1.0 PURPOSE

To establish guidelines for employee blood borne pathogens training and hepatitis B immunization within the Department.

2.0 REFERENCES AND DEFINITIONS

.1 References

a. Hawaii Administrative Rules, Title 12, Chapter 12-205, Blood borne Pathogens.

b. OSHA Instruction CPL 2-2.44C, Enforcement Procedures for Occupational Exposure to Blood borne Pathogens.

.2 Definitions

a. **Blood:** Includes plasma, platelets, and serosanguineous fluids, e.g., exudates from wounds.

b. **Blood borne pathogens:** In addition to HBV and HIV, the term includes any pathogenic microorganism that is present in human blood and can infect and cause disease in persons who are exposed to blood containing the pathogen. Examples are hepatitis B and C, malaria, syphilis, babesiosis, brucellosis, leptospirosis, arboviral infections, relapsing fever, Creutzfeld-Jakob disease, Human T-lymphotrophic Virus Type 1, and viral hemorrhagic fever.

c. **Potential risk employees:** Employees (e.g., health care workers, corrections officers, public safety workers) whose duties place them at risk for exposure to blood and body secretions. The risk varies according to duties. Health care workers face greatest occupational risk.

d. **Universal precautions:** Treatment of all blood and bodily secretions as though they are infected, even though the source is not known to harbor any infectious disease.
3.0 POLICY

.1 Department personnel risk occupational exposure to blood which may contain pathogens. This hazard can be minimized through training in precautionary measures. To comply with the provisions of State and Federal laws concerning blood borne pathogen precautions, an initial and annual training program shall be established for all Department personnel whose required duties place them at potential risk.

.2 Vaccination against the hepatitis B virus shall be made available to all potential risk employees at no charge. However, vaccination shall not be mandatory.

4.0 RESPONSIBILITIES

.1 Training and Staff Development (TSD) Office

a. Training

TSD shall be responsible for the overall development, coordination, and maintenance of the blood borne pathogens training program. The program shall consist of two components:

1. Recruit Training

The recruit training program for law enforcement and correctional officers shall incorporate a blood borne pathogens training program.

2. Support Staff Training

A blood borne pathogens training program for all support staff within law enforcement divisions and correctional facilities whose responsibilities may expose them to potential risk.

b. Immunization

All recruits shall be informed of the free hepatitis B vaccination program, with a series of three-shots, offered by the Department. They shall be encouraged to be vaccinated sometime before completion of recruit training and before assignment to duty. They shall also be informed that vaccination is not mandatory. However, if a recruit
declines, a declination must be signed by the recruit (reference 5.2.b. below).

.2 Training Officers

a. Training

Law enforcement division and correctional facility training officers shall be responsible for the following:

1. Compile and maintain a list of names of all support staff within their organization who may have occupational exposure to blood or other potentially infectious materials (reference attachment A).

2. Provide blood borne pathogens training to this risk population based upon the guidelines provided by the TSD. All new employees within this risk population shall receive training within the first 10 days of their employment and annually thereafter. Annual training shall include all correctional and law enforcement officers.

3. Maintain training records of all staff who have received this training. The records shall document annual refresher course attendance for those in the risk group.

Training records shall be retained at least for three years from the training date.

b. Immunization

1. Training officers shall be responsible for notifying all identified potential risk employees within their organization of the free vaccination program. If they decline, a declination must be signed (reference 5.2.b below).

2. All new employees who are within the potential risk group who accept vaccination shall be encouraged to be vaccinated with hepatitis B vaccination (with a series of three-shots) within the first 10 days of their employment.
.3 Health Care Office

a. Training

The Health Care Division (HCD) shall provide guidance and direction in the development of a standardized Department-wide blood borne pathogens training program. This shall include:

1. Providing training, guidance, direction, and assistance to the TSD in the development of the guidelines and content of the program.

2. Providing advice, guidance, and assistance to training officers in identifying the risk population within their organization and training in the development of their program.

All training programs shall be approved by the HCD.

b. Immunization

HCD shall be responsible for coordinating the administration of the vaccine to those who wish it.

5.0 PROCEDURES

1. Training

Blood borne pathogens training shall not be conducted solely by means of a film or video without the opportunity for discussion. The training program shall consist of seven components as a minimum:

a. Blood borne Pathogens Identification

A description of the types and characteristics of blood borne pathogens.

b. Protective Measures

Methods and techniques for protection from exposure to human blood. This shall include:

1. Types and use of protective equipment and clothing.
2. Handling and disinfection procedures or disposal procedures of contaminated equipment and clothing.

3. Universal precaution concepts.

c. Housekeeping Practices

1. The proper handling and disposal of waste.

2. Types and use of disinfecting agents for cleaning and decontamination.

3. The proper handling of laundry (removal, bagging or containerization) and disinfecting or cleaning.

d. Containerization and Labeling

The procedures for the containerization and labeling of specimens or waste to eliminate or minimize inadvertent employee contact with blood.

e. Vaccination

The effectiveness of the vaccine and how it is administered.

f. Post Exposure Procedures

Procedures to be implemented whenever there have been potential contamination of an employee by blood or other potentially infectious materials.

g. Exposure Determination

Identification of potential risks and how much of a risk it is to employees.
.2 Immunization

a. Immunization Acceptance

1. Those employees who wish vaccination shall complete all required forms after completion of training. The training officer shall make arrangements with the HCO for administration of the vaccine.

2. The employee shall sign form PSD 1223, Acceptance of Hepatitis B Vaccine (reference attachment B). The HCO shall be responsible for ensuring that form PSD 1223 is witnessed. Once all vaccinations have been completed, the forms are forwarded to the Department Personnel Management Office (PMO) for inclusion in the employee’s personnel file.

3. The HCO shall be responsible for the completion of form PSD 1225, Hepatitis B Vaccination Record (reference attachment C). Upon completion of the record, it shall be forwarded to the PMO for inclusion in the employee’s personnel file.

b. Immunization Rejection

1. A potential risk employee who declines vaccination shall sign form PSD 1224, Hepatitis B Vaccine Declination (reference attachment D). Completion of this form is mandatory.

2. For law enforcement and correctional officer recruits who decline immunization, the TSD shall be responsible for ensuring this form is signed, witnessed, and forwarded to the PMO for inclusion in the employee’s personnel file.

3. For all other staff who decline, the training officer shall be responsible for ensuring that form PSD 1224 is signed, witnessed, and forwarded to the PMO for inclusion in the employee’s personnel file.

6.0 SCOPE

This policy applies to all permanent, temporary, exempt, emergency hire, and volunteer personnel of the Department whose duties may expose them to potential blood borne pathogens.
BLOODBORNE PATHOGENS TRAINING AND IMMUNIZATION

APPROVAL RECOMMENDED:

Deputy Director for Administration 6/16/08

Deputy Director for Corrections 6/18/08

Deputy Director for Law Enforcement 6-19-08

APPROVED:

Director 6/23/08
ATTACHMENT A

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
ACCEPTANCE OF HEPATITIS B VACCINE

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk at acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the hepatitis vaccine, at no charge to myself. I can receive the vaccination series at no charge to me.

At this time, I authorize the Department of Public Safety to administer the Hepatitis B vaccination to me. I also understand that is my responsibility to follow up on completing the three injection series as instructed in the Blood borne Pathogens Class.

I understand that all information will be kept confidential.

_____________________________
Print Name

_____________________________
Signature

_____________________________
Facility

_____________________________
Date

PSD 1223 (10/01)
ATTACHMENT B

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY

OCCUPATIONS THAT INVOLVE POTENTIAL EXPOSURE TO BLOOD BORNE PATHOGENS

The following list of Departmental occupations provides guidelines for determining those who are at potential risk and must receive training.

- Adult Correctional Officers
- Law Enforcement Officers
- Physicians
- Nurses
- Paramedical Assistants
- Dentists
- Dental Hygienists
- Dental Assistants
- Any employee who comes in contact with inmates or custodies on a regular basis as part of their regular duties
- Correctional facility laundry workers
- Any employee assigned to provide emergency first aid
- Any employee who collects and tests urine samples
ATTACHMENT C

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY

HEPATITIS B VACCINATION RECORD

Employee's Name ________________________________

Facility or Area Assigned to Work ________________________________

Date of Training ________________________________

Medical Information ____________________________________________

________________________________________________________________

HEPATITIS B VACCINE SERIES

1. Date of first Hepatitis B Vaccine _______________________________
   Site ________________________________
   Allergies ________________________________
   Name of vaccine type ________________________________
   Administered by ________________________________

2. Date of second Hepatitis B Vaccine ________________________________
   Site ________________________________
   Allergies ________________________________
   Name of vaccine type ________________________________
   Administered by ________________________________

3. Date of third Hepatitis B Vaccine ________________________________
   Site ________________________________
   Allergies ________________________________
   Name of vaccine type ________________________________
   Administered by ________________________________

PSD 1225 (10/01)