

 ARIZONA DEPARTMENT OF CORRECTIONS DEPARTMENT ORDER MANUAL	CHAPTER: 100 AGENCY ADMINISTRATION/MANAGEMENT	OPR: SS HS
	DEPARTMENT ORDER: 116 <i>EMPLOYEE COMMUNICABLE DISEASE EXPOSURE CONTROL PLAN</i>	SUPERSEDES: DO 116 (11/18/02) DI 262 (1/5/08)
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PURPOSE

This Department Order establishes safety and health directives and a loss control program targeted to Department employees and inmates, which includes safe work practices, accident investigation, prevention measures, development and maintenance of safe facilities, timely accident and exposure reporting, and record keeping. The Department recognizes that correctional staff, in the performance of their duties, might be exposed to communicable diseases such as the Hepatitis B virus (HBV), the Hepatitis C virus (HCV), Human Immunodeficiency Virus (HIV), Tuberculosis (TB), and others. By following the standards from the Occupational Safety and Health Administration (OSHA), the National Institute of Occupational Safety and Health (NIOSH), the guidelines from the Center for Disease Control and Prevention (CDC), Arizona Department of Health Services (ADHS), the Department is dedicated to protect employees from exposure to these communicable diseases in the workplace through the implementation of administrative procedures, engineering controls, use of personal protective equipment, training and medical surveillance.

RESPONSIBILITY

The Division Director for Support Services or designees shall:

- Provide oversight for implementing applicable State and Federal health standards.
- Review Occupational Health Unit written instructions as needed and make necessary recommendations for change.
- Ensure services are provided to all Department full-time, part-time and seasonal employees through the Occupational Health Unit.
- Provide technical assistance in the training of staff.
- Direct the Department's program to provide surveillance, prevention, diagnosis and treatment of tuberculosis among employees.

Regional Operations Directors, Wardens, Deputy Wardens and Bureau Administrators are responsible for ensuring employees are provided appropriate approved universal precautions, engineering controls and personal protective equipment to prevent exposure to communicable disease, at no cost to the employee.

Contractors who operate private prisons are responsible to promulgate an employee screening program for communicable disease consistent with this Department Order, and for all expenses related to implementing and complying with this Department Order.

APPLICABILITY

This Department Order addresses communicable disease exposure control for Department employees. Inmate communicable disease and infection control is addressed in Department Order #1102, Communicable Disease and Infection Control. The Exposure Control Plan is a unifying source, which outlines the steps to follow to address infectious disease management, control and prevention for employees and inmates. The Exposure Control Plan is located on AZCorrections.gov website, under the Department's Occupational Health and Safety link, located at Agency Info/Safety Information (<http://10.6.0.30/safety/safety/asp>) as part of the OSHA Mandatory Programs.

Sections of this Department Order pertaining to OSHA such as the safety and health standards, training, universal precautions, engineering controls, personal protective equipment, reporting and documenting an exposure incident, evaluation and follow up after an exposure incident, apply to volunteers and contract staff.

Volunteers and contract staff are required to provide proof of their negative tuberculosis status during the past three months before reporting to work in a correctional institution, and annually thereafter, to the designated authority at the institution in which they will be working.

Private prison staff, volunteers, and contract staff should consult with their own medical providers or employer about appropriate post-exposure treatment after a bloodborne pathogen exposure incident or about treatment for TB infection. Volunteers are not, pursuant to Arizona Revised Statute (A.R.S.) 23-901, considered to be 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.

Private prison and contract staff are required to comply with this Department Order, the OSHA standards, and to provide their own Workers' Compensation insurance.

PROCEDURES

116.01 GENERAL RESPONSIBILITY

- 1.1 Division Directors/Assistant Director, Wardens, Deputy Wardens and Bureau Administrators, shall ensure:
 - 1.1.1 Employees under their supervision are offered Hepatitis B immunizations, at the Department's expense, within ten calendar days of assignment to a high risk position as identified in Attachment A. The employee may, if he/she chooses, decline the immunization. Pursuant to the standards 29 CFR 1910, 1030(f) (2) (IV) a signed Hepatitis A and B Vaccine Consent/Refusal, Form 116-5 is required.
 - 1.1.2 A Central Office Infection Control Committee consisting, at a minimum, of the Fire and Life Safety Administrator, Occupational Health Administrator, and a representative of the Medical Program compliance from the Health Services Contract Monitoring Bureau shall review and approve all Personal Protective Equipment (PPE), biological, infection, disinfection control systems prior to usage, and shall provide recommendations and updates from the Department's Exposure Control Plan.
 - 1.1.3 All employees involved in receiving, transporting, observing, supervising and/or controlling, assessing, treating or assisting inmates having or suspected of having communicable disease shall wear the PPE appropriate to the medical situation, as identified by the medical staff or a contract healthcare facility. At a minimum, the PPE shall include a medically approved NIOSH rated N-95 Respirator, the use of disposable latex free gloves, and appropriate eyewear where determined by medical staff as necessary.
 - 1.1.3.1 Medical evaluation shall occur on the first year of fit testing using the Respirator Medical Evaluation Questionnaire (Mandatory), Form 116-9. The Respirator Medical Evaluation Questionnaire (Mandatory) form is required every two years. The Annual Supplemental - Respiratory Medical Evaluation Questionnaire, Form 116-13, shall be used each intervening year following a use of the Respirator Medical Evaluation Questionnaire (Mandatory) form.

