, spat or transferred blood or other bodily fluids on or through the skin or membranes of a public safety employee or volunteer who was performing an official duty.

- 4.4.1.2.4 The person is arrested, charged or in custody and the public safety employee or volunteer alleges, by affidavit, that the person interfered with the official duties of the public safety employee or volunteer by biting, scratching, spitting or transferring blood or other bodily fluids on or through the skin or membranes of the public safety employee or volunteer.
- 4.4.2 In cases of exposure from the commission of sexual offenses, investigators shall work with prosecuting attorneys in compliance with A.R.S. §13-415.
- 4.4.3 If convicted of a violation of A.R.S. §13-1210 or §13-1415, the offending inmate shall be liable for costs associated with disease testing and victim medical expenses.
- 4.4.4 The findings of the disease testing resulting from the court order are an administrative function for the protection of the victim and are not part of the criminal investigation.
- 4.4.5 Once the order is secured, the criminal investigator shall provide the court order to the respective Warden for the execution of the court order and submission of the specimens for laboratory testing by the ADHS or other appropriate licensed laboratory.
- 4.4.6 In cases where inmates are mentally or physically incapacitated to consent for BBP testing, the General Counsel's office shall be contacted for guidance on how to proceed. This also applies for cases where inmates are deceased and were not able to provide consent prior to expiration.
- 4.5 Upon receipt of the court order for disease testing, the Warden shall direct the Contract Facility Health Administrator to ensure the blood test is completed. (A.R.S. §13-1210)
- 4.6 Whether inmates voluntarily comply or not to securing the blood specimen, the appropriate health staff shall take two blood specimens from the inmate. (A.R.S. §13-1210)
 - 4.6.1 If inmates refuse to comply, Correctional Officer Series staff shall:
 - 4.6.1.1 Use the minimum amount of force necessary to get them to comply in accordance with Department Order #804, Inmate Behavior Control and document the incidents in accordance with Department Order #105, Information Reporting.
 - 4.6.1.2 Issue a disciplinary ticket.
- 4.7 The Assistant Director for Medical Services Contract Monitoring Bureau shall arrange, in conjunction with the CHP Facility Health Administrator, the appropriate testing of blood samples. The test results shall be reported to:
 - 4.7.1 The Warden.
 - 4.7.2 The CHP Facility Health Administrator and the OHN at the institution where the inmate is located.
 - 4.7.3 The involved Department/Non-Department employee.

- 4.7.4 The involved inmate(s).
- 4.8 If the totality of the circumstances of the incident reveals an assault did take place, the Warden shall ensure the inmate is issued a disciplinary ticket regardless of the status of the criminal investigation in accordance with Department Order #803, Inmate Disciplinary Procedure, if the inmate has interfered with the performance of a Department/Non-Department employee's duties by:
 - 4.8.1 Biting, scratching and/or spitting.
 - 4.8.2 Committing any act that may result in a significant exposure by transferring blood and/or body fluids to, through the skin and/or mucous membranes of a Department/Non-Department employee.
- 4.9 If the inmate is found guilty of a disciplinary violation, the Disciplinary Hearing Officer shall notify Inmate Banking as to the amount of restitution ordered for reimbursement to the Department any testing costs, which was required during the investigation of the assault.
- 4.10 The Warden may place a hold on the inmate's account as outlined in Department Order #905, Inmate Trust Account/Money System, and upon final conviction, payment shall be made from the inmate's account to the Department/Non-Department employee.
 - 4.10.1 The Department/Non-Department employee shall provide copies of receipts for expenses to the Warden, Deputy Warden, the Criminal Investigation Unit and/or Inmate Banking upon request.

5.0 TUBERCULOSIS PREVENTION AND EXPOSURE CONTROL – Following directives from the CDC, OSHA and NIOSH, Department employees shall refer to Subpart B, Tuberculosis (Tb) Guidelines for Employees Screening, Management and Contact Investigation of the Mandatory Exposure Control Plan.

