

**UNIT 5: SPECIAL INMATE NEEDS****TOPIC 3: HANDLING MEDICAL PROBLEMS & BLOOD BORNE PATHOGENS**

**GOAL:** THE STUDENT WILL KNOW HOW TO HANDLE MEDICAL PROBLEMS IN A CORRECTIONAL FACILITY

**SUB-GOALS:**

The student will know the responsibilities of the jail physician

The student will know steps to follow when administering medication to inmates

The student will know steps that should be followed upon finding a medical emergency situation in a jail

The student will be able to define the term "Blood Borne-Air Borne Pathogens"

The student will know conditions which are necessary for the transmission of disease

The student will know how pathogens enter the body

The student will know precautions to follow when providing care for others

**REQUIRED HOURS:** FOUR (4) HOURS

**STUDENT PERFORMANCE OBJECTIVES:**

1. Given a multiple choice question, the student **will choose the option which identifies 1 of the 3 responsibilities of a jail physician** as stated in the Local Corrections Basic Training Curriculum of the Ohio Peace Officer Training Commission.
2. Given a multiple choice question, the student **will choose the option which identifies 2 of the 4 steps that correctional personnel should follow when administering medication to inmates** as stated in the Local Corrections Basic Training Curriculum of the Ohio Peace Officer Training Commission.
3. Given a multiple choice question, the student **will choose the option which states 3 of the 6 steps that should be taken upon finding a medical emergency situation in a jail** as stated in the Local Corrections Basic Training Curriculum of the Ohio Peace Officer Training Commission.
4. Given a multiple choice question, the student **will choose the option which defines the term "Blood Borne-Air Borne Pathogens"** as stated in the Local Corrections Basic Training Curriculum of the Ohio Peace Officer Training Commission.

5. Given a multiple choice question, the student **will choose the option which states 2 of the 4 conditions which must be met in order for diseases to be transmitted** as stated in the Local Corrections Basic Training Curriculum of the Ohio Peace Officer Training Commission.
6. Given a multiple choice question, the student **will choose the option which states 2 of the 4 methods by which pathogens enter the body** as stated in the Local Corrections Basic Training Curriculum of the Ohio Peace Officer Training Commission.
7. Given a multiple choice question, the student **will choose the option which states 2 of the 4 basic precautions to follow when providing care for others** as stated in the Local Corrections Basic Training Curriculum of the Ohio Peace Officer Training Commission.

**INSTRUCTOR REFERENCES:**

CPR For the Professional Rescuer, The American National Red Cross, St. Louis, 1993  
\_\_\_\_\_, Johnsen, Christine, "Correctional Setting", ch.87, p.87:3-87:5.

Unpublished manuscript, "Controlling TB in Correctional Facilities", Dobbins, Shirley J., R.N., BA, CIC, Infectious Disease Control Consultant for the Tuberculosis Control Program of the Ohio Department of Health, February 1998.

105. Management of Hepatitis "C", 105 txt. Html at text.nim.nih.gov

Hepatitis C: The Facts: Essentials: What is H...

Hepatitis C: The Facts: Essentials: The Hepat....

Hepatitis C: The Facts: Essentials: How to Pr...

Unpublished edit notes, Jim Voisard, Medical Director, Montgomery County Correctional Facility, September, 1999.

**TEACHING AIDS:**

White board/Chalkboard  
White board pens/chalk  
Eraser  
Overhead Projector  
Prepared Overheads

**STUDENT REFERENCES:**

Worksheets

Handouts:

1. Glossary of Terms
2. "Informed Consent to HIV Antibody Test"
3. "Post-Exposure Evaluation and Follow-up Checklist"
4. "Exposure Incident Investigation Form"

