

ANNE ARUNDEL COUNTY DEPARTMENT OF DETENTION FACILITIES ADMINISTRATIVE DIRECTIVE	NO. 10.04 DATE: April 7, 2023 SUBJECT: Health Care Services TITLE: Bloodborne Pathogens FOR PUBLIC RELEASE: Yes
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- I. Reference: MD. Health-General Code Ann. §18-336-338 (2021) and §18-601-604; MD Code Reg 10.52.10.01; NCCH Section B (J-B-01-4); AD 06.06; JRDC and ORCC OD 09.01
- II. Applicable to: Anne Arundel County Department of Detention Facilities (AACDDF)
- III. Purpose: To prevent bloodborne pathogen exposures and to assure expert evaluation of and, when necessary, treatment for employees and inmates in the event of an exposure incident.
- IV. Policy:
- A. Medical evaluation and recommended treatment will be arranged for any employee involved in a bloodborne exposure incident per the Occupational Safety and Health Administration (OSHA) requirements.
 - B. Medical evaluation and care shall be arranged for or provided to each inmate suspected of having a bloodborne disease. A Qualified Health Care Professional (QHCP) shall screen each inmate for signs of a bloodborne illness during the Intake Assessment. The inmate shall be referred to the Medical Department immediately if jaundiced. If the inmate is not jaundiced and discloses that he/she is infected with a bloodborne pathogen an infectious disease referral shall be made.
 - C. Inmates shall be housed in accordance with their custody level assessment and medical needs.
 - D. **The Department will safeguard the confidentiality of an inmate or employee having, or suspected of having, a bloodborne pathogen infection. Test results are privileged and confidential information.** Therefore, all staff with knowledge of the inmate’s medical condition – either told by the inmate or from test results – will maintain confidentiality and will not discuss the inmate’s medical condition with anyone except authorized personnel.
 - E. Laboratory tests for bloodborne pathogens will be ordered by the Facility's Physician or Nurse Practitioner, with the inmate's informed consent, except as provided by section VI.C.1. and 2.
 - 1. All HIV testing will be conducted according to the Center for Disease Control (CDC) Guidelines and State of Maryland rules and regulations. All HIV testing shall be carried out by the Infection Control Nurse who has

received Department of Health and Mental Hygiene (DHMH) approved training.

2. Inmates involved in a bloodborne pathogen exposure shall be tested at no charge.

V. Definitions:

- A. **AIDS** – Acquired Immune Deficiency Syndrome – is caused by a virus called HIV. When a person is infected with HIV, the virus infects and can kill certain cells in the immune system called CD4 cells (also called T-helper cells). This weakens the immune system so that other diseases and infections can occur.
- B. **Bloodborne Pathogen** – a microorganism that is present in human blood and can cause disease in humans. Common bloodborne pathogens include but are not limited to HBV, HCV and HIV.
- C. **Body Fluids** – Blood, semen, vaginal secretions, saliva, tears, breast milk, cerebrospinal fluid, vomitus, urine and feces.
- D. **Mucous Membranes** – Tissues that line body canals or cavities of the body; these include eyes, nose, mouth, the inside lining of the urethra, vagina and rectum.
- E. **HBV** – Hepatitis B virus – a virus that causes an infection of the liver that can lead to life-long infection.
- F. **HCV** – Hepatitis C virus – a virus that causes an infection of the liver that can lead to life-long infection.
- G. **HIV** – Human Immune Deficiency Virus – a virus that causes AIDS, and leads to life -long infection.
- H. Testing
 1. HIV Test – A test, approved by the U.S. Food and Drug Administration obtained from oral fluids, blood or tissue that screens for or confirms HIV infection. Screening tests for HIV that come back positive must have a confirmatory test.
 2. Hepatitis Test(s) – A test, or tests, obtained from blood needed to detect current or past infection with a Hepatitis virus.
 3. Voluntary testing – When an inmate requests testing. A written consent is required.

4. Involuntary testing – When an inmate involved in an exposure incident refuses to consent to testing, an HIV test can be ordered without written consent of the inmate.