- 5.1 OHU staff shall:
 - 5.1.1 Provide new Department employees a single or two-step Mantoux TB skin test as appropriate, in accordance with section 1.0, unless exempted due to a documented history of positive TB skin test, a documented history of TB disease or a reported history of severe reaction to tuberculin.
 - 5.1.2 Complete the Employee TB Information, Form 116-1 or Employee Converter and/or Reactor History – Tuberculosis (TB) Screening, Form 116-2, as appropriate.
 - 5.1.3 Determine by observation, screening, and using the Employee Converter and/or Reactor History – Tuberculosis (TB) Screening form if a Department employee with a positive TB skin test has symptoms of active TB.
 - 5.1.3.1 Department employees determined by the OHN to have symptoms of TB from a possible exposure in the workplace shall be immediately isolated from the workplace and referred, preferably, to the local health department or hospital emergency room for evaluation, diagnosis and treatment.

- 5.1.3.2 If active TB is confirmed, Department employees shall notify the institution OHN who shall notify the Warden, Occupational Health Administrator, Medical Services Contract Monitor, and the CHP Facility Health Administrator.
- 5.1.3.3 If the TB is determined to be a non-industrial illness, the process for a personal illness shall be followed.
- 5.1.3.4 Department employees shall be permitted to return to work after they have received clearance from the OHN.
- 5.1.4 Ensure TB test results are maintained in the Department employee's Occupational Health Medical File.
- 5.2 The OHN may only release the TB test information to:
 - 5.2.1 OSHA.
 - 5.2.2 The Industrial Commission, if applicable.
 - 5.2.3 Local or state Public Health Departments.
 - 5.2.4 Management staff that have a need to know.
 - 5.2.5 The employee or others, if the employee has provided written consent to release the information.
- 5.3 The OHN shall provide the names of Department employees not in compliance with this Department Order to the appropriate Assistant Director, Warden, Deputy Warden or Bureau Administrator.
- 5.4 Transportation staff shall:
 - 5.4.1 Be notified when airborne pathogen precautions are required to transport inmates in accordance with Department Order #1102, Communicable Disease and Infection Control.
 - 5.4.2 Not transport inmates with suspected or confirmed TB disease without the protection of a NIOSH approved N-95 Respirator. Inmates requiring a mask shall wear a surgical mask, not an N-95 Respirator.
- 5.5 Prior to wearing a N-95 Respirator, Department employees shall:
 - 5.5.1 Be medically cleared for respirator usage and fit tested in accordance with Department Order #404, Fire, Safety and Loss Prevention.
 - 5.5.2 Check the integrity of the respirator prior to performing high hazard duties.
- 5.6 The OHN shall:
 - 5.6.1 Investigate, screen and monitor Department employees' exposures to a person with confirmed or suspected TB.

- 5.6.2 Administer a baseline Mantoux TB skin test, unless one was given three months prior to the first day of exposure.
- 5.6.3 Repeat a Mantoux TB skin test within 8 to 10 weeks after the last day of exposure.
- 5.6.4 Document any TB skin test convertors on the OSHA 300 log and provide skin tests as outlined in this section to determine whether or not employees requires referral to the local Health Department or medical provider for evaluation.

6.0 OSHA REQUIRED TRAINING

- 6.1 The Staff Development/Training Bureau Administrator, in consultation with the Occupational Health Administrator and the Fire, Life and Safety Administrator, shall develop communicable disease training that includes, but is not limited to:
 - 6.1.1 BBP – Consistent with the requirements in the OSHA Bloodborne Pathogens Standard and sufficient information for employees to make informed decisions about vaccinations provided by the Department.
 - 6.1.2 OSHA standards.
 - 6.1.3 The symptoms and modes of transmission for bloodborne diseases.
 - 6.1.4 The Mandatory Exposure Control Plan and where it is located.
 - 6.1.5 Tasks and procedures that may expose individuals to the risks of BBP and/or OPIM.
 - 6.1.6 Methods to be used to prevent or reduce exposure to pathogens, which includes appropriate engineering controls, work practices, available PPE, handling of infected materials, decontamination, and the use, removal and disposal of contaminated PPE.
 - 6.1.7 The Hepatitis B vaccine, its effectiveness, safety, administration, the benefits of the vaccine, and the offering of vaccinations to employees at no expense.
 - 6.1.8 Procedures to be followed to ensure safety.
 - 6.1.9 The notification requirements when incidents occur involving any potentially infectious material, and any available medical follow-up.
 - 6.1.10 The Department responsibilities/requirements to provide employees with post-exposure evaluations following exposure incidents.
 - 6.1.11 The required signs, labels and color codes used to identify biohazards and biohazard materials in accordance with OSHA standards.
 - 6.1.12 TB information with occupational exposure that addresses:
 - 6.1.12.1 The nature and methods of TB transmission.
 - 6.1.12.2 The risk factors for disease development.
 - 6.1.12.3 The signs, symptoms, diagnosis and treatment of TB.