<p><b>I. PREPARATION</b></p> <p>A. Introduction</p> <ol style="list-style-type: none"> <li>1. Instructor</li> <li>2. Course</li> </ol> <p>B. The purpose of this section of training is to present an overview of:</p> <ol style="list-style-type: none"> <li>1. The responsibilities of the Jail Physician</li> <li>2. Procedures for administering medications to inmates</li> <li>3. Procedures for handling medical emergency situations in a jail setting</li> <li>4. Handling inmates who have communicable diseases</li> <li>5. Various types of blood borne and air borne pathogens</li> <li>6. Precautions the corrections officer should take for protection against these pathogens</li> </ol> <p>C. SPOs</p> <p><b>II. PRESENTATION</b></p> <p>A. Medical procedures in a jail is an area of liability that an officer assumes in dealing with inmates</p> <ol style="list-style-type: none"> <li>1. It is of vital importance that correctional officers understand: <ol style="list-style-type: none"> <li>a. Policies and procedures relating to medical practices as they are required in the Minimum Standards for Jails in Ohio (MSJO)</li> <li>b. Policies and procedures of an officer's individual facility must conform to the MSJO</li> </ol> </li> <li>2. Adherence to the standards is important for a number of reasons: <ol style="list-style-type: none"> <li>a. To assure legal protection for the officer when providing the necessary care for the inmate</li> </ol> </li> </ol>	<p><b>STUDENT NOTEBOOK</b></p> <p><b>HANDOUT #1</b></p> <p><b>OVERHEAD #1</b></p>
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<ul style="list-style-type: none"> <li>b. It greatly reduces frivolous legal action</li> <li>c. It improves the standard of care for the inmate</li> </ul> <p>3. The Jail Physician</p> <ul style="list-style-type: none"> <li>a. The jail physician bears a great responsibility in providing medical care for the inmate</li> <li>b. It is of prime importance that officers know and follow the dictates of the jail physician relating to the care of inmates</li> </ul> <p><b>B. RESPONSIBILITIES OF THE JAIL PHYSICIAN</b></p> <ul style="list-style-type: none"> <li>1. Accepts responsibility for medical treatment of inmates housed in a facility</li> <li>2. Dictates policy and procedures concerning emergency response by the officers</li> <li>3. Institutes special medical treatment plans for specific inmates</li> </ul> <p><b>C. Orders of the Jail Physician</b></p> <ul style="list-style-type: none"> <li>1. These are to be followed unless they interfere with security of the facility</li> <li>2. The determination as to whether or not those orders conform to security regulations, must be determined by management</li> <li>3. The security and safety of staff and inmates are the most important factors of the jail</li> </ul> <p><b>D. Confidentiality Concerning Medical Care of Inmates:</b></p> <ul style="list-style-type: none"> <li>1. The officer must remember that the inmate has the same right to confidential medical relationship in confinement as in the free world <ul style="list-style-type: none"> <li>a. This means, do not discuss one inmate's condition or treatment in front of another inmate</li> <li>b. Do not make fun of an inmate and his or her medical problem</li> </ul> </li> </ul>	<p><b>SPO #1 OVERHEAD #2 5120:1-8-09 (B)</b></p> <p><b>N.B.: THE OFFICER SHALL FOLLOW THESE PLANS FOR LONG TERM CARE OF CHRONIC AILMENTS</b></p> <p><b>OVERHEAD #3</b></p>
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<ul style="list-style-type: none"><li>c. Do not discuss medical problems of inmates outside the jail</li><li>2. Medical records must be filed separately, securely and accessible only to medical personnel or designated staff</li><li>E. Requirements of Standards for Medical Services in a Full Service Facility<ul style="list-style-type: none"><li>1. A health care staff member or the receiving officer shall complete a preliminary health evaluation record for all new admissions including, but not limited to:<ul style="list-style-type: none"><li>a. Current illnesses and health problems including those specific to women</li><li>b. Medications taken and special health requirements</li><li>c. Screening of other health problems designated by the responsible physician</li><li>d. Behavioral observation, including state of consciousness and mental status</li><li>e. Notation of:<ul style="list-style-type: none"><li>1. Body deformities</li><li>2. Trauma markings</li><li>3. Bruises</li><li>4. Lesions</li><li>5. Ease of movements</li><li>6. Jaundice</li></ul></li><li>f. Condition of skin:<ul style="list-style-type: none"><li>1. Rashes</li><li>2. Infestations</li></ul></li><li>g. Disposition</li></ul></li></ul></li></ul>	<b>REFER STUDENTS TO SECTION 5120:1-8-09 OF STANDARDS</b>
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<ul style="list-style-type: none"><li><ul style="list-style-type: none"><li>h. Document referral of prisoners to qualified health care personnel for emergency treatment</li><li>i. Notation of personal physician and any medical needs</li><li>j. Assessment of suicidal risk</li></ul></li><li>2. Within fourteen days after admission, a health appraisal shall be completed for each prisoner whose stay exceeds ten days and shall include, but not be limited to:<ul style="list-style-type: none"><li>a. Review of the preliminary health evaluation</li><li>b. Additional data to complete the medical and psychiatric history</li><li>c. Laboratory and diagnostic tests to detect communicable diseases</li><li>d. Height, weight, pulse, blood pressure and temperature</li></ul></li><li>3. Every jail shall have emergency medical treatment available either through an in-house or outside medical service arrangement on a twenty-four hour basis for all prisoners</li><li>4. Sick call shall be conducted by a physician and/or allied health care personnel as follows:<ul style="list-style-type: none"><li>a. A minimum of once per week for jails whose average daily prisoner population is less than fifty</li><li>b. A minimum of three times per week for jails whose average daily prisoner population is between fifty to one hundred ninety-nine</li><li>c. A minimum of five times per week for jails whose average population is two hundred or more</li></ul></li><li>5. The use of allied health care personnel shall be determined by the jail physician subject to limitations imposed by law and shall be supervised by the jail physician:</li></ul>	