I. Exposure

1. Exposure Incident – A specific incident involving exposure to blood or other potentially infectious body fluids that:
 - a. get into the eye, mouth or other mucous membrane;
 - b. make contact with skin that has cuts, wounds, sores, rashes or chapped skin;
 - c. puncture the skin with a needle or other contaminated object.
2. Potential Exposure Situations – All employees and inmates have the potential or are at risk of exposure to blood or other potentially infectious body fluids. An exposure can occur when:
 - a. cleaning up blood on surfaces without protection
 - b. using force in some situations
 - c. disposing of contaminated waste
 - d. disposing of sharps
 - e. handling specimens
 - f. having sex (oral, anal or vaginal)
 - g. sharing needles/works
 - h. sharing toothbrushes, razors
3. Non-exposure to bloodborne pathogens
 - a. being in the same room with an infected person
 - b. talking to or touching someone who is infected
 - c. sharing bathrooms, eating together and eating food prepared by someone who is infected

VI. Procedures

A. Training and Education

1. Staff
 - a. All department personnel will be required to attend bloodborne pathogen training sessions provided by the Medical Unit staff as part of the Pre-Service and annual In-Service training programs. Persons hired between training sessions will, at the very minimum, be required to become familiar with the contents of this policy and procedure. The

Health Services Administrator (HSA) and the Infection Control Nurse will ensure that this training continues as part of the In-Service curricula until otherwise instructed by the Superintendent.

- b. The HSA will arrange for communication of regular updated bloodborne pathogens information to all staff. The Health Department can be contacted to assist with this training.

2. Inmates

- a. The Department will provide bloodborne pathogens biohazard waste and decontamination education and training program for all Inmate Workers that include a variety of educational approaches, e.g. printed information, videotapes, one-to-one counseling and risk assessment.
- b. As part of the Inmate Worker orientation process, all Inmate Workers will be provided bloodborne pathogen biohazard waste and decontamination information, which will be facilitated by the Inmate Worker Program (IWP) Coordinator.
- c. The IWP Coordinator will submit the Biohazard Waste & Decontamination Training Attendance Sheet (Appendix 1) to the Compliance Officer, Medical Unit and maintain a copy in the Classification Unit.

B. Exposure to bloodborne pathogens/disease exposure:

1. Staff exposure:

- a. In all cases of a possible exposure, the Supervisor shall direct the person involved to thoroughly and immediately cleanse the affected area with soap and running water, (water only for eyes) and ensure s/he reports to the Medical Unit for immediate evaluation. The Medical Unit personnel shall notify the employee's Supervisor that the employee needs to be seen at Concentra Medical Center or the Emergency Department (Anne Arundel Medical Center or Baltimore Washington Medical Center) as quickly as possible, preferably within two hours of the incident.
- b. When notice is received from a hospital or the Medical Examiner's Office that a possible disease exposure has occurred, the Designated Coordinator, or designee, will determine if the employee(s) involved did have an exposure. If they did, the supervisor shall complete a Workers' Compensation Exposure Incident Medical Authorization Form (Appendix 2) and a Workers' Compensation Medical

Authorization Form (Appendix 3) and send the employee to one of the following treatment facilities.

NOTE: SUPERVISORS SHALL CONTACT THE CLOSEST TREATMENT FACILITY INDICATED ON THE WORKERS' COMPENSATION EXPOSURE INCIDENT MEDICAL AUTHORIZATION FORM AND WORKERS' COMPENSATION MEDICAL AUTHORIZATION FORM BEFORE SENDING THE EMPLOYEE TO THE THAT LOCATION.

Monday-Friday 7:30a.m.-5:00p.m.	Concentra Medical Center 890 Airport Rd, Ste 100 Glen Burnie, MD 21061 410-553-0110	Concentra Medical Center 7377 Washington Blvd, Ste 101 Elkridge, MD 21075 410-379-3051
Evenings & Nights 5:00p.m.-7:30a.m.	Concentra Medical Center 1419 Knecht Ave Baltimore, MD 21227 410-247-9595	
Saturday Noon to Monday 7:30a.m.	Anne Arundel Medical Center Emergency Room	Baltimore Washington Medical Center Emergency Room

- c. The supervisor on duty shall begin the process of identifying the source of exposure. If the source of exposure is known, the supervisor will be responsible for collecting the medical information from the QHCP on duty. This information is confidential and will only be shared with the treating facility. Details need to be provided to the Department's Designated Coordinator, or designee, as soon as possible to ensure prompt post-exposure follow up. If source information is known immediately, it should be completed on the Workers' Compensation Exposure Incident Medical Authorization Form and sent with the employee to the treating facility.
- d. If disease exposure occurs, such as exposure to suspected active tuberculosis (TB), chicken pox, meningitis, etc., the supervisor shall call Concentra Medical Center and send the employee with the Workers' Compensation Exposure Incident Medical Authorization Form. If source information is known immediately, it should be completed on the Workers' Compensation Exposure Incident Medical Authorization Form and sent with the employee to Concentra Medical Center. On diseases that are reportable, the County Health Department will be contacted, as necessary, by Concentra Medical Center or the Department Coordinator.
- e. The Supervisor shall complete the Workers' Compensation Incident Report Form (First Report of Injury), Appendix 4, enter into the Risk Management claim system and forward to Risk Management within 24

hours. The report can be sent by fax to 410-222-7640, but then the original should be marked "FAXED" before forwarding to Risk Management via interoffice mail to MS 9303.