- 1.1.3.2 In compliance with the OSHA Standards for General Industry, 29 CFR 1910.134, Respiratory Protection, the use of a respirator (half face, full face or an N-95 Particulate), shall require the employee to be free of facial hair that comes between the sealing surfaces of the face-piece and the face, or where it interferes with valve function.
- 1.1.4 All employees under their supervision shall be provided time during work hours to:
 - 1.1.4.1 Receive at the Department's expense the TB skin test through the Occupational Health Unit (OHU) within 10 business days of hire and annually thereafter, and return 48 to 72 hours following for the skin test to be read.
 - 1.1.4.2 Obtain the Hepatitis B vaccine as recommended.
 - 1.1.4.3 Obtain a chest x-ray and medical evaluation within 72 hours, at the Department's expense, if referred by the Occupational Health Nurse (OHN), because of a positive skin test.
 - 1.1.4.4 Attend all mandatory training relating to exposure and exposure control issues on an annual basis as required by OSHA and the Department.
- 1.1.5 All Supervisors investigate industrial exposures with the Occupational Safety Consultant, and that:
 - 1.1.5.1 Faulty equipment is repaired or replaced.
 - 1.1.5.2 Employees are counseled regarding work practices.
 - 1.1.5.3 Recommendations for revisions to written directives are completed and sent forward to prevent further occurrences.
- 1.1.6 Volunteers and contract staff are in compliance with the TB skin test requirements and applicable records are maintained by the volunteers, private prison Human Resource Managers, and the Central Office Contract Clearance Specialist.
- 1.2 Institution OHU staff shall:
 - 1.2.1 Provide all employees mandated screening, monitoring and follow up as defined in the Bloodborne Pathogen Standard and the Centers for Disease Control and Prevention Tuberculosis Guidelines.
 - 1.2.2 Notify employees when they are due to receive mandated services.
 - 1.2.3 Coordinate with the Occupational Safety Consultant to complete medical evaluations and respirator fit testing for employees, when required.
 - 1.2.4 Maintain screening and exposure records for duration of employment plus 30 years for each employee, in accordance with section 116.07 of this Department Order.

- 1.2.5 When requested by the Occupational Safety Consultant, review and report exposure incidents to the Institution Safety and Loss Control Committee in accordance with Department Order #404, Fire, Safety and Loss Control. The Committee Chairperson shall report incidents to the Warden and, if applicable, provide recommendations to prevent further incidents from occurring.
- 1.2.6 Recommend changes in administrative procedures, engineering controls and/or Personal Protective Equipment (PPE) to agency management as appropriate.
- 1.3 The Occupational Safety Consultant at each institution 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 such as hand washing equipment, antiseptic hand washing materials and eye wash equipment, are in duty stations and inspected each month in accordance with applicable OSHA standards.

116.02 BLOODBORNE PATHOGEN EXPOSURE CONTROL AND PREVENTION

- 1.1 For compliance with OSHA standards general rules and regulations regarding the management of exposures to bloodborne pathogens and other communicable disease, all staff shall refer to the Exposure Control Plan, located on the ADCnet website, which is updated annually.
- 1.2 At a minimum, OSHA has determined that exposure to blood or any body fluid that visibly contains blood present an occupational hazard because they are likely to transmit bloodborne pathogens such as HIV, Hepatitis B, and Hepatitis C.
- 1.3 All employees shall take precautions to avoid exposures by wearing appropriate PPE based on the task and degree of potential exposure. Specific guidelines shall be followed:
 - 1.3.1 Searches shall be conducted with the utmost care and in compliance with Department Order #708, Searches.
 - 1.3.2 Biological evidence shall be handled as outlined in the General Guidelines for Preserving and Packaging Biological Evidence (Attachment B).
 - 1.3.3 For disinfection and clean-up guidelines staff shall refer to the Exposure Control Plan, section 8 (Housekeeping).
 - 1.3.4 Crime scenes shall be processed by the Inspector General Criminal Investigators, as outlined in Contaminated Crime Scene Processing Guidelines (Attachment C).
- 1.4 When handling contaminated or potentially contaminated materials staff shall:
 - 1.4.1 Wear the appropriate PPE.
 - 1.4.2 Wear protective gloves (made of non-latex or other OSHA approved material) and wash hands after use.
 - 1.4.3 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.

- 1.4.4 Place specimen containers in sealed plastic bags or leak proof containers marked with a biohazard material label when handling or transporting body fluid specimens.
- 1.4.5 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.
- 1.4.6 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.
- 1.4.7 Refer to the Exposure Control Plan in the event of contamination.
- 1.5 Staff shall, when handling contaminated or potentially contaminated needles, sharps, and any other items that could puncture the skin or PPE:
 - 1.5.1 Place used syringes, needles and other sharps into a sharps container immediately after use. Sharps containers shall be:
 - 1.5.1.1 Checked daily to ensure they are not overfilled.
 - 1.5.1.2 Appropriately disposed when two-thirds full.
 - 1.5.2 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.
 - 1.5.2.1 If the re-sheath of a used needle or sharp is necessary, it must be done using a one-handed technique. Do not walk with an unsheathed sharp.
 - 1.5.3 Not bend, break or shear used needles or other sharps.
 - 1.5.4 Have needle/sharps containers available near areas where used needles/sharps may be found.
 - 1.5.5 Remove used blood drawing needles from the reusable syringes/vacutainer using a hemostat or other tool.
 - 1.5.6 Use needle-less equipment where available or other passive equipment where practical.
- 1.6 Inmates with blood/body fluid spilling or seeping from wounds or body parts shall be transported in separate vehicles.

116.03 POST-EXPOSURE PROCEDURES FOR BLOODBORNE PATHOGENS AND OTHER POTENTIALLY INFECTIOUS MATERIALS

- 1.1 In accordance with OSHA guidelines an exposure incident is defined as a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

1.1.1 Other Potentially Infectious Material is defined as the following:

- 1.1.1.1 Human body fluids, specifically, 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; or
- 1.1.1.2 Any unfixed tissue or organ (other than intact skin) from a human (living or dead); or
- 1.1.1.3 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.

1.2 Employees who believe they have been exposed to blood or other potentially infectious materials shall:

- 1.2.1 Immediately wash with soap and water any part of their body, such as the hands, arms, face, etc. that may have been contaminated and contact the OHN. If the OHN is not available, after hours, weekends or holidays, staff shall follow guidelines in the Exposure Control Plan (Subpart A, Post-Exposure Prophylaxis evaluation).
- 1.2.2 If body fluids make contact with the eyes, immediately flush the eyes with water for 15 minutes, and seek the evaluation from a healthcare professional and contact the OHN. Refer to the Exposure Control Plan (Subpart A, Post-Exposure Prophylaxis evaluation).
- 1.2.3 Remove contaminated clothing as soon as possible and place it in a plastic bag. If the exposure is related to bodily 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 (see Attachment B or confer with investigators for packaging guidelines).
- 1.2.4 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.
- 1.2.5 Report the incident to their supervisor and administrative staff for investigation.
- 1.2.6 Report the exposure to the facility OHN. If a significant exposure occurs, seek first aid immediately, then evaluation by a healthcare professional, and notify the OHN as soon as possible. Refer to the Exposure Control Plan (Subpart A, Post-Exposure Prophylaxis evaluation).
 - 1.2.6.1 Under the Arizona Workers' Compensation Act a significant exposure to Bloodborne Pathogens (BBP) may occur when the employee comes into contact with blood or Other Potentially Infectious Materials (OPIM) through a break or rupture in the skin (e.g., needle-stick injury or cut with a sharp instrument contaminated with blood), or the mucous membranes (i.e., blood or OPIM gets in the eyes, nose, mouth). The CDC indicates that a human bite that breaks the skin should also be considered a significant exposure.

- 1.2.6.2 Exposures are not covered by Workers' Compensation until the employee is medically diagnosed as positive for Hepatitis B virus, Hepatitis C virus or HIV post-exposure.
- 1.2.6.3 Pursuant to A.R.S. section 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 are absorbed by the OHU Administration.
- 1.2.7 Complete the Workplace Exposure to Blood/Bodily Fluids Report, Form 116-4.
- 1.2.8 Within 10 calendar days of the incident, complete the Employee/Supervisor Report of Industrial Injury, Form 519-2, and refer to the Exposure Control Plan (Subpart A, Post-Exposure Prophylaxis evaluation).
- 1.2.9 Decontaminate personal non-PPE clothing. The Department shall be responsible for the decontamination of PPE and temporary modesty garments, such as disposable scrubs (not PPE). If possible, contaminated clothing shall be laundered at an on-site laundry facility. Staff shall:
 - 1.2.9.1 Use protective gloves (made of non-latex or other OSHA approved material) to handle contaminated clothing or empty the clothing directly from the plastic bag into the washing machine.
 - 1.2.9.2 Launder the contaminated clothing separately with hot water and an appropriate detergent.
 - 1.2.9.3 Place any PPE or non-PPE clothing items that are grossly contaminated into an appropriate red biohazard bag and dispose of them as regulated waste.
 - 1.2.9.4 Apply for reimbursement of grossly contaminated personal clothing, uniforms or uniform accessories as outlined in Department Order #513, Employee Property.
- 1.3 To ensure timely post-exposure management of HIV Post-Exposure Prophylaxis, the health care provider shall consider occupational exposures as urgent medical concerns and administer the Post-Exposure Prophylaxis as soon as possible, preferably within hours of exposure.
 - 1.3.1 SECTION DELETED
 - 1.3.2 SECTION DELETED
 - 1.3.3 If HIV Post-Exposure Prophylaxis is offered and taken and the inmate identified as a source of the exposure incident is later determined to be HIV negative, the Post-Exposure Prophylaxis shall be discontinued.
- 1.4 The OHU Staff shall:
 - 1.4.1 Contact the Health Services Contract Facility Health Administrator to arrange for the immediate blood testing of each inmate identified as a source of the exposure incident.

