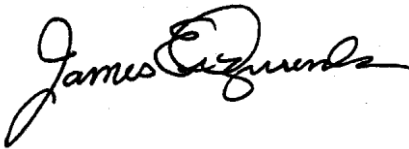
 <p>State of Connecticut Department of Correction</p> <p>ADMINISTRATIVE DIRECTIVE</p>	Directive Number 2.19	Effective Date 08/09/2013	Page 1 of 5
	Supersedes Employee Health, dated 9/1/2010		
 Interim Commissioner James E. Dzurenda	Title: Employee Health		

1. **Policy.** The Department of Correction shall strive to enhance the protection of the public, staff and inmate population from potential or existing public health risk(s) by offering and/or mandating participation in health screening or testing in order to prevent and/or eliminate possible health threats.

2. **Authority and Reference.**
 - A. Connecticut General Statutes, Section 18-81.
 - B. Code of Federal Regulations, 29 CFR 1910, Occupational Safety and Health Administration (OSHA), Occupational Exposure to Blood borne Pathogens.
 - C. Regulations of Connecticut State Agencies, Section 22a-209-15(a).
 - D. Centers for Disease Control and Prevention, Division of Tuberculosis Elimination, Core Curriculum on Tuberculosis, 2000.
 - E. Centers for Disease Control and Prevention, Viral Hepatitis Fact Sheet, 2007.
 - F. Centers for Disease Control and Prevention, Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC, MMWR 2006, Vol. 55, no. RR-9.
 - G. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention; Division of Tuberculosis Elimination (DTBE), 2008.
 - H. University of Connecticut Health Center, Correctional Managed Health Care, Infection Control Manual, Policy 1.03, Universal Precautions.
 - I. University of Connecticut Health Center, Correctional Managed Health Care, Infection Control Manual, Policy 1.06, Red Bag Waste.
 - J. Administrative Directives 2.6, Employee Discipline; 2.7, Training and Staff Development; 2.12, Employee Health and Safety; 2.25, MRSA Prevention and Management Protocols for Employees; and 6.6, Reporting of Incidents.
 - K. American Correctional Association, Standards for the Administration of Correctional Agencies, Second Edition, April 1993, Standard 2-CO-1C-19.
 - L. American Correctional Association, Standards for Adult Correctional Institutions, Fourth Edition, January 2003, Standard 4-4062.
 - M. American Correctional Association, Performance-Based Standards for Adult Local Detention Facilities, Fourth Edition, June 2004, Standard 4-ALDF-7B-04.
 - N. American Correctional Association, Standards for Adult Probation and Parole Field Services, Third Edition, August 1998, Standard 3-3059.

3. **Definitions and Acronyms.** For the purposes stated herein, the following definitions and acronyms apply:
 - A. **AIDS.** Acquired Immune Deficiency Syndrome.
 - B. **Contaminated.** Means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

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- C. Contaminated Sharps. Means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
 - D. CPR. Cardiopulmonary Resuscitation.
 - E. DAS. Department of Admistrative Services.
 - F. DEEP. Department Energy and Environmental Protection.
 - G. DOC. Department of Correction.
 - H. Hepatitis B. A disease caused by a virus that attacks the liver. The virus can cause lifelong infection and serious liver disease. Hepatitis B is a bloodborne pathogen and is transmitted when infected blood or body fluids enter the body of a person who is not infected.
 - I. Methicillin-resistant Staphylococcus aureus (MRSA). A type of bacteria that is resistant to certain antibiotics such as all penicillins, including methicillin.
 - J. OSHA. Occupational Safety and Health Administration.
 - K. Purified Protein Derivative. The substance used in a tuberculin skin test (TST) to screen a person for the presence of tubercular bacilli antibodies.
 - L. Regulated Waste. Means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.
 - M. Standard Precautions. Precautionary measures based on the principle that all blood, body fluids, secretions, excretions (except sweat), non-intact skin and mucous membranes may contain transmissible infectious agents.
 - N. Tuberculosis (TB). A disease caused by a bacterium called Mycobacterium Tuberculosis which is transmitted from an infectious source to susceptible persons primarily through airborne means (i.e., coughing).
 - O. Tuberculosis Screening. The process of identifying infected persons at risk of disease who would benefit from preventive therapy, and to identify persons with clinical/active disease in need of treatment.
 - P. UCHC. University of Connecticut Health Center.
4. Administration of Health Program. The Director of Health and Addiction Services in collaboration with the contracted health services provider shall ensure that policies and procedures to reduce the incidence and spread of infectious and communicable diseases are established and maintained. Policies and procedures shall include isolation precautions for inmates with TB and other communicable diseases that may cause a health risk to DOC employees. In the event that the Director of Health and Addiction Services determines that a health risk exists, or has the potential to exist, the Deputy Commissioner of Operations and the Director of Programs and Treatment (Division) shall be notified. The Commissioner of Correction may mandate that any or all staff participate in any appropriate testing, screening, prevention effort and/or intervention that would lead to controlling and/or eliminating the health risk.
5. Bloodborne Pathogen Exposure Control Plan. The Director of Health and Addiction Services or designee shall develop and maintain a Bloodborne Pathogen Exposure Control Plan in accordance with Section 2(B) of this