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<ul style="list-style-type: none"><li>a. Registered nurses</li><li>b. Licensed practical nurses</li><li>c. Physician assistants</li><li>d. Paramedics</li><li>e. Emergency medical technicians</li><li>f. All others</li></ul> <p>6. Each jail shall provide a daily procedure whereby each prisoner may have an equal opportunity to report medical complaints to the facility physician, either directly or through his designee(s)</p> <ul style="list-style-type: none"><li>a. All medical complaints shall be recorded and maintained on file</li><li>b. All medical complaints shall be reviewed daily by allied health care personnel in conjunction with the jail physician, and treatment provided as deemed appropriate</li></ul> <p>7. Prisoners shall be permitted to be treated by their personal physicians in the jail at their own expense provided the identity of the physician is verified and such attention is deemed necessary and advisable by the jail physician</p> <p>8. Accurate records documenting all patient-perceived medical problems, examinations, diagnosis and treatment shall be maintained at the facility under the supervision of the physician in charge</p> <ul style="list-style-type: none"><li>a. All medical records shall be considered confidential and accessible only to designated personnel</li><li>b. Medical records maintained at the jail shall include documentation of all treatment provided by a personal physician or outside mental health professionals during the prisoner's confinement</li></ul>	
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<ol style="list-style-type: none"><li>9. The jail physician shall establish and supervise the maintenance of a listing of both prescription and non-prescription medications and supplies which are permitted for use in the facility and shall specify any limitations on their use</li><li>10. The administration of prisoner medications and medical supplies shall be regulated by the written medical and health care plan</li><li>11. Medications shall only be administered in the dosage, form and at the time prescribed by the physician treating the prisoner</li><li>12. A complete and accurate record of all prisoners receiving their medications and supplies shall include but not be limited to:<ol style="list-style-type: none"><li>a. The kind and amount of medication administered and/or medical supplies used</li><li>b. The time and by whom such medications are administered and supplies are used</li></ol></li><li>13. Prisoner medications, medical supplies and medical records shall be stored in secure locked cabinets, storage rooms and refrigeration units, including:<ol style="list-style-type: none"><li>a. Controlled substances</li><li>b. Hypodermic needles</li><li>c. Syringes</li><li>d. Medical instruments</li><li>e. Potentially dangerous substances shall be disposed of in accordance with Chapter 3719 of the Revised Code</li></ol></li><li>14. No prisoner shall be denied medical attention for disciplinary reasons or on the basis of classification status</li><li>15. Prisoners shall be provided professional dental services, both preventive and corrective, as determined by the facility physician or dentist</li></ol>	
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<p>4. Initial and sign the log sheet</p> <p>H. Records of inmate medication log should be checked by a supervisor or medical officer depending on departmental policy</p> <p>I. Officer should report anything noticed out of place or different or unusual when dealing with medication as well as all incidents where inmates are injured, sick or experiencing difficulties either physically or mentally</p> <p>J. <b>SIX STEPS THAT SHOULD BE TAKEN UPON FINDING A MEDICAL EMERGENCY SITUATION IN A JAIL:</b></p> <ol style="list-style-type: none"><li>1. Remain Calm!</li><li>2. Secure the scene</li><li>3. Call for assistance from immediate supervisor</li><li>4. Support the victim with first aid or C.P.R. until additional help arrives</li><li>5. Assist, if needed, in summoning additional or advanced medical care</li><li>6. Report clearly and concisely by incident report, the events, the care and the disposition</li></ol> <p>K. Reasons for which an inmate may be placed in an observation area</p> <ol style="list-style-type: none"><li>1. Physically or mentally handicapped</li><li>2. Suicidal</li><li>3. Mental Illness</li><li>4. Alcohol or drug withdrawal</li><li>5. Injuries or illness that needs close attention</li></ol> <p>L. Communicable Diseases</p> <ol style="list-style-type: none"><li>1. Each year thousands of people are exposed to various types of diseases</li></ol>	<p><b>SPO #3 OVERHEAD #6</b></p> <p><b>N.B.: THIS MUST BE RECORDED ON THE JAIL LOG (5120:1-8-03(L))</b></p> <p><b>OVERHEAD #7</b></p>
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<p>2. The types of diseases to which many are exposed, especially in the public service field are:</p> <ul style="list-style-type: none"> <li>a. Blood Borne Pathogens</li> <li>b. Air Borne Pathogens</li> </ul> <p>M. Blood Borne/Air Borne Pathogens</p> <ul style="list-style-type: none"> <li>1. On December 6, 1991, the occupational Safety and Health Administration (OSHA) issued final regulations concerning on-the-job exposure of employees to blood borne pathogens</li> <li>2. OSHA research determined that employees are at risk when exposed to blood and other materials that may cause infections</li> <li>3. There materials may contain pathogens (germs) which include: <ul style="list-style-type: none"> <li>a. Hepatitis B virus which causes a serious liver condition</li> <li>b. Human Immunodeficiency Virus (HIV) which can cause AIDS</li> </ul> </li> </ul> <p>N. <b>BLOOD BORNE-AIR BORNE PATHOGENS MAY BE DEFINED AS BACTERIA AND VIRUSES PRESENT IN THE HUMAN BLOOD AND BODY FLUIDS THAT CAN CAUSE DISEASE IN HUMANS</b></p> <p>O. Employees covered by OSHA regulations include those:</p> <ul style="list-style-type: none"> <li>1. In prisons</li> <li>2. Assigned to provide emergency first aid</li> <li>3. Who handle regulated waste</li> <li>4. Employed as emergency medical technicians, paramedics and others who provide emergency medical services</li> <li>5. Who are law enforcement officers</li> <li>6. Who are correctional officers</li> </ul>	<p>SPO #4 OVERHEAD #8</p> <p>OVERHEAD #9</p>
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<ul style="list-style-type: none"><li>7. Who are court officers</li><li>8. Who handle linen and bedding in institutional settings</li><li>P. OSHA standards do not cover any good Samaritan actions that result in exposure to blood or other infectious materials</li><li>Q. Infectious diseases are those diseases which can be contracted from people, objects or animals<ul style="list-style-type: none"><li>1. Some of these diseases can be transmitted more easily than can others</li><li>2. Officers need to know:<ul style="list-style-type: none"><li>a. How to recognize situations that have the potential for disease transmission</li><li>b. How to protect him/herself and others from contracting a disease of this nature</li></ul></li></ul></li><li>R. How infections occur<ul style="list-style-type: none"><li>1. The disease process begins when a pathogen enters the body</li><li>2. When pathogens enter the body, they can overpower the body's defense system and cause an illness known as an infection</li><li>3. Most infectious diseases are caused by one of the 6 types of pathogens<ul style="list-style-type: none"><li>a. Viruses</li><li>b. Bacteria</li><li>c. Fungi</li><li>d. Protozoa</li><li>e. Rickettsia</li><li>f. Parasitic worms</li></ul></li></ul></li></ul>	<p><b>HANDOUT #3</b></p> <p><b>OVERHEAD #10</b></p> <p><b>OVERHEAD #11</b></p> <p><b>OVERHEAD #12</b></p>