- f. The employee may request that another employee accompany him/her to the treatment facility. Or, the Supervisor may choose to have another employee accompany the individual to Concentra Medical Center or the Hospital Emergency Department.
- g. Depending upon the emotional state of the employee, the Supervisor shall provide moral support and interface with the appropriate medical personnel to ensure treatment is received in a timely manner. The shift supervisor shall also ensure information pertaining to the incident is documented i.e. departure time, time treatment was received, etc.
- h. The treating facility will provide medical care based on the CDC protocol and guidance from the County Health Department. If an employee reports to the hospital emergency room for initial treatment for a possible blood borne pathogen, the employee will report to Concentra Medical Center the next business day for follow-up care. Concentra Medical Center will be the contact point between the employee and the Medical Department.
- i. The Department's Designated Coordinator, or designee, or the appropriate supervisor working with the Designated Coordinator, or designee, will coordinate with the Medical Contractor's Infection Control Nurse to determine if the source individual will submit to infectious disease testing, including HIV, HEP B and HEP C. This person must be familiar with the laws requiring the release of this information under certain circumstances. Once the information has been obtained, the treating physician at Concentra Medical Center will be notified so that the medical treatment being provided to the employee can be modified accordingly.
- j. After the employee is seen for initial evaluation and, if necessary, treatment for a potential bloodborne pathogen exposure at the health care site, the Shift Supervisor shall ensure the employee completes the following when s/he returns to work:
 - (1) Workers' Compensation Incident Report Form (First Report of Injury)
 - (2) Incident Report
 - (3) Notice of Infraction (if applicable)
- k. If the employee refuses treatment or decides to wait, it shall be

documented on an Incident Report, dated and signed by the employee and witness(es).

2. Inmate exposure:

- a. In the event that an inmate is exposed to blood or other potentially infectious material, the supervising staff member will have the inmate escorted to the Medical Unit for evaluation and first aid. Further treatment and/or testing shall be determined by medical staff.
- b. Inmate exposures or allegations of exposure will be brought to the attention of the Assistant Correctional Facility Administrator (ACFA), Correctional Facility Administrator (CFA) and Superintendent.

C. Staff Request for inmate HIV Testing:

1. The employee may request that the inmate be tested if:

- a. The exposure occurred in connection with the inmate's violation of institutional regulations.
- b. The inmate has been found guilty of the violation of institutional regulations that lead to the exposure.
- c. The employee involved has given written notice of the exposure to the CFA or ACFA.
- d. The exposure has been confirmed by a QHCP.

The employee has filed an assault charge, in accordance with AD 01.08.

2. When all criteria in VI.C.1. have been met:

- a. The Infection Control Nurse (ICN) shall advise the inmate that s/he is requested to submit to testing in accordance with the MD. Health-General Code Ann. § 18-338 (2021).
- b. Upon the inmate's consent, the ICN shall require that the inmate sign an acknowledgment form authorizing that the sample be taken.
- c. If the inmate refuses to submit to testing, the ICN shall inform the department's Designated Coordinator, or designee, or on duty supervisor immediately.

(1) The ACFA – Security shall advise the inmate that s/he is required

to provide a blood sample in accordance with the MD. Health-General Code Ann. § 18-338 (2021).

- (2) If the inmate refuses to furnish to the correctional institution a blood sample or buccal (cheek) swab to be tested for the presence of human immunodeficiency virus (HIV) as required under subsection (b) of this section, a court may order the inmate to furnish the blood sample or buccal (cheek) swab if:
 - i. The correctional employee involved in the exposure or the correctional employee's representative requests the testing in writing to the State's Attorney in the county where the exposure occurred; and

NOTE: THE SUGGESTED LANGUAGE FOR REQUESTING A COURT ORDER FOR A BLOOD SAMPLE IS: "I AM THE VICTIM OF A PROHIBITED EXPOSURE THAT OCCURRED WHILE ACTING IN THE PERFORMANCE OF MY DUTIES AS A [INSERT TITLE] AT THE ANNE ARUNDEL COUNTY DEPARTMENT OF DETENTION FACILITIES. I AM ASKING THAT THE COURT ORDER THE DEFENDANT TO GIVE A BLOOD SAMPLE TO BE TESTED FOR THE PRESENCE OF HIV AND HEPATITIS C. THE DEFENDANT'S NAME IS [INSERT NAME, DATE OF BIRTH]."