- 6.1.12.4 Procedures for recognizing and reporting disease symptoms.
- 6.1.12.5 The proper use of PPE appropriate to the workplace to reduce exposure.
- 6.1.12.6 The use of and fit testing for N-95 Respirator prior to performing high-hazard procedures.

6.2 The Staff Development/Training Bureau Administrator shall ensure training records are available for inspection by OSHA, the Arizona Division of Occupational Safety and Health (ADOSH) representatives, the OHN, and others as designated by the Occupational Health Administrator and the Fire, Life and Safety Administrator.

7.0 EMPLOYEE OCCUPATIONAL HEALTH MEDICAL RECORDS – In compliance with OSHA and the CDC, the OHU at each institution/facility shall maintain an Occupational Health Medical Record FOR EACH Department employee. All Occupational Health Medical Records maintained by the institution OHU shall be considered confidential and accessible to OHU staff only.

7.1 Employee Occupational Health Medical Records shall include, at a minimum:

- 7.1.1 The employee's name, address, and Employee Identification Number (EIN).
- 7.1.2 For job classifications listed in Attachment A, Hepatitis B vaccination status and a completed Hepatitis B Vaccine Consent/Refusal form, which indicates that the Department employee has refused the vaccination, or the date the vaccination was given to the employee, and the vaccine's lot number.
- 7.1.3 All Workplace Exposure to Blood/Bodily Fluids Report forms, to include the assessments, evaluations, monitoring and referrals for post-exposure prophylaxis, when appropriate.
- 7.1.4 All workplace exposure to TB or other communicable disease reports, to include test results, PPD status of contacts and the employee, if indicated, chest x-ray, symptoms screen and treatment provided.
- 7.1.5 Department employee reports of industrial injuries/illnesses, to include medical examinations and/or treatment received from the Department.
- 7.1.6 Pre-employment physicals for all Department employees who participate in the Correctional Officer Retirement Plan.
- 7.1.7 Fitness for duty examinations.

7.2 Institution/facility OHU staff shall:

- 7.2.1 Maintain all established forms and information.
- 7.2.2 Re-establish Occupational Health Medical Records for reinstated Department employees, to include any information that was transferred to a state archive facility.
- 7.2.3 Be the recipient of medical records for Department employees who have transferred to that institution.

- 7.2.4 Maintain the confidentiality of Employee Occupational Health Medical Records compliant with the Health Insurance Portability and Accountability Act (HIPPA) and ensure they are accessible only to OHU staff.
- 7.2.5 Release the contents of Department Occupational Health Medical Records in accordance with Department Order #201, Legal Services - Records Release, as follows:
 - 7.2.5.1 To a third party, only with the written authorization of the employee.
 - 7.2.5.2 To OSHA or ADOSH.
 - 7.2.5.3 To the ADHS and County Health Departments for epidemiological purposes only.
- 7.2.6 Forward the institutional Employee Occupational Health Medical Record to:
 - 7.2.6.1 The new duty assignment when transferred.
 - 7.2.6.2 Occupational Health Administrator when the employee leaves state service.
- 7.3 The Occupational Health Administrator shall maintain Employee Occupational Health Medical Records pursuant to the Disposition Schedule for the Department of Corrections, Employee Relations, Occupational Health, as maintained by the Arizona State Library, Archives and Public Records.
- 7.4 State Archives shall maintain all employee Occupational Health Medical Records for a balance of 30 years.

IMPLEMENTATION

Within 90 calendar days of the effective date of this Department Order, the Occupational Health Administrator, and the Fire, Life and Safety Administrator shall update the Mandatory Exposure Control Plan, and ensure it is updated and maintained in accordance with OSHA requirements.