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<ul style="list-style-type: none"><li>4. The most common types of pathogens are viruses and bacteria<ul style="list-style-type: none"><li>a. Bacteria<ul style="list-style-type: none"><li>1. They are everywhere</li><li>2. Bacteria do not depend upon other organisms for life</li><li>3. They can live outside the human body</li><li>4. Most Bacteria do not infect humans</li><li>5. Those that do can cause serious illnesses such as:<ul style="list-style-type: none"><li>a. Meningitis</li><li>b. Scarlet Fever</li><li>c. Tetanus</li></ul></li><li>6. The human body has difficulty fighting infections caused by bacteria</li></ul></li><li>b. Viruses<ul style="list-style-type: none"><li>1. Depend on other organisms to live and reproduce</li><li>2. Viruses cause many diseases including the common cold</li><li>3. Once they become established in the body:<ul style="list-style-type: none"><li>a. They are difficult to eliminate</li><li>b. Very few medications are effective against them</li></ul></li><li>4. The immune system of the body is the main defense against them</li><li>5. Example of viruses<ul style="list-style-type: none"><li>a. Hepatitis</li></ul></li></ul></li></ul></li></ul>	<b>OVERHEAD #13</b>
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<ul style="list-style-type: none"><li>2. Meningitis<ul style="list-style-type: none"><li>a. Severe infection covering the brain and spinal cord</li><li>b. Can be caused by either viruses or bacteria</li><li>c. Easily transmitted by<ul style="list-style-type: none"><li>1. Direct contact</li><li>2. Indirect contact</li><li>3. Airborne means</li></ul></li></ul></li><li>3. Tuberculosis<ul style="list-style-type: none"><li>a. Epidemiology<ul style="list-style-type: none"><li>1. A disease of medium to low income, foreign forms and elderly person of the United States</li><li>2. Increase in Rate of Tb in the late 1980s resulted from:<ul style="list-style-type: none"><li>a. The high HIV infections rates in some urban centers</li><li>b. Increased immigration from high prevalence countries</li></ul></li><li>3. Individuals infected with HIV and TB are 30-40 times more likely to progress to tuberculosis disease</li><li>4. Why correctional facilities are at higher risks for TB than the general population:<ul style="list-style-type: none"><li>a. Factors in the correctional environment:<ul style="list-style-type: none"><li>1. Individuals at high risk of tuberculosis are housed in overcrowded conditions and poorly ventilated facilities</li><li>2. Increased risk of tuberculosis because of presence of large number of HIV infected inmates</li></ul></li></ul></li></ul></li></ul></li></ul>	<p><b>JOHNSEN, CHRISTINE</b></p> <p><b>OVERHEAD #16</b></p>
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<ul style="list-style-type: none"><li>3. Outbreak of multidrug-resistant tuberculosis in correctional facilities</li><li>b. Drug Use and TB</li><li>b. Screening for TB<ul style="list-style-type: none"><li>1. Priorities<ul style="list-style-type: none"><li>a. Prompt identification of persons with suspects or confirmed disease</li><li>b. Containment of suspected or confirmed disease</li><li>c. Prompt reporting to health authorities</li><li>d. Screen all staff and long-term inmates</li><li>e. Tuberculin skin test is the only method available for detecting infection in the absence of the disease<ul style="list-style-type: none"><li>1. Inmates and staff who previously have tested negative, or have unknown status should not be permitted to refuse skin test or take a chest radiograph in its place</li><li>2. As correctional staff may make up as much as 1/3 of the population in a correctional facility, their exclusion from any ongoing screening can place any tuberculosis control program in danger</li><li>3. New admissions to long term facilities, who cannot document a previous positive reaction should have a skin test to document their positive response</li></ul></li></ul></li><li>2. Methods<ul style="list-style-type: none"><li>a. Symptom screening</li><li>b. Chest X-ray</li></ul></li></ul></li></ul>	
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<p>c. Mantoux TB Skin Testing</p> <ol style="list-style-type: none"><li>1. Guidelines for this method are published by the Center for Disease Control (CDC)</li><li>2. In the correctional setting a 10mm reaction is considered positive <b>unless</b> an individual is:<ol style="list-style-type: none"><li>a. HIV infected</li><li>b. Has a history of injection drug use</li></ol><p style="text-align: center;"><b>OR</b></p><ol style="list-style-type: none"><li>c. Is a recent contact of an active case</li></ol></li><li>3. If these circumstances are true of an individual then a 5mm reaction is considered positive</li><li>4. Two-step testing:<ol style="list-style-type: none"><li>a. Recommended by the CDC</li><li>b. For adults who will be screened regularly</li><li>c. Annual TB screening is recommended for all inmates and correctional staff</li><li>d. For those areas within the facility such as the infirmary, with high rates of tuberculosis disease or high rates of skin test conversions, testing should be done at 6 month intervals</li></ol></li><li>5. Interpretation of TB Skin Tests<ol style="list-style-type: none"><li>a. TB infection vs. TB disease</li><li>b. Follow-up evaluations for PPD positive persons</li></ol></li></ol>	
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<ul style="list-style-type: none"><li><ul style="list-style-type: none"><li>c. Preventive treatment when disease is ruled out</li></ul></li><li>6. Repeat treatment when disease is ruled out</li><li>7. Surveillance<ul style="list-style-type: none"><li>a. Any TB control program developed for a correctional facility should include a surveillance and monitoring system</li><li>b. Monthly statistics should be collected on TB infection rate of new admissions</li><li>c. Monthly figures should be kept on skin test conversions rates of inmates and staff</li><li>d. Records should be kept of the number of active TB disease cases</li><li>e. Reliable figures may take up to 2 years to gather after beginning surveillance program</li><li>f. Continued monthly collection of figures could signal an undetected problem or suggest the need for different or added TB control measures</li></ul></li><li>c. Overview of Diagnosis of TB Disease<ul style="list-style-type: none"><li>1. Inmate with symptoms of active TB should:<ul style="list-style-type: none"><li>a. Receive a chest radiograph</li><li>b. Have sputum collected for:<ul style="list-style-type: none"><li>1. Smear</li><li>2. Culture</li></ul></li></ul></li></ul></li></ul>	
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## MDR-TB-MULTI DRUG RESISTANT TUBERCULOSIS

### DOT – DIRECTLY OBSERVED THERAPY

<p>c. Engineering controls include:</p> <ol style="list-style-type: none"><li>1. UVGI lighting</li><li>2. A minimum of 6 room-air changes per hour</li><li>3. Negative pressure</li><li>4. Air exhaust directly to the outside away from an air intake which is in accord with local, state and Federal regulations</li></ol> <p style="text-align: center;"><b>OR</b></p> <ol style="list-style-type: none"><li>5. Air exhaust is to be run through a high-efficiency particulate HEPA filter system</li></ol> <p>e. Education and Training</p> <ol style="list-style-type: none"><li>1. Personnel should receive accurate and appropriate information on:<ol style="list-style-type: none"><li>a. TB infection and disease</li><li>b. Symptoms of the disease</li><li>c. How the disease is transmitted</li></ol></li><li>2. TB infected and diseased persons should receive information on the importance of following treatment regimens</li></ol> <p>4. Hepatitis</p> <ol style="list-style-type: none"><li>a. Inflammation of the liver</li><li>b. Common forms are caused by alcohol abuse, abuse of other drugs or chemicals (these forms cannot be transmitted)</li><li>c. Viruses also can cause hepatitis</li><li>d. Two of the most common types of viral hepatitis are Type A and Type B</li></ol>	<p style="text-align: right;"><b>OVERHEAD #17</b></p>
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<ul style="list-style-type: none"><li>1. Hepatitis A<ul style="list-style-type: none"><li>a. Called infectious hepatitis</li><li>b. Often transmitted by contact with food or other products soiled by stool of an infected person</li><li>c. The condition may exhibit flu-like symptoms with the skin later becoming yellowish in color – a condition called Jaundice</li></ul></li><li>2. Hepatitis B<ul style="list-style-type: none"><li>a. Severe liver infection caused by the Hepatitis B virus</li><li>b. Primarily transmitted by:<ul style="list-style-type: none"><li>1. Sexual contact</li><li>2. Blood-to-blood contact from transfusions, needle sticks, cuts, scrapes, sores and skin irritations</li></ul></li><li>c. Has also been found in other body fluids such as saliva</li><li>d. Cannot be transmitted by casual contact, such as:<ul style="list-style-type: none"><li>1. Shaking hands</li><li>2. Drinking fountains</li><li>3. Telephones</li></ul></li></ul></li><li>3. Hepatitis “C”<ul style="list-style-type: none"><li>a. One of 6 viruses that together account for majority of cases of viral hepatitis</li><li>b. A common infection which can lead to:<ul style="list-style-type: none"><li>1. Chronic Hepatitis</li><li>2. Cirrhosis</li></ul></li></ul></li></ul>	<p><b>HEPATITIS VACCINE AVAILABLE FREE OF CHARGE THROUGH YOUR EMPLOYER</b></p>
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3. Hepatocellular Carcinoma
4. Death in many cases
- c. As of June, 1999, nearly 4,000,000 Americans were infected with Hepatitis "C"
- d. The leading reason for liver transplants in U.S. as of June, 1999
- e. Transmitted primarily by the parental route, i.e. intravenous injection
- f. Sources of infection include:
  1. Injection drug use
  2. Needle stick accidents
  3. Transfusions of blood or blood products
- g. Almost any direct or indirect exposure to infected blood can transmit the virus, i.e.:
  1. I.V. drug use
  2. Poorly sterilized medical instruments
  3. Blood spills
  4. Unbandaged cuts and injuries
  5. Tattooing
  6. Body piercing
  7. Less obvious means which contain small amounts of blood, i.e.:
    - a. Shared razors
    - b. Toothbrushes
    - c. Body secretions such as mucous

<ul style="list-style-type: none"><li>h. Heterosexual and homosexual activity with multiple partners can transmit the virus</li><li>i. Initial Symptoms<ul style="list-style-type: none"><li>1. Most common symptom of Hepatitis "C" is fatigue, sometimes not showing up until years after initial infection</li><li>2. Mild fever</li><li>3. Muscle and joint aches</li><li>4. Nausea</li><li>5. Vomiting</li><li>6. Loss of appetite</li><li>7. Vague abdominal pain</li><li>8. Sometimes, diarrhea is associated with the virus</li></ul></li><li>j. Advanced Symptoms<ul style="list-style-type: none"><li>1. Cirrhosis</li><li>2. Liver failure<ul style="list-style-type: none"><li>a. Jaundice</li><li>b. Abdominal swelling due to retention of fluid</li></ul></li><li>3. Coma</li></ul></li><li>k. Infection Rates<ul style="list-style-type: none"><li>1. Hepatitis "C" affects particular racial, ethnic and income groups at higher rate</li><li>2. Sequential rates of incidence from highest to lowest:<ul style="list-style-type: none"><li>a. Afro-Americans</li></ul></li></ul></li></ul>	<b>OVERHEAD #18</b>
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<ul style="list-style-type: none"><li>b. Native Americans</li><li>c. Hispanics</li><li>d. Caucasians</li></ul> <ul style="list-style-type: none"><li>3. Low income groups appear to have the highest rates of infection</li><li>4. Specific risk groups include<ul style="list-style-type: none"><li>a. Health care workers</li><li>b. Military Veterans</li><li>c. I.V. Drug users</li><li>d. Alcoholics</li><li>e. Prisoners</li></ul></li></ul> <p>I. Preventive measures</p> <ul style="list-style-type: none"><li>1. Exercise caution by wearing gloves when touching or cleaning up blood on personal items</li><li>2. When cleaning up spilled blood, use a strong disinfectant</li><li>3. Keep skin injuries bandaged</li><li>4. Do not share personal items with anyone:<ul style="list-style-type: none"><li>a. Razors</li><li>b. Toothbrushes</li><li>c. Pierced earrings</li></ul></li><li>5. Use condoms if you have multiple sexual partners or when having sexual relations with an infected person</li><li>6. Properly sterilize any needles or other sharp implements for drugs, ear piercing, manicuring or tattooing</li></ul>	
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<p>5. HIV</p> <ol style="list-style-type: none"> <li>AIDS (Acquired Immune Deficiency Syndrome) is a result of a weakened immune system</li> <li>Caused by HIV – Human Immunodeficiency Virus</li> <li>This virus attacks the white blood cells and destroys the body's ability to fight infection</li> <li>Important points to remember about the transmission of HIV: <ol style="list-style-type: none"> <li>HIV cannot spread by casual contact</li> <li>The virus that causes HIV infection is easily killed by alcohol, chlorine bleach and other common disinfectants</li> <li>HIV is known to be transmitted only through exposure to infected blood, semen, vaginal secretions and (rarely) breast milk</li> </ol> </li> </ol> <p>V. Protecting yourself from disease transmission</p> <ol style="list-style-type: none"> <li>Have an exposure control plan in place and make certain you know how to activate it</li> <li>Make certain you have received immunizations for the following: <ol style="list-style-type: none"> <li>DPT (diphtheria, Pertussis, Tetanus)</li> <li>Polio</li> <li>Hepatitis B</li> <li>MMR (Mumps, Measles, Rubella)</li> <li>Influenza</li> </ol> </li> <li>The center for Disease Control and Prevention has identified precautions to be taken in order to prevent occupational risk-exposure to blood and other body fluids containing visible blood-these are called UNIVERSAL PRECAUTIONS</li> </ol>	<p><b>HANDOUT #2</b></p> <p><b>OVERHEAD #19</b></p> <p><b>HANDOUT #4</b></p>
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<p>4. (BSI) Body Substance Isolation is defined as the precautions taken to isolate and prevent risk of exposure from any other type of body substance</p> <p>5. <b>FOUR BASIC PRECAUTIONS TO FOLLOW WHEN PROVIDING CARE FOR OTHERS</b></p> <ul style="list-style-type: none"><li>a. Personal hygiene</li><li>b. Personal protective equipment</li><li>c. Engineering and work practice controls</li><li>d. Equipment cleaning and Disinfection: When cleaning any area or equipment contaminated with body fluids, the following precautions should be used:<ul style="list-style-type: none"><li>1. Wear gloves especially if there are open lesions present on hands</li><li>2. Contain the fluid with disposable towels, discarding after the area has been wiped</li><li>3. Use soap and water to clean the area/equipment as soon as possible</li><li>4. Use a bleach solution<ul style="list-style-type: none"><li>a. One part bleach to ten parts water as a disinfectant</li><li>b. This solution should be changed every 24 hours, or mixed at the time of need</li><li>c. An alcohol-based disinfectant should be used for areas not suitable for bleach</li></ul></li><li>5. Only those employees and inmates who have received blood borne pathogens training are to participate in clean up tasks</li><li>6. When in any doubt about the possibility of exposure, the following steps should be taken:<ul style="list-style-type: none"><li>a. Take the time to put on disposable gloves</li></ul></li></ul></li></ul>	<p><b>SPO #7 OVERHEAD #20</b></p>
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<ol style="list-style-type: none"><li>1. Wear gloves:<ol style="list-style-type: none"><li>a. When there is contact with body fluids</li><li>b. When handling an item or equipment that is contaminated with body fluids</li><li>c. When cleaning any area or equipment that is contaminated with body fluids</li></ol></li><li>2. Wash your hands, even though gloves are used, using soap and water</li><li>3. If there is no water available, use alcohol or a hand cleaning germicide</li><li>4. Cover all open cuts and abrasions on exposed parts of your body</li><li>5. Bandages should be changed immediately if they become wet or soiled</li><li>b. Wear some sort of eye protection</li><li>c. Follow facility policy and procedure on infection control</li><li>d. It is far better to take the universal precautions and body substance isolation steps and find you have not been exposed than to fail to take the steps and find that you HAVE been exposed</li><li>e. If exposed, file a report with your employer immediately and follow guidelines set forth in facility exposure control plan</li><li>f. All employees should have access to HIV COUNSLING AND TEST RESULTS SHOULD BE kept confidential</li></ol>	
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g. The exposure control plan should specify what action will be taken should an employee test positive for a contagious disease

7. Inmates with positive HIV tests, but no clinical evidence of AIDS should not be segregated from general populations for medical reasons

### III. PRACTICE

- A. Distribute practice exercises
- B. Have students complete
- C. Review exercises with students
- D. Be available for questions, if necessary

### IV. TEST/SPOS

**TO BE TAKEN AT END OF  
COURSE**

## REASONS FOR ADHERING TO MINIMUM JAIL STANDARDS

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1. TO ASSURE LEGAL PROTECTION FOR THE OFFICER WHEN PROVIDING THE NECESSARY CARE FOR THE INMATE
2. TO REDUCE FRIVOLOUS LEGAL ACTION
3. TO IMPROVE THE STANDARD OF CARE FOR THE INMATE

SPO 1

RESPONSIBILITIES OF THE JAIL PHYSICIAN  
[5120:1-8-09(B)]

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1. ACCEPTS RESPONSIBILITY FOR MEDICAL TREATMENT OF INMATES HOUSED IN A FACILITY
2. DICTATES POLICY AND PROCEDURES CONCERNING EMERGENCY RESPONSE BY THE OFFICERS
3. INSTITUTES SPECIAL MEDICAL TREATMENT PLANS FOR SPECIFIC INMATES

THE MOST IMPORTANT FACTORS IN THE JAIL ARE THE  
SECURITY AND SAFETY OF STAFF AND INMATES

---



## ITEMS EACH OFFICER SHOULD KNOW FOR SICK CALL

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1. WHERE SICK CALL IS CONDUCTED
2. DATE AND TIME IT IS CONDUCTED
3. SECURITY MEASURES TO BE OBSERVED WHEN ASSISTING WITH SICK CALL
4. NECESSITY FOR SEARCHING INMATES RETURNING TO QUARTERS FROM SICK CALL
5. THE PROCESS FOR ADDRESSING INMATES' DAILY REQUESTS FOR MEDICAL CARE

SPO 2

## STEPS THAT CORRECTIONAL PERSONNEL SHOULD FOLLOW WHEN ADMINISTERING MEDICATION TO INMATES

---

1. MAKE SURE YOU HAVE THE PROPER MEDICATION AND GIVE IT AT THE PRESCRIBED TIME
2. OBSERVE THE INMATE TAKING THE MEDICATION AND CHECK UNDER THE INMATE'S TONGUE AFTER THE MEDICATION IS TAKEN
3. RECORD TIME AND DATE THE MEDICATION WAS GIVEN ON THE JAIL LOG
4. INITIAL AND SIGN THE LOG SHEET

SPO 3

## STEPS THAT SHOULD BE TAKEN UPON FINDING A MEDICAL EMERGENCY IN A JAIL

---

1. REMAIN CALM
2. SECURE THE SCENE
3. CALL FOR ASSISTANCE FROM IMMEDIATE SUPERVISOR
4. SUPPORT THE VICTIM WITH FIRST AID OR CPR UNTIL  
ADDITIONAL HELP ARRIVES
5. ASSIST, IF NEEDED, IN SUMMONING ADDITIONAL OR  
ADVANCED MEDICAL CARE
6. REPORT CLEARLY AND CONCISELY BY INCIDENT REPORT,  
THE EVENTS, THE CARE AND THE DISPOSITION

## REASONS FOR WHICH AN INMATE MAY BE PLACED IN AN OBSERVATION AREA

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1. PHYSICALLY OR MENTALLY HANDICAPPED INMATE
2. SUICIDAL INMATE
3. MENTAL ILLNESS
4. ALCOHOL OR DRUG WITHDRAWAL
5. INJURY OR ILLNESS THAT REQUIRES CLOSE ATTENTION

SPO 4

## BLOOD BORNE AND AIR BORNE PATHOGENS

---

BACTERIA AND VIRUSES PRESENT IN THE HUMAN BLOOD  
AND BODY FLUIDS THAT CAN CAUSE DISEASE IN HUMANS

## EMPLOYEES COVERED BY OSHA REGULATIONS INCLUDE THOSE

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1. IN PRISONS
2. ASSIGNED TO PROVIDE EMERGENCY FIRST AID
3. WHO HANDLE REGULATED WASTE
4. EMPLOYED AS EMERGENCY MEDICAL TECHNICIANS,  
PARAMEDICS AND OTHERS WHO PROVIDE EMERGENCY  
MEDICAL SERVICES
5. WHO ARE LAW ENFORCEMENT OFFICERS
6. WHO ARE CORRECTIONAL OFFICERS
7. WHO ARE COURT OFFICERS
8. WHO HANDLE LINEN AND BEDDING IN INSTITUTIONAL  
SETTINGS

## INFECTIOUS DISEASES

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DISEASES WHICH CAN BE CONTRACTED FROM PEOPLE,  
OBJECTS OR ANIMALS

## HOW INFECTIONS OCCUR

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INFECTIONS OCCUR WHEN A PATHOGEN ENTERS THE BODY  
AND OVERPOWERS THE DEFENSE SYSTEM OF THE BODY  
AND CAUSES AN ILLNESS KNOWN AS AN INFECTION



## MOST INFECTIOUS DISEASES ARE CAUSED BY 1 OF THE 6 TYPES OF PATHOGENS

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1. VIRUSES
2. BACTERIA
3. FUNGI
4. PROTOZOA
5. RICKETTSIA
6. PARASITIC WORMS

## THE MOST COMMON TYPES OF PATHOGENS

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◆ VIRUSES

◆ BACTERIA

SPO 5

## FOUR CONDITIONS MUST BE MET IN ORDER FOR DISEASES TO BE TRANSMITTED

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- ◆ A PATHOGEN MUST BE PRESENT
  
- ◆ THERE MUST BE A SUFFICIENT AMOUNT OF THE  
PATHOGEN TO CAUSE DISEASE
  
- ◆ A PERSON MUST BE SUSCEPTIBLE TO THE PATHOGEN
  
- ◆ THE PATHOGEN MUST PASS THROUGH THE CORRECT  
ENTRY SITE

SPO 6

## FOUR METHODS BY WHICH PATHOGENS ENTER THE BODY

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1. DIRECT CONTACT
2. INDIRECT CONTACT
3. AIRBORNE
4. VECTOR-BORNE

## FACTORS IN THE CORRECTIONAL ENVIRONMENT WHICH PLACE CORRECTIONAL FACILITIES AT A HIGH RISK FOR TB

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- ◆ INDIVIDUALS AT HIGH RISK OF TB ARE HOUSED IN OVER-CROWDED CONDITIONS AND POORLY VENTILATED FACILITIES
- ◆ INCREASED RISK OF TB BECAUSE OF PRESENCE OF LARGE NUMBER OF HIV INFECTED INMATES
- ◆ OUTBREAK OF MULTIDRUG-RESISTANT TB IN CORRECTIONAL FACILITIES

## COMMON TYPES OF VIRAL HEPATITIS

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### HEPATITIS A

- ◆ KNOWN AS INFECTIOUS HEPATITIS
- ◆ OFTEN TRANSMITTED BY CONTACT WITH FOOD OR OTHER PRODUCTS SOILED BY STOOL OF AN INFECTED PERSON
- ◆ MAY CAUSE FLU LIKE SYMPTOMS WITH THE SKIN BECOMING YELLOWISH IN COLOR
- ◆ ALSO KNOWN AS “YELLOW JAUNDICE”

### HEPATITIS B

- ◆ CAUSES SEVERE LIVER INFECTION
- ◆ PRIMARILY TRANSMITTED BY SEXUAL CONTACT AND BLOOD CONTACT FROM TRANSFUSIONS, NEEDLE STICKS, CUTS, SCRAPES, SORES AND SKIN IRRITATIONS
- ◆ HAS ALSO BEEN FOUND IN SALIVA

### HEPATITIS C

- ◆ ONE OF 6 VIRUSES THAT TOGETHER ACCOUNT FOR THE MAJORITY OF CASES OF VIRAL HEPATITIS
- ◆ CAN LEAD TO CHRONIC HEPATITIS, CIRRHOSIS, HEPATOCELLULAR CARCINOMA, DEATH
- ◆ TRANSMITTED PRIMARILY BY THE PARENTAL ROUTE
- ◆ SOURCES OF INFECTION INCLUDE INJECTION DRUG USE, NEEDLE STICKS, TRANSFUSIONS OF BLOOD OR BLOOD PRODUCTS

## SYMPTOMS OF HEPATITIS "C"

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- ◆ MOST COMMON SYMPTOM IS FATIGUE
- ◆ MILD FEVER
- ◆ MUSCLE AND JOINT ACHES
- ◆ NAUSEA
- ◆ VOMITTING
- ◆ LOSS OF APPETITE
- ◆ VAGUE ABDOMINAL PAIN
- ◆ SOMETIMES, DIARRHEA

## IMPORTANT POINTS TO REMEMBER ABOUT THE TRANSMISSION OF HIV

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- ◆ HIV CANNOT SPREAD BY CASUAL CONTACT
- ◆ THE VIRUS THAT CAUSES HIV INFECTION IS EASILY KILLED BY ALCOHOL, CHLORINE BLEACH AND OTHER COMMON DISINFECTANTS
- ◆ HIV IS KNOWN TO BE TRANSMITTED ONLY THROUGH EXPOSURE TO INFECTED BLOOD, SEMEN, VAGINAL SECRETIONS AND (RARELY), BREAST MILK



SPO 7

## FOUR BASIC PRECAUTIONS TO FOLLOW WHEN PROVIDING CARE FOR OTHERS

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- ◆ PERSONAL HYGIENE
- ◆ PERSONAL PROTECTIVE EQUIPMENT
- ◆ ENGINEERING AND WORK PRACTICE CONTROLS
- ◆ EQUIPMENT CLEANING AND DISINFECTION

## GLOSSARY OF TERMS

### **ASSISTANT SECRETARY:**

The Assistant Secretary of labor for Occupational Safety and Health, or designated representative.

### **BIO-HAZARD LABEL:**

A label affixed to containers of regulated waste, refrigerator/freezers and other containers used to store, transport or ship blood and other potentially infectious materials. The label must be fluorescent, orange-red with the bio-hazard symbol and the work "bio-hazard" printed on the lower part of the label.

### **BLOOD:**

Human blood, human blood components and products made from human blood.

### **BLOODBORNE PATHOGENS:**

Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to Hepatitis B virus (HBV) and Human Immunodeficiency Virus (HIV)

### **CLINICAL LABORATORY:**

A workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

### **CONTAMINATED:**

The presence or reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

### **CONTAMINATED LAUNDRY:**

Laundry which has been soiled with blood or other potentially infectious materials or may contain sharps

**CONTAMINATED SHARPS:**

Contaminated objects that can penetrate the skin including, but not limited to: Needles, Scalpels, Broken glass, Broken capillary tubes and Exposed ends of dental wires.

**DECONTAMINATION:**

The use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.

**EMPLOYEE:**

An individual employed in a health care, industrial or other facility or operation who may be exposed to bloodborne pathogens in the course of their assignments.

**ENGINEERING CONTROLS:**

Controls (e.g., sharps, disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

**EXPOSURE CONTROL OFFICER:**

An employee who is designated by the employer, and who is qualified by training or experience, to provide technical guidance in the development and implementation of an Exposure Control Plan for the facility.

**EXPOSURE INCIDENT:**

A specific eye, mouth, other mucous membrane, non-intact skin or parental contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

**HANDWASHING FACILITIES:**

A facility providing an adequate supply of running, potable water, soap and single use towels or hot air drying machines.

**HBV:**

Hepatitis B Virus

**HIV:**

Human Immunodeficiency Virus

**LICENSED HEALTH CARE PROFESSIONAL:**

A person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) "Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up" of the Bloodborne Pathogens Standard of OSHA.

**MEDICAL CONSULTATION:**

A consultation which takes place between an employee and a licensed medical professional for the purpose of determining the employee's medical condition resulting from exposure to blood or other potentially infectious materials, as well as any further evaluation or treatment that is required.

**NIOSH:**

National Institute for Occupational Safety and Health of the Public Health Service, of the U.S. Department of Health and Human Services; the Federal agency which assists OSHA in occupational safety and health investigations and research.

**OCCUPATIONAL EXPOSURE:**

Reasonably anticipated skin, eye, mucous membrane or parental contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

**OSHA:**

Occupational Safety and Health Administration of the U.S. Department of Labor; the Federal agency with safety and health regulatory and enforcement authorities for most U.S. industry and business.

**OTHER POTENTIALLY INFECTIOUS MATERIALS:**

1. The following human body fluids:

Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;

2. Any unfixed tissue or organ (other than intact skin) from a human, either living or dead;
3. HIV-containing cell or tissue cultures, organ cultures and HIV or HBV containing culture medium or other solutions; and blood, organs or other tissues from experimental animals infected with HIV or HBV.

**PARENTERAL:**

Piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts and abrasions.

**PERSONAL PROTECTIVE EQUIPMENT:**

Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

**PRODUCTION FACILITY:**

A facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.

**REGULATED WASTE:**

Liquid or semi-liquid blood or other potentially infectious materials contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

**RESEARCH LABORATORY:**

A laboratory producing or using research laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV, but not in the volume found in production facilities.

**SOURCE INDIVIDUAL:**

Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; and residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

**STERILIZE:**

The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

**UNIVERSAL PRECAUTIONS:**

An approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.

**WORK PRACTICE CONTROLS**

Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

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INFORMED CONSENT TO HIV ANTIBODY TEST

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I have reviewed the information in the informed consent to HIV Antibody test. My questions about the HIV test have been answered. I agree to take the HIV Antibody Test.

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DATE

---

SIGNATURE OF PERSON TESTED

---

WITNESS

---

WITNESS

Who can receive HIV related information:

Under Ohio State Public Health Law, HIV related information is confidential and may only be given:

- [A] To you;
- [B] To your legal guardian;
- [C] To your spouse or sexual partner;
- [D] To a person authorized by you or your guardian in written release;
- [E] To your physician;
- [F] To the Department of Health or a health commissioner;
- [G] To agencies involved in screening your donated body parts;
- [H] To health care facility groups conducting program reviews;
- [I] To law enforcement authorities with a search warrant or subpoena;
- [J] To health care providers who are treating or caring for you.

You have the right to ask the person who tested you if HIV related information has been released to anyone listed above.

## POST-EXPOSURE EVALUATION AND FOLLOW-UP CHECKLIST

The following steps must be taken, and information transmitted in the case of an employee's exposure to Bloodborne Pathogens:

<u>ACTIVITY</u>	<u>COMPLETION DATE</u>
* Employee furnished with documentation regarding exposure incident.	_____
* Source individual identified. (_____) Source individual	_____
* Source individual's blood tested and results given to exposed employee _____ Consent has not been able to be obtained	_____
* Exposed employee's blood collected and tested	_____
* Appointment arranged for employee with healthcare professional (_____) Professional's name	_____

Documentation forwarded to healthcare professional: \_\_\_\_\_

_____	Bloodborne Pathogens Standard
_____	Description of exposed employee's duties
_____	Description of exposure incident, including routes of exposure
_____	Result of source individual's blood testing
_____	Employee's medical records



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EXPOSURE INCIDENT INVESTIGATION FORM

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DATE OF INCIDENT: \_\_\_\_\_ TIME OF INCIDENT: \_\_\_\_\_

LOCATION: \_\_\_\_\_

POTENTIALLY INFECTIOUS MATERIALS INVOLVED:

TYPE: \_\_\_\_\_ SOURCE: \_\_\_\_\_

\_\_\_\_\_

CIRCUMSTANCES (work being performed, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HOW INCIDENT WAS CAUSED (accident, equipment malfunction, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PERSONAL PROTECTIVE EQUIPMENT BEING USED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ACTIONS TAKEN (decontamination, clean-up, reporting, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RECOMMENDATIONS FOR AVOIDING REPETITION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- APPROVED 9/6/00

5. List the 4 conditions which must be met in order for diseases to be transmitted:

6. List the 4 methods by which pathogens enter the body:

7. List 4 precautions to follow when providing care for others.



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