- ii. The court finds probable cause to believe that the exposure occurred.
- (3) Before ordering a test under paragraph (1) of this subsection and subject to the provisions of paragraph (6) of this subsection, the court shall hold a hearing at which the correctional employee or the correctional employee's representative and the inmate or the inmate's representative have the right to be present.
- (4) The correctional employee or the correctional employee's representative and the inmate or the inmate's representative shall be notified of:
 - i. The date, time and location of the hearing; and
 - ii. Their right to be present at the hearing.
- (5) During the hearing, the court may admit into evidence only

affidavits, counter-affidavits and medical records that:

- i. Relate to the material facts of the case; and
 - ii. Support or rebut a finding of probable cause to issue a court order.
- (6) The written request of the correctional employee or the correctional employee's representative shall be:
- i. Filed by the State's Attorney with the court; and
 - ii. Sealed by the court.
- (7) Except for good cause, the court shall:
- i. Hold the hearing within 15 days after the State's Attorney's presentment to the court of the written request of the correctional employee or the correctional employee's representative; and
 - ii. Issue an order granting or denying the request within 3 days after the conclusion of the hearing.

3. Test Results

- a. Negative test result notification shall occur within 48 hours after being received excluding weekends and holidays of the test result being received.
 - (1) The QHCP will send the negative test results to Concentra Medical Center.
 - (2) Concentra Medical Center shall contact the employee and inform them of the negative test results.
- b. Positive test result notification shall be made within 48 hours excluding weekends and holidays of the test result being received. The ICN shall immediately contact the County Health Department on all positive HIV results tested under the MD. Health-General Code Ann. § 18-338 (2021).
 - (1) The QHCP will send the positive test results to Concentra Medical Center.

- (2) Concentra Medical Center will contact the employee and inform them of the positive test results and they will take the appropriate steps to care for the employee.
 - c. Notification of all positive and negative test results shall be made in a manner that will protect the confidentiality of the correctional employee and the inmate.
 4. The ICN shall, in accordance with standard counseling and medication protocols, give notification to the inmate.
 - D. Referral of inmates – The Medical Unit will evaluate inmates with symptoms known to be associated with AIDS and when inmates disclose they are infected with HIV. This evaluation process shall begin at the time of the Intake Screening. Inmates who have risk factors for being infected with HIV should be strongly encouraged to accept HIV testing.
 - E. Prevention of transmission of bloodborne pathogens
 1. Hand washing – One of the most important ways to prevent most infectious diseases is to thoroughly wash hands with soap and water after exposure to blood or other body fluids.
 2. Housing of infected inmate
 - a. Inmates awaiting test results or with confirmed infections may be housed in isolation cells if their behavior threatens the security of the facility or poses a risk of infecting others, i.e., aggressiveness or victimization.
 - b. Inmates waiting for test results or with confirmed infection will generally be housed with the general population. These inmates will participate in normal housing unit activities. (Exception is Acute Hepatitis A).
 - c. Special classification decisions regarding these inmates will be the responsibility of the ACFA or Criminal Justice Program Supervisor (CJPS). These employees will be considered among those authorized to know the results of bloodborne pathogens tests and will use this information discreetly.
 3. Personal Hygiene – Every inmate will use his/her own razor and toothbrush.
 4. Laundry

- a. If the clothing or linens of an inmate have been contaminated with blood or other body fluids, the staff will double bag these items in special leak-proof bags to be washed in the laundry under the supervision of the Laundry Supervisor. Clothing and/or linens deemed unsalvageable shall be placed in a biohazard bag and stored with other biohazard waste.
 - b. Clothing or institutional linens that have not been contaminated will be laundered following regular laundry procedures.
 - c. Inmate workers assigned to the Laundry will wear gloves when handling all unwashed laundry. These workers will be provided a change of clothing before returning to their housing unit.
5. Spills of blood or body fluids
- a. All blood or body fluid spills will be considered potentially infectious because one cannot always know when someone is infected with bloodborne pathogens.
 - b. To clean spills of blood or body fluids, staff and inmate workers will:
 - (1) Always put on gloves.
 - (2) Absorb large spills with an absorbent material, e.g., cat litter, or a paper or cloth product. All such materials shall be bagged and stored as biohazard waste.
 - (3) Clean up visible materials with soap and water and apply disinfectant to the area (a fresh solution of 10 parts water to one-part bleach or proprietary disinfectants with antiviral properties). Allow the disinfectant to dry on the surface following the manufacturer's recommendation.

NOTE: BLEACH IS CORROSIVE TO METAL AND CAN HAMPER THE FUNCTION OF ELECTRONIC EQUIPMENT.

- (4) Rinse with clean water unless the manufacturer's recommendation states rinsing is unnecessary.
- (5) Remove gloves carefully, turning them inside out as they are removed and bag and store as biohazard waste.
- (6) Wash hands thoroughly.

- (7) Dispose of any potentially infectious materials properly (See Section VI.G). Gloves used for cleanup are considered infectious waste.
6. Barbering – Barbers and hairdressers will be required to perform their duties in conformity with guidelines published by the State Board of Cosmetologists.
7. Housing Unit Sanitation
 - a. If the inmate is unable to clean his/her own cell, the cell will be cleaned by an Inmate Worker, under the supervision of a Detention Officer, and according to standard procedures.
 - b. When an inmate leaves the facility, the cell and its furnishings, including both sides of the mattress, will be cleaned according to standard procedures and disinfected with a bleach solution (1 part bleach to 10 parts water) or appropriate disinfectant.
 - c. Inmate workers shall wear gloves for these cleaning procedures.
8. CPR

NOTE: NO TRANSMISSION OF HIV INFECTION DURING MOUTH-TO-MOUTH RESUSCITATION HAS BEEN DOCUMENTED.

 - a. Special attention should be given to the use of disposable or easily cleaned airway equipment or protective face shields.
 - b. Pocket masks are available in each first aid kit.
 - c. After use, the pocket masks will be disposed of in a biohazard bag.
 - d. The Medical Unit shall check and restock the contents of the first aid kits on a regular basis.
9. Protection of skin – Staff and inmate workers will be expected to protect cuts, abrasions or other skin lesions with Band-Aids or dressings while at the work place. Those with wounds of hands/fingers or infected with acute Hepatitis will not be allowed to work in food handling until the condition is resolved.
10. Contaminated Uniforms – Uniforms that have become contaminated with

blood or body fluids will be placed in special leak proof bags and washed in the laundry under the supervision of the Laundry Supervisor. Items deemed unsalvageable, then these shall be placed in a biohazard bag and stored with other biohazard waste.

11. Masks and Eye Protection – Masks and eye protection are necessary only in situations where blood or body fluids could be splashed into an individual's mouth, nose or eyes, e.g., surgical procedures.
12. Gowns – Gowns are necessary only in situations where blood or body fluids could be splashed onto clothing.

F. Supplies

1. The Management Assistant II (MAII) – Support Services will be responsible for supplying gloves, soap, disinfecting materials and gowns to the housing units and for other inmate activity areas. In the event a staff member notices that stocks are low, s/he will request these materials according to policy.
2. The Medical Unit shall be responsible for keeping first aid kits stocked with pocket masks for use in administering mouth-to-mouth resuscitation. In the event an Officer notices that stocks are low, s/he shall notify the Medical Unit as soon as possible.

G. Disposal of Contaminated Material

1. Contaminated disposable materials will be treated as infectious waste and disposed of via a contract with a private vendor.
2. Liquid materials such as blood and other body fluids can be disposed of through the waste water system.
3. Dried materials, such as blood, cannot transmit HIV but under some circumstances transmit other pathogens.

H. Handling of sharps

1. All sharps and sharps containers shall be stored in a secured designated room in the individual department that shall not be accessible by inmates or non-medical staff.
2. Only QHCPs shall be authorized to handle sharps and sharps containers in accordance with vendor policy.

This policy shall be reviewed at least annually and revised as necessary.



Christopher Klein
Superintendent

Rescinds: AD 10.4 dated October 20, 2009
AD 10.04 dated August 26, 2011
AD 10.04 dated February 6, 2015
AD 10.04 dated May 11, 2016
AD 10.04 dated September 25, 2019

- Appendix 1 – Biohazard Waste & Decontamination Training Attendance Sheet
- Appendix 2 – Workers’ Compensation Exposure Incident Medical Authorization Form
- Appendix 3 – Workers’ Compensation Medical Authorization Form
- Appendix 4 – Workers’ Compensation Incident Report Form (First Report of Injury)
- Appendix 5 – AIDS and HIV Fact Sheet
- Appendix 6 – Hepatitis A Fact Sheet
- Appendix 7 – Hepatitis B Fact Sheet
- Appendix 8 – Hepatitis C Fact Sheet