- 1.4.2 Refer to Exposure Control Plan (Subpart A, Post-Exposure evaluation).
 - 1.4.3 Offer the employee a Hepatitis B vaccination, if they have not already had one, using the Hepatitis A and B Vaccine Consent/Refusal, Form 116-5.
 - 1.4.4 Document the exposure incident in the Occupational Health Automated System (OHAS) and in the Risk Management/Workers' Compensation database.
 - 1.4.5 Immediately contact and advise the employee if an inmate identified as a source of the exposure incident tests positive or tests negative for Hepatitis B, Hepatitis C, HIV or TB.
- 1.5 If the employee becomes ill with Hepatitis B, Hepatitis C or HIV, the OHN shall direct the employee to:
- 1.5.1 Telephonically report the information to Risk Management and provide the date of exposure and case number provided by the OHN.
 - 1.5.2 Seek medical care with the contracted Occupational Health clinic or the employee's primary care physician.

116.04 INMATE ASSAULT - EXPOSURE RESPONSE

- 1.1 When an inmate uses body fluids to assault a staff member, that staff member shall follow the post-exposure procedure outlined in section 116.03 of this Department Order.
- 1.2 OHU staff shall begin post-exposure procedures and monitor the employee accordingly, as outlined in this Department Order and the Exposure Control Plan. If determined to be a significant exposure, the OHN shall immediately request the Health Services Contract Facility Health Administrator to test the inmates for bloodborne pathogens, if the inmate consents or by court order secured by Department investigators.
- 1.3 Wardens and Deputy Wardens shall notify the Criminal Investigation Unit, General Counsel and the OHU when an inmate:
 - 1.3.1 Has used body fluids to assault a staff member.
 - 1.3.2 Refuses to voluntarily be tested for bloodborne pathogens.
- 1.4 The Criminal Investigations Unit shall investigate the incident as outlined in Department Order #608, Criminal Investigations.
 - 1.4.1 At the onset of the investigation, determine through medical staff if a significant exposure occurred and whether or not the inmate consented to disease testing.
 - 1.4.2 Upon completion of the investigation, the criminal investigator shall coordinate with their respective county attorney to petition the court for an order authorizing the testing of the inmate for specified disease if the following conditions exist:
 - 1.4.2.1 Medical staff determined a significant exposure occurred.
 - 1.4.2.2 The inmate refused to be voluntarily tested for specified diseases.

- 1.4.2.3 The inmate is formally charged with a violation of statute (reference – A.R.S 13-1210, 13-1212, and 13-1415).
- 1.4.3 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.
- 1.4.4 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 Department of Health Services or other appropriate licensed laboratory.
- 1.4.5 Cases where the inmate is mentally or physically incapacitated to consent for bloodborne pathogens testing the General Counsel’s office shall be contacted for guidance on how to proceed. This also applies for cases where the inmate is deceased and was not able to provide consent prior to expiration.
- 1.5 Upon receipt of the court order for disease testing, the Warden shall direct the Health Services Contract Facility Health Administrator to ensure the blood test is completed.
- 1.6 SECTION DELETED
- 1.7 If the inmate voluntarily complies, the appropriate Health Services staff member shall take two blood specimens from the inmate.
 - 1.7.1 If the inmate refuses to comply, security staff shall:
 - 1.7.1.1 Use the minimum amount of force necessary to get the inmate to comply in accordance with Department Order #804, Inmate Behavior Control.
 - 1.7.1.2 Issue a disciplinary report, such incidents shall be considered Significant Incidents in accordance with Department Order #105, Information Reporting.
- 1.8 The Assistant Director for Health Services Contract Monitoring Bureau shall arrange, in conjunction with the Health Services Contract Facility Health Administrator, the appropriate testing of blood samples. The test results shall be reported to:
 - 1.8.1 The Warden.
 - 1.8.2 The Health Services Contract Facility Health Administrator and the OHN at the institution where the inmate is located.
 - 1.8.3 The involved staff member(s).
 - 1.8.4 The involved inmate(s).
- 1.9 If the totality of the circumstance of the incident reveals an assault did take place, the Warden shall ensure:

1.9.1 The inmate is issued a disciplinary report regardless of the status of the criminal investigation in accordance with Department Order #803, Inmate Discipline Procedure, if the inmate has interfered with staff in the performance of their duties by:

1.9.1.1 Biting.

1.9.1.2 Scratching.

1.9.1.3 Spitting.

1.9.1.4 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 staff member.

1.10 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.

1.11 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 staff member.

1.11.1 The staff member shall provide copies of receipts for expenses to the Warden, Deputy Warden, the Criminal Investigation Bureau and/or Inmate Banking upon request.

116.05 TUBERCULOSIS PREVENTION AND EXPOSURE CONTROL – Following directives from the CDC, OSHA and NIOSH, staff shall refer to the Exposure Control Plan (Subpart B) for guidelines on TB screening, management and contact investigation.

1.1 OHU staff shall provide:

1.1.1 New employees with a two-step Mantoux TB skin test and complete an Employee TB Information, Form 116-1. (Two step testing requires that two TB tests be given one week to one month apart.)

1.1.1.1 If the employee presents documentation from a health care provider, at the time the Department's test is scheduled, indicating that a Mantoux TB skin test was given and read as negative and in millimeters in the three months prior, only one test shall be administered.

1.1.1.2 The documentation shall indicate the date the Mantoux TB skin test was given, the date it was read and the results in millimeters.

1.1.2 New employees who have had a Bacillus Calmette Guerin (BCG) TB vaccination, a two-step Mantoux skin test is provided, unless they provide documentation of being reactive to TB skin test within the past ten years.

1.2 Employees with a documented history of positive TB skin test, a documented history of TB disease or a reported history of severe reaction to tuberculin shall be exempted from a routine TB skin test. Employees shall be referred for a medical evaluation, using the Employee Positive TB Skin Test Referral, Form 116-3, at the Department's expense.

- 1.3 The OHN shall determine by observation, screening, and using the Employee Converter and/or Reactor History, Form 116-2, if an employee with a positive TB skin test has symptoms of active TB.
 - 1.3.1 An employee with a positive skin test who does not have symptoms of active TB shall:
 - 1.3.1.1 Be allowed to continue working or otherwise have access to the workplace.
 - 1.3.1.2 For confirmation, obtain a chest x-ray within 72 hours of a positive skin test reaction.
 - 1.3.2 If the OHN determines an employee has symptoms of TB from a possible exposure in the workplace, the employee shall be immediately isolated from the workplace and referred, preferably, to the local health department or hospital emergency room for evaluation, diagnosis and treatment.
 - 1.3.3 If active TB is confirmed, the employee shall notify the institution OHN who shall notify the Warden, Occupational Health Administrator, Health Services Contract Monitor and the Health Services Contract Facility Health Administrator.
 - 1.3.4 If the TB is determined to be an industrial illness, the procedure for an industrial illness shall be followed in accordance with Department Order #519, Employee Health – FMLA, ADA, Industrial Injury/Illness, FFD and Alternate Assignment.
 - 1.3.5 If the TB is determined to be a nonindustrial illness, the process for a personal illness shall be followed.
 - 1.3.6 The employee shall be permitted to return to work after the employee has:
 - 1.3.6.1 Been on the medication for at least two weeks and shows clinical improvement.
 - 1.3.6.2 Had three consecutive Acid-Fast Bacilli negative sputum smears.
 - 1.3.6.3 Received a release from his/her medical provider.
 - 1.3.6.4 Received clearance from the OHN.
- 1.4 TB test results shall be maintained in the employee's Occupational Health medical file. The OHN may only release information to:
 - 1.4.1 OSHA.
 - 1.4.2 The Industrial Commission, if applicable.
 - 1.4.3 Local or State Public Health Department.
 - 1.4.4 Management staff that have a need to know.
 - 1.4.5 The employee or others, if the employee has provided written consent to release the information.

- 1.5 The OHN shall provide the names of staff members who are not in compliance with this Department Order to the appropriate Division Director, Warden, Deputy Warden or Bureau Administrator.
- 1.6 The contractor's Health Services staff shall advise transportation staff when there is a need to transport an inmate who requires airborne pathogen precautions in accordance with Department Order #1102, Communicable Disease and Infection Control.
- 1.7 Transportation staff shall not transport an inmate with suspected or confirmed TB disease without the protection of a NIOSH approved N-95 Respirator. If the inmate is required to wear a mask, the inmate shall wear a surgical mask, not an N-95 Respirator.
 - 1.7.1 Prior to wearing an N-95 Respirator and in accordance with section 116.01, subsection 1.1.3 through 1.1.3.2 of this Department Order and Department Order #404, Fire, Safety and Loss Control, the employee shall:
 - 1.7.1.1 Complete the medical questionnaire and be medically evaluated and cleared by the OHN, in accordance with OSHA standards using the Respiratory Medical Evaluation Questionnaire (Mandatory), Form 116-9, in 29 CFR 1910.134, Subpart I.
 - 1.7.1.2 Complete the fit testing protocol with the Occupational Safety Consultant.
 - 1.7.1.3 Check the integrity of the respirator prior to performing high hazard duties.
- 1.8 The OHN shall:
 - 1.8.1 Investigate, screen and monitor any employee exposure to a person with confirmed or suspected TB.
 - 1.8.2 Administer a baseline Mantoux TB skin test, unless one was given three months prior to the first day of exposure.
 - 1.8.3 Repeat a Mantoux TB skin test within 8 to 10 weeks after the last day of exposure.
 - 1.8.4 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 the employee has active TB.

116.06 OSHA REQUIRED TRAINING

- 1.1 The Staff Development/Training Bureau Administrator, in consultation with the Occupational Health Administrator and the Fire and Life Safety Administrator, shall develop communicable disease training that includes, but is not limited to:
 - 1.1.1 Bloodborne Pathogens - 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.
 - 1.1.2 OSHA standards for all employees.

- 1.1.3 The symptoms and modes of transmission for bloodborne diseases.
- 1.1.4 The Department exposure control plan and where it is located.
- 1.1.5 Tasks and procedures that may expose employees to the risks of bloodborne pathogens and/or other potentially infectious material.
- 1.1.6 Methods to be used by employees 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.
- 1.1.7 The Hepatitis B vaccine, its effectiveness, safety, administration, the benefits of the vaccine, and that the vaccinations are offered with no expense to employees.
- 1.1.8 Procedures to be followed to ensure employee safety. The notification requirements when an incident occurs which involves any potentially infectious material, and any available medical follow-up.
- 1.1.9 The Department responsibilities/requirements to provide employees with post-exposure evaluations following an exposure incident.
- 1.1.10 The required signs, labels and color codes used to identify biohazards and biohazard materials in accordance with OSHA standards.
- 1.1.11 TB information for employees with occupational exposure that addresses:
 - 1.1.11.1 The nature and methods of TB transmission.
 - 1.1.11.2 The risk factors for disease development.
 - 1.1.11.3 The signs, symptoms, diagnosis and treatment of TB.
 - 1.1.11.4 Procedures for recognizing and reporting disease symptoms.
 - 1.1.11.5 The proper use of PPE appropriate to the workplace to reduce employee exposure.
 - 1.1.11.6 The use of and fit testing for N-95 Respirator prior to the employee performing high-hazard procedures.

1.2 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 and Life Safety Administrator.

116.07 EMPLOYEE OCCUPATIONAL HEALTH MEDICAL RECORDS - In compliance with OSHA and the Centers for Disease Control and Prevention, the OHU at each institution shall maintain an Occupational Health Medical File for each employee. All medical records maintained by the institution OHU shall be considered confidential and accessible to OHU staff only.

- 1.1 Occupational Medical Records shall include, at a minimum:
 - 1.1.1 The employee's name, address, social security number, job title, and current assignment.
 - 1.1.2 Hepatitis B vaccination status and a completed Hepatitis B Vaccine Consent/Refusal form, which indicates that the employee has refused the vaccination, or the date the vaccination was given to the employee, and the vaccine's lot number.
 - 1.1.3 All Workplace Exposure to Blood/Bodily Fluids Report forms, to include the assessments, evaluations, monitoring and referrals for post-exposure prophylaxis, when appropriate.
 - 1.1.4 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.
 - 1.1.5 Employee reports of industrial injuries, to include medical examinations and/or treatment received from the Department.
 - 1.1.6 Pre-placement physicals for all staff who participate in the Correctional Officer Retirement Plan.
 - 1.1.7 Fitness for duty examinations.
- 1.2 Institutional OHU staff shall:
 - 1.2.1 Maintain all established forms and information.
 - 1.2.2 Re-establish the Occupational Health Medical file for reinstated employees, to include any information that was transferred to a state archive facility.
 - 1.2.3 Be the recipient of medical records for employees who have transferred to that institution.
 - 1.2.4 Maintain the confidentiality of medical records, and release the contents in accordance with Department Order #201, Legal Services - Information Release, as follows:
 - 1.2.4.1 To a third party, only with the written authorization of the employee.
 - 1.2.4.2 To OSHA or ADOSH.
 - 1.2.4.3 To the Arizona Department of Health Services and County Health Departments for epidemiological purposes only.
 - 1.2.5 Forward the institutional occupational medical records to:
 - 1.2.5.1 The new duty assignment when transferred.
 - 1.2.5.2 Occupational Health Administrator when the employee leaves state service.

- 1.3 Occupational Health Administrator shall maintain occupational medical records:
- 1.3.1 For three years on all employees who have been terminated from state service: After three years, the medical records shall be transferred to the Records Management Division of Arizona Library, Archives and Public Records for retention, in accordance with the Department's appropriate records retention schedule.
 - 1.3.2 For five years on all employees who have retired or resigned from state service: After five years, the medical records shall be transferred to the Records Management Division of Arizona Library, Archives and Public Records for retention, in accordance with the Department's appropriate records retention schedule.
- 1.4 State Archives shall maintain all employee occupational medical records for a balance of 30 years.

IMPLEMENTATION

Within 90 calendar days of the effective date of this Department Order:

The Division Director for Support Services shall ensure the Staff Development and Training Bureau Technical Manual address the training requirements of this Department Order.

SECTION DELETED

Within 90 calendar days of the effective date of this Department Order, the Infection Control Committee shall ensure the Mandatory – Exposure Control Plan is updated and maintained to comply with Occupational Safety and Health Administration (OSHA) requirements.

DEFINITIONS

BIOHAZARD BAG - A red plastic bag with a universal biohazard label used for the disposal of contaminated material such as laundry, personal protective equipment and containers of sharps.

BLOODBORNE PATHOGENS - Pathogenic (disease-causing) microorganisms that are present in human blood that may cause disease in humans, such as Hepatitis and HIV.

CEREBROSPINAL FLUID – Fluid that circulates through the ventricles of the brain, the cavity of the spinal cord, and the compartment within the spinal column.

CONTAMINATED - The presence or reasonably anticipated presence of blood or other potentially infectious material on an item or surface, to include clothing and other materials.

DECONTAMINATE - The use of physical or chemical means to remove, deactivate or destroy biological pathogens on a surface or item, to the extent that the pathogens are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.

ENGINEERING CONTROLS - Physical items and methods used to isolate or remove the bloodborne pathogens in blood or other potentially infectious material from the workplace. (e.g., laundry, laundry bags, laundry schedules, warning labels, specimen containers, biohazard containers, and the proper disposal of contaminated needles, regulated waste, sharps, and/or self-sheathing needles.)

EPIDEMIOLOGICAL INFORMATION - The number of occurrences and distribution of a disease(s), which is released for statistical or public health purposes. Confidential medical information is removed to prevent the individual from being identified.

EXPOSURE INCIDENT

- Bloodborne pathogens - When blood or Other Potentially Infectious Materials:
 - Make contact with a person's mucous membrane of the eye, nose, mouth, or through contact with skin that has been broken open, such as with a cut, scrape, or chapped skin.
 - Are introduced through the piercing of the skin by needle sticks, human bites, cuts and abrasions.
- TB - When an individual with unrecognized pulmonary or laryngeal TB who is not on an effective anti-TB therapy and has not been placed in TB isolation, is in a close proximity and shares the same air with someone else for significant period, especially in an enclosed space.

HEALTHCARE FACILITY – Is a licensed medical facility, hospital, clinic, emergency medicine or trauma care facility, physician’s office, dialysis, plasmapheresis facility, etc.

HEALTHCARE PROFESSIONAL – One who is licensed to provide healthcare or health services such as physicians, physician assistants, nurse practitioners and nurses.

N-95 RESPIRATOR – Is a NIOSH approved particulate filtering tight-fitting face piece respirator. It is the most common of the seven types of particulate filtering face piece respirators and it filters at least 95 percent of airborne particles but is not resistant to oil.

OTHER POTENTIALLY INFECTIOUS MATERIAL - Body fluids such as semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental settings or body fluid visibly contaminated with blood, and all body fluids in situations where it is impossible to differentiate between bodily fluids; or any unfixed tissue from a live or dead human, and any tissue or organs from an HIV or Hepatitis B Virus infected animal or human.

OSHA STANDARD - Refers to the Bloodborne Pathogen Standard, 29 CFR 1910.1030 and 29 CFR 1910.134 Respiratory Protection Standard for TB Mask Fit Testing and 29 CFR 1904 for Recordkeeping and more.

OSHA 300 LOG - An OSHA-REQUIRED record of all work-related injuries and illnesses that occurred during the calendar year, which classifies and notes the extent and severity of each case.

OSHA 300A SUMMARY - An OSHA-REQUIRED summary of work-related injuries and illness that occurred during the calendar year and must be posted February 1 until April 30 of the year following the year covered by the form.

PARENTERAL – Taken into the body or administered in a manner other than through the digestive tract, such as under the skin, through the muscle, or through a vein by such events as needle-sticks, human bites, cuts, and abrasions.

PERICARDIAL FLUID – Fluid around the heart.

PERITONEAL FLUID – Fluid accumulated in the abdominal space that houses the gastrointestinal organs.

PERSONAL PROTECTIVE EQUIPMENT - Specialized clothing and equipment required for protection against a hazard. (e.g., goggles, glasses with solid side shields, chin-length shields, face shields, face masks, utility gloves, hypo allergenic gloves, gowns, caps, shoe covers, boots, resuscitation devices and pocket masks in appropriate sizes and accessible locations. Excludes general work clothes, such as uniforms, which are not intended to function as protection against a hazard.) TB - particulate respirators (N-95 Respirator) approved by the NIOSH for high-risk procedures.

PLEURAL FLUID – Fluid in the space that surrounds the lungs.

POST-EXPOSURE PROPHYLAXIS FOR HIV - A course of two to three different medications prescribed by a healthcare provider after a significant exposure to Human Immunodeficiency Virus.

REGULATED WASTE - Items that are contaminated with any potentially infectious materials that could release the infectious materials if compressed or during normal handling.

SHARPS - Any object that can penetrate the skin, including but not limited to needles, scalpels, broken glass, broken capillary tubes, bites and exposed ends of dental wires.

SYNOVIAL FLUID – Fluid secreted by membranes in joint cavities, tendon sheaths, and joints.

TUBERCULOSIS DISEASE - An air-borne chronic pulmonary and extra pulmonary infectious disease caused by the TB bacillus. Multi drug-resistant TB is an organism that is resistant to the usual drugs prescribed for patients infected with TB.

- **Active TB Infection:** An individual may be considered to have active TB when that individual has a positive skin test and is identified as having symptoms consistent with TB, identified by Centers for Disease Control as productive cough, coughing up blood, weight loss, loss of appetite, lethargy, weakness, night sweats or fever, a positive chest x-ray and positive cultures. These individuals are placed on a four-drug regimen and can spread TB Disease.
- **Latent TB Infection:** An individual with a positive reaction to the skin test that indicates that the person has the tuberculosis bacteria in the body and/or that it has been controlled by the body's immune system. A person who has latent TB infection cannot spread the infection to others and usually has a negative chest x-ray and does not have TB symptoms, preventive medication is recommended for six months.

UNIVERSAL PRECAUTIONS - Safety procedures based on the assumption that all human blood and body fluids are considered to be infectious and are designed to eliminate or minimize exposure incidents.

{Original Signature on File}

Charles L. Ryan
Director

ATTACHMENTS

Attachment A - Job Classifications/Tasks in which there is A Reasonable Expectation That Exposure to Bloodborne Pathogens May Occur.

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 Convertor and/or Reactor History
- 116-3, Employee Positive TB Skin Test Referral
- 116-4, Workplace Exposure to Blood/Bodily Fluids Report
- 116-5, Hepatitis A and B Vaccine Consent/Refusal
- 116-9, Respiratory Medical Evaluation Questionnaire (Mandatory)
- 116-13, Annual Supplemental - Respiratory Medical Evaluation Questionnaire

CROSS-REFERENCE INDEX

- Department Order #105, Information Reporting
- Department Order #201, Legal Services – Information Release
- Department Order #404, Fire Safety and Loss Control
- Department Order #503, Employee Grooming and Dress
- Department Order #509, Employee Training and Education
- Department Order #513, Employee Property
- Department Order #519, Employee Health – FMLA, ADA, Industrial Injury/Illness, FFD and Alternate Assignment
- Department Order #608, Criminal Investigations
- Department Order #708, Searches
- Department Order #803, Inmate Discipline Procedure
- Department Order #804, Inmate Behavior Control
- Department Order #905, Inmate Trust Account / Money System
- Department Order #1102, Communicable Disease and Infection Control

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; Victims Rights
- 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. 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
- Code of Federal Regulation, TITLE 29, Part 1910.134, Fit Testing

**JOB CLASSIFICATIONS/TASKS IN WHICH THERE IS A REASONABLE EXPECTATION
THAT EXPOSURE TO BLOODBORNE PATHOGENS MAY OCCUR ¹**

1. Correctional Administrator I; Associate Deputy Warden; Assistant Warden; Assistant Administrator; Deputy Warden; Warden; Administrator; Occupational Safety Consultant, Occupational Health Nurse.

Tasks: Responding to emergency situations in institutions.

2. Refrigeration Mechanic; Plumber; Physical Plant Operations Administrator; Physical Plant Manager; Physical Plant Supervisor I, II, III; Electrician; Electronic Technician I, III; Equipment Parts Expediter; Equipment Repair Technician; Equipment Shop Supervisor; Locksmith/Security Specialist II

Tasks: Performing institutional maintenance and repair, involving the use of restricted tools and close supervision of inmates.

3. Correctional Dining Service Manager II; Correctional Food Service Manager I, II, III; Correctional Food Service Supervisor I, II

Tasks: Working closely with inmates while being exposed to environmental hazards, such as knives, kitchen tools and other equipment.

4. Correctional Officer III; IV

Tasks: 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.

5. Correctional Officer II; Sergeant; Lieutenant; Captain; Major

Task: Training and performing a variety of security functions in a prison setting.

6. Correctional Work Program Specialist

Tasks: Supervising inmate workers and prison work crews on and off site.

7. Department Full Authority Peace Officers

Tasks: Arresting persons, investigating crimes and handling contaminated evidence.

8. Parole Officer I, II, III; Parole Unit Supervisor

Tasks: Field supervision of parolees and detection of violators of parole conditions of supervision. Also, supervision of inmates on home arrest.

¹ **Note:** Classifications/positions will be added or deleted from this list as job duties substantially change and, in the opinion of the employee's Assistant Director, the change results in the elimination of or addition of occupational exposure. The positions in this list are intended to be those in a prison worksite or who supervise parolees and inmates on home arrest.

9. Duplicating Services Supervisor I, II, III (ACI); Correctional Industries Supervisor Service Specialist I, II (ACI); Correctional Industries Support Service Specialist I (ACI)

Tasks: Working closely with inmates while being exposed to environmental hazards, i.e., shop tools and equipment.

10. Correctional Chaplain I, II; Correctional Education Program Teacher; Correctional Education Program Supervisor; Correctional Fire/Safety Specialist; Correctional Classification Specialist I; Data Entry Supervisor I, II (ACI); Data Entry Operator IV (ACI); Administrative Services Officer II (ACI); Librarian I, II, III

Tasks: Working closely with inmates, in a prison work site, and responding to emergency situations.

GENERAL GUIDELINES FOR PRESERVING AND PACKAGING BIOLOGICAL EVIDENCE ²

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, personal protective equipment and engineering controls (biohazard marking and color-coding) when handling biological evidence that is wet or may be contaminated.

The 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 other potentially infectious material.

² The information in this attachment was obtained from publications entitled *Evidence Submission Guidelines for Criminal Justice Agencies*, Arizona Department of Public Safety, July 2008, and *Property, Evidence and Asset Seizure Procedures Manual*, Arizona Department of Public Safety, April 1992.

The *Evidence Submission Guidelines for Criminal Justice Agencies* are made available to all criminal justice agencies by the Arizona Department of Public Safety.

- Package all evidence containing blood or other potentially infectious material 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 Parts
 - 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."

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 shall be 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, are 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, upon completion of the processing of a contaminated crime scene or an item of evidence.