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Directive. The Bloodborne Pathogen Exposure Control Plan shall consist of the following components:

- A. Employee Exposure Determination;
- B. Copy of current Administrative Directive 2.19, Employee Health;
- C. Copy of current Administrative Directive 8.11, Human Immunodeficiency Virus Infection/Acquired Immune Deficiency Syndrome;
- D. Bloodborne Pathogens Post Exposure Protocol;
- E. Employee Information Sheet - Post Exposure Prophylaxis (basic and expanded);
- F. OSHA Bloodborne Pathogens Standard; and,
- G. OSHA Bloodborne Pathogens Standard Federal Register (Final Rule).

Copies of the Bloodborne Pathogen Exposure Control Plan shall be maintained in the Facility Health Services Unit, the shift supervisor's office, and other areas as determined by the Unit Administrator.

- 6. Employee Training. All direct contact employees shall receive instruction in the following areas during pre-service training in accordance with Administrative Directive 2.7, Training and Staff Development:
 - A. Infectious Diseases, AIDS and TB;
 - B. First Aid and CPR; and,
 - C. OSHA Requirements, N95 Mask, and Hazard Communications.
- 7. Personal Protective Equipment. The Department shall provide protective equipment as needed, to protect employees from exposure to infectious diseases.
 - A. Personal protective equipment shall meet the established OSHA standards regarding bloodborne pathogens.
 - B. Personal protective equipment shall be available at all DOC facilities.
 - C. Personal protective equipment shall include, but is not limited to, masks, disposable moisture proof gowns, hair covers, shoe covers, protective gloves, masks and mouth barriers for CPR.
 - D. Kits with personal protective equipment shall be placed in strategic places in each facility, as well as in all state-owned vehicles used to transport inmates. At a minimum, the kits shall include protective gloves, moisture proof gowns, surgical masks, eye goggles, a non-feedback resuscitator, large plastic bags, paper towels, and moist towelettes. The inventory of the kits and a review of the appropriateness of the contents shall be conducted on a predetermined facility schedule. Use of any item shall require prompt replacement.
- 8. Employee Responsibility. DOC employees shall participate in all mandatory health-screening programs and should consider participation in OSHA mandated employer vaccination programs.
- 9. Tuberculosis Testing and Screening. The Department shall provide adequate information in order that an employee may make an informed decision regarding TB testing and screening. Every effort shall be made to supply the employee with written, visual, or verbal information to afford voluntary participation in Department TB testing and screening. Initial TST for newly hired Department of Correction employees shall consist of a two-step program. Annual TB testing and screening shall be required of non-central office based staff for continued employment with the

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Department of Correction. Central office staff, who are classified as hazardous duty, and other central office employees whose job duties require occasional or extensive work inside correctional facilities, must complete required yearly TB testing for continued employment with DOC. Parole and Community Services staff must comply with TB testing for continued employment. Arrangements shall be made for yearly testing of parole staff to take place at correctional facilities. Mandatory TB testing and screening for all employees shall be conducted annually or at such times as designated by the Commissioner of Correction. Employee participation within the Department shall be documented using CN 21901, Annual Tuberculosis Testing Employee Receipt. An employee may be exempt from an annual or mandated TB skin test if the employee submits the following:

- A. Documentation of: (1) previous positive skin test using the Mantoux TST method, with indication of millimeters of induration; or (2) current (within six months of the planned test) chest x-ray indicating a negