	<b>DEPARTMENT OF CORRECTIONS AND REHABILITATION</b> <b>DEPARTMENT ADMINISTRATION POLICY AND PROCEDURES</b>	<b>EFFECTIVE DATE:</b> January 01, 2024	<b>POLICY NO.:</b> ADM.04.03
		<b>SUPERSEDES (Policy No. &amp; Date):</b> ADM.04.02 of June 23, 2008	
	<b>SUBJECT:</b> <b>BLOODBORNE PATHOGENS TRAINING AND IMMUNIZATION</b>		Page 1 of 7

## 1.0 PURPOSE

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

## 2.0 SCOPE

This policy applies to all permanent, temporary, exempt, emergency hire, and volunteer personnel of the Department whose duties may expose them to potential bloodborne pathogens.

## 3.0 REFERENCES, DEFINITIONS & FORMS

### .1 References

- a. Hawaii Administrative Rules, Title 12, Chapter 12-205, Bloodborne Pathogens.
- b. OSHA Instruction CPL 2-2.44C, Enforcement Procedures for Occupational Exposure to Bloodborne Pathogens.

### .2 Definitions

- a. Blood: Includes plasma, platelets, and serosanguineous fluids, e.g., exudates from wounds.
- b. Bloodborne pathogens: In addition to HBV and HIV, the term includes any pathogenic microorganism that is present in human blood and can infect and cause disease in persons who are exposed to blood containing the pathogen. Examples are hepatitis Band C, malaria, syphilis, babesiosis, brucellosis, leptospirosis, arboviral infections, relapsing fever, Creutzfeld-Jakob disease, Human T-lymphotrophic Virus Type 1, and viral hemorrhagic fever.
- c. Potential Risk Employees: Employees (e.g., health care workers, corrections officers, public safety workers) whose duties place them at risk for exposure to blood and body secretions. The risk varies according to duties. Healthcare workers face the greatest occupational risk.

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DCR  P & P M	<b>SUBJECT:</b>  <b>BLOODBORNE PATHOGENS TRAINING AND  IMMUNIZATION</b>	<b>POLICY NO.:</b> <b>ADM.04.03</b>
		<b>EFFECTIVE DATE:</b> <b>January 01, 2024</b>
		<b>Page 2 of 7</b>

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

#### 4.0 POLICY

- .1 Department personnel risk occupational exposure to blood which may contain pathogens. This hazard can be minimized through training in precautionary measures. To comply with the provisions of State and Federal laws concerning bloodborne pathogen precautions, an initial and annual training program shall be established for all Department personnel whose required duties place them at potential risk.
- .2 Vaccination against the hepatitis B virus shall be made available to all potential risk employees at no charge. However, vaccination shall not be mandatory.
- .3 Responsibilities:

- a. Training and Staff Development Office (TSD)

- 1. Training

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

- a) Recruit Training

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

- b) Support Staff Training

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

- 2. Immunization

All recruits shall be informed of the free hepatitis B vaccination program, with a series of three shots, offered by the Department. They

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DCR  P & P M	<b>SUBJECT:</b>  <b>BLOODBORNE PATHOGENS TRAINING AND  IMMUNIZATION</b>	<b>POLICY NO.:</b> <b>ADM.04.03</b>
		<b>EFFECTIVE DATE:</b> <b>January 01, 2024</b>
		<b>Page 3 of 7</b>

shall be encouraged to be vaccinated sometime before completion of recruit training and before assignment to duty. They shall also be informed that vaccination is not mandatory. However, if a recruit declines, a declination must be signed by the recruit (reference 5.2.b below).

b. Training Officers

1. Training

Correctional Facility training officers shall be responsible for the following:

- a) Compile and maintain a list of names of all support staff within their organization who may have occupational exposure to blood or other potentially infectious materials (reference attachment A).
- b) Provide bloodborne pathogens training to this risk population based upon the guidelines provided by the TSD. All new employees within this risk population shall receive training within the first 10 days of their employment and annually thereafter. Annual training shall include all correctional and law enforcement officers.
- c) Maintain training records of all staff who have received this training. The records shall document annual refresher course attendance for those in the risk group.

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

2. Immunization

- a) Training officers shall be responsible for notifying all identified potential risk employees within their organization of the free vaccination program. If they decline, a declination must be signed (reference 5.2.b below).
- b) All new employees who are within the potential risk group who accept vaccination shall be encouraged to be vaccinated

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DCR  P & P M	<b>SUBJECT:</b>  <b>BLOODBORNE PATHOGENS TRAINING AND IMMUNIZATION</b>	<b>POLICY NO.:</b> <b>ADM.04.03</b>
		<b>EFFECTIVE DATE:</b> <b>January 01, 2024</b>
		<b>Page 4 of 7</b>

with hepatitis B vaccination (with a series of three-shots) within the first 10 days of their employment.

c. Health Care Office

1. Training

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

- a) Providing training, guidance, direction, and assistance to the TSO in the development of the guidelines and content of the program.
- b) Providing advice, guidance, and assistance to training officers in identifying the risk population within their organization and training in the development of their program.

All training programs shall be approved by the HCD.

2. Immunizations

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

**5.0 PROCEDURES**

.1 Training

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

a. Bloodborne Pathogens Identification

A description of the types of characteristics of bloodborne pathogens.

b. Protective Measures

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

**NOT CONFIDENTIAL**

DCR  P & P M	<b>SUBJECT:</b>  <b>BLOODBORNE PATHOGENS TRAINING AND  IMMUNIZATION</b>	<b>POLICY NO.:</b> ADM.04.03
		<b>EFFECTIVE DATE:</b> January 01, 2024
		Page 5 of 7

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

c. Housekeeping Practices

1. The proper handling and disposal of waste.
2. Types and use of disinfecting agents for cleaning and decontamination.
3. The proper handling of laundry (removal, bagging, or containerization) and disinfecting or cleaning.

d. Containerization and Labeling

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

e. Vaccination

The effectiveness of the vaccine and how it is administered.

f. Post Exposure Procedures

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

g. Exposure Determination

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

.2 Immunization

a. Immunization Acceptance

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DCR  P & P M	<b>SUBJECT:</b>  <b>BLOODBORNE PATHOGENS TRAINING AND  IMMUNIZATION</b>	<b>POLICY NO.:</b> <b>ADM.04.03</b>
		<b>EFFECTIVE DATE:</b> <b>January 01, 2024</b>
		<b>Page 6 of 7</b>

1. Those employees who wish vaccination shall complete all required forms after completion of training. The training officer shall make arrangements with the HCO for the administration of the vaccine.
2. The employee shall sign form DCR 1223, Acceptance of Hepatitis B Vaccine (reference attachment B). The HCO shall be responsible for ensuring that form DCR 1223 is witnessed. Once all vaccinations have been completed, the forms are forwarded to the Department Personnel Management Office (PMO) for inclusion in the employee's personnel file.
3. The HCO shall be responsible for the completion of form DCR 1225, Hepatitis B Vaccination Record (reference attachment C). Upon completion of the record, it shall be forwarded to the PMO for inclusion in the employee's personnel file.

b. Immunization Rejection

1. A potential risk employee who declines vaccination shall sign form DCR 1224, Hepatitis B Vaccine Declination (reference attachment D). Completion of this form is mandatory.
2. For law enforcement and correctional officer recruits who decline immunization, the TSO shall be responsible for ensuring this form is signed, witnessed, and forwarded to the PMO for inclusion in the employee's personnel file.
3. For all other staff who decline, the training officer shall be responsible for ensuring that form DCR 1224 is signed, witnessed, and forwarded to the PMO for inclusion in the employee's personnel file.


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DCR  P & P M	<b>SUBJECT:</b>  <b>BLOODBORNE PATHOGENS TRAINING AND  IMMUNIZATION</b>	<b>POLICY NO.:</b> ADM.04.03
		<b>EFFECTIVE DATE:</b> January 01, 2024
		Page 7 of 7

APPROVAL RECOMMENDED:

  
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Deputy Director for Administration      JAN 0 1 2024  
Date

APPROVAL RECOMMENDED:

  
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Deputy Director for Corrections      JAN 0 1 2024  
Date

APPROVED:

  
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DIRECTOR      JAN 0 1 2024  
Date

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