DEFINITIONS/GLOSSARY

Refer to the Glossary of Terms for the following:

- Bloodborne Pathogens
- Contaminated/Contamination
- Contract Healthcare Provider (CHP) Facility Health Administrator
- Decontaminate/Decontamination
- Engineering Controls
- Exposure Incident
- Healthcare N-95 Particulate Respirator and Surgical Mask
- Healthcare Professional
- OSHA 300 Log
- OSHA 300A Summary
- OSHA Standard
- Other Potentially Infectious Material

- Personal Protective Equipment (PPE)
- Post-Exposure Prophylaxis for HIV
- Regulated Waste
- Sharps
- Tuberculosis Disease
- Universal Precautions

ATTACHMENTS

Attachment A – Positions/Tasks with Reasonable Expectation of Exposure to Bloodborne Pathogens

Attachment B – General Guidelines for Preserving and Packaging Biological Evidence

Attachment C – Contaminated Crime Scene Processing Guidelines

FORMS LIST

116-1 , Employee TB Information

116-2 , Employee Converter and/or Reactor History – Tuberculosis (TB) Screening

116-4, Workplace Exposure to Blood/Bodily Fluids Report

116-5, Hepatitis A & B Vaccine Consent/Refusal

116-8, Tuberculosis (TB) Compliance

116-10, Volunteer/Intern Tuberculosis (TB) Screening Compliance

AUTHORITY

A.R.S. §13-1210, Assaults on Public Safety Employees or Volunteers and State Hospital Employees; Disease Testing; Petition; Hearing; Notice; Definitions

A.R.S. §13-1212, Prisoner Assault with Bodily Fluids; Liability for Costs; Classification; Definition

A.R.S. §13-1415, Human Immunodeficiency Virus and Sexually Transmitted Disease Testing; Victim's Rights; Petition, Definitions

A.R.S. §23-101 Industrial Commission; Members; Qualifications; Appointment; Terms; Compensation; Removal

A.R.S. §23-107, General Powers

A.R.S. §23-401, Definitions

A.R.S. §23-403, Employer's Duty

A.R.S. §23-404, Employee's Duty

A.R.S. §23-901, Definitions

A.R.S. §23-1043.02, Human Immunodeficiency Virus; Establishing Exposure; Definition

A.R.S. §36-661, Definitions

A.R.S. §41-1606, Access to Prisoner Medical History Information

A.A.C. R2-10-201, Loss Prevention

A.A.C. R2-10-205, Development and Implementation of Agency Loss Prevention Programs

A.A.C. R9-6-201, Communicable Diseases and Infestation Reporting; Definitions

A.A.C. R20-5-101, Application of the Article: Notice of Rules; Part of Record

A.A.C. R20-5-601, The Federal Occupational Safety and Health Standards for Construction, 29 CFR 1926 Code of Federal Regulations, TITLE 29, Part 1910 ET SEQ., OSHA General Duty Requirement

Code of Federal Regulations, TITLE 29, Part 1910, SUBPART Z, 1910.1030, Bloodborne Pathogens

ATTACHMENT A

POSITIONS/TASKS WITH REASONABLE EXPECTATION OF EXPOSURE TO BLOODBORNE PATHOGENS

Positions	Tasks
Correctional Administrator I, II, III, IV, V; Administrator; Occupational Safety Consultant III, IV; Occupational Health Nurse	Responding to emergency situations in institutions.
Refrigeration Mechanic; Plumber; Physical Plant Director/Operations Administrator; Physical Plant Supervisor I, II, III; Electrician; Electronic Technician III; Equipment Parts Expediter; Equipment Repair Technician; Equipment Shop Supervisor; Locksmith; Carpenter; Building Maintenance Specialist; Wastewater Treatment Facilities Operator; Welder; Facilities Project Manager	Performing institutional maintenance and repair, involving the use of restricted tools and close supervision of inmates.
Correctional Food Service Liaison	Working closely with inmates while being exposed to environmental hazards, such as knives, kitchen tools and other equipment.
Correctional Officer III, IV	Providing case work and/or mental health treatment to both the general and special-needs inmate population. Dealing with unpredictable inmates and/or those who are mentally ill.
Correctional Officer II; Corporal; Sergeant; Lieutenant; Captain; Major	Training and performing a variety of security functions in a prison setting.
Industrial Program Specialist	Supervising inmate workers and prison work crews on and off site.
Department Full Authority Peace Officers	Arresting persons, investigating crimes and handling contaminated evidence.
Community Corrections Officer; Community Corrections Unit Supervisor	Field supervision of parolees and detection of violators of parole conditions of supervision. Also, supervision of inmates on home arrest.
Program Project Specialist (ACI); Correctional Industries Production Supervisor (ACI); Correctional Industries Production Specialist (ACI)	Working closely with inmates while being exposed to environmental hazards (i.e., shop tools and equipment).
Correctional Chaplain I, II; Correctional Education Program Teacher; Correctional Education Program Supervisor; Librarian I, II, III, IV; Correctional Substance Abuse Counselor; Criminal Special Investigator	Working closely with inmates, in a prison work site, and responding to emergency situations.

The positions in this list are intended to be those in a prison worksite or those who supervise parolees and inmates on home arrest.

ATTACHMENT B

GENERAL GUIDELINES FOR PRESERVING AND PACKAGING BIOLOGICAL EVIDENCE

The following procedures pertain to the most frequently obtained items of evidence that require cautionary measures or special attention for the safety of personnel handling the items and preservation of evidence for analysis and court use.

When immediately necessary to preserve items of biological evidence, staff shall coordinate collection and preservation methods with the Inspector General investigator. Staff shall use appropriate universal precautions, PPE and engineering controls (biohazard marking and color-coding) when handling biological evidence that is wet or may be contaminated.

The Department of Public Safety (DPS) Crime Laboratory will not accept any case in which biological specimens and/or associated evidence is known to have originated from a person diagnosed as having AIDS or HIV. The laboratory will assist the submitter in locating a laboratory/agency that will process the evidence.

Only Inspector General investigators (full authority peace officers) are authorized to request scientific analysis of evidence. Investigators who intend to submit evidence for scientific analysis should, in most cases, first contact the DPS Crime Laboratory before submitting the evidence.

BIOLOGICAL SPECIMENS

General Guidelines

- Do not package items that are still moist or wet.
- Before packaging, air-dry all wet stains found on materials.
- Place a clean piece of paper (preferably white) between the folds of cloth to protect and isolate the stained material from the unstained material.
- Isolate each item and package it separately. Thoroughly seal the packages to prevent cross-contamination from other samples or specimens.
- Completely air-dry wet spots and spills found at a crime scene and on items that cannot be impounded, such as a cement floor or wall. Scrape dried samples into clean and dry paper packets, envelopes or glass vials. Use a separate container for each questioned specimen.
- Separate specimens taken for analysis from those samples taken for comparison.
- If glass vials or tubes are used, or the evidence is breakable, label the outside of the package FRAGILE.
- In accordance with OSHA requirements and the Department's written instructions for Exposure Control, affix a universal biohazard symbol to the outside container of all evidence containing blood or OPIM.
- Package all evidence containing blood or other OPIM in a suitable leak-proof plastic bag. The bag should be the outermost container for the evidence and does not preclude the use of other packaging materials as recommended in the specific guidelines that follow.

Specific Guidelines

Saliva - Package air-dried, saliva-stained material in a paper bag or envelope, and freeze as soon as possible.

Semen

- Place liquid semen specimens in sterile containers. Package each item to prevent spillage or breakage.
- Air-dry stained materials, then package them in paper bags or envelopes.
- Freeze all samples as soon as possible after drying and keep them frozen in transit.

Urine

- Submit a minimum of one ounce.
- Put urine in a clean, leak-proof urine specimen container.
- Refrigerate and transport as soon as possible.

Hair - Place hair samples in a clean dry evidence envelope or paper packet and seal securely.

Tissue Specimens or Body Part - Put the items in a clean, dry, rigid and leak-proof container and then package them in a cardboard box. Freeze the boxed items as soon as possible and keep them frozen during transit.

Liquid Blood

- Must be drawn by qualified medical staff.
- Provide sterile tubes containing the appropriate preservatives. (These are commercially available.)
- Two 10 milliliter (ml.) tubes, with gray stoppers, for blood alcohol and other toxicology (drugs) analysis.
- Tubes with purple stoppers for serology and DNA analysis.
- Must be refrigerated prior to transport and kept cold in transit. **DO NOT FREEZE THE SAMPLES.**

Blood Stains

- Allow wet blood samples such as those at a crime scene to air dry completely. Scrape into clean, dry paper packets, properly sealed envelopes or glass vials. Use a separate container for each questioned specimen.
- Allow wet blood stains on miscellaneous material, clothing and linens to air dry completely. Place in clean and dry paper evidence bags or wrapping paper. If the material must be folded, place clean, dry paper between the folds to isolate the stained material from unstained material.
- Wrap and package each bloodstained item separately.
- Freeze as soon as possible and keep frozen in transit.

Marijuana and Narcotic Seizures

- Weigh and count all drugs, regardless of the quantity. This information shall be listed on the Agency Request for Scientific Analysis form, DPS 802-01550, and, if needed, the Inventory Control Supplement forms, DPS 802-01825, both of which are provided at no charge by the DPS Crime Lab. Weights listed shall include the weights of containers. Because of the variety of scales that may be used and the subsequent analysis processes, submitting officers should denote "approximate" when listing such items on the inventory form.
- Keep all dry items dry. Keep all wet solutions at room temperature. Do not refrigerate or freeze the items.
- Seal any contraband removed from body cavities, or known to have been exposed to body fluids, in packaging marked "**BIOHAZARD.**" List the source of the hazard, such as the specific body cavity, on the Agency Request for Scientific Examination form and, if used, the Inventory Control Supplement form.
- Do not submit used chemical drug test kits.
- Submit hypodermic syringes for lab analysis only if they are the sole items of drug evidence and if they contain more than a residue amount of liquid.
- Package hypodermic syringes, needles or other sharps in puncture-proof containers (which are commercially available), properly sealed and labeled "**BIOHAZARD.**"
- Do not attempt to replace needle-tip covers on syringes. This practice often results in accidental "needle sticks."

The information in this attachment was obtained from publications entitled *Evidence Submission Guidelines for Criminal Justice Agencies*, Arizona Department of Public Safety, September 2016, and *Property, Evidence and Asset Seizure Procedures Manual*, Arizona Department of Public Safety, April 12, 2012. The *Evidence Submission Guidelines for Criminal Justice Agencies* are made available to all criminal justice agencies by the Arizona Department of Public Safety.

ATTACHMENT C

CONTAMINATED CRIME SCENE PROCESSING GUIDELINES

The Investigator at a crime scene shall:

- Ensure that all nonessential employees remain out of the scene and that every effort is made to limit the time of exposure at a contaminated scene.
- Ensure that appropriate PPE are worn by all employees working at a contaminated crime scene or when processing contaminated evidence. Appropriateness depends on the extent of evidence contamination, crime scene conditions, e.g., large amounts of blood, and common sense. Appropriate PPE, may include, but is not limited to:
 - Protective gloves (made of latex or other OSHA-approved material)
 - Protective mask and goggles, to be worn when dried samples are scraped for biological evidence
 - Footwear covers
 - Disposable coveralls and head cover
 - Aprons/surgical gown
- Wear protective gloves (made of latex or other OSHA approved material) when handling dead bodies.
- Decontaminate all pens, clipboards and telephone receivers used at the crime.
- Clearly mark "BIOHAZARD" on all biological evidence obtained from a member of a high-risk group or a contaminated crime scene.
 - Stained evidence shall be identified, collected and properly packaged in double paper bags. If the stains are still wet, use additional packaging to eliminate contamination.
- Place any instrument used in collecting contaminated evidence in a separate package so that it can be properly decontaminated. Any disposable instruments shall be placed in a Bio-Hazard bag for appropriate disposal.
- Remove all disposable clothing and immediately red-bag it for disposal in accordance with the Department's Exposure Control Plan, Section 7, Personal Protective Equipment, upon completion of the processing of a contaminated crime scene or an item of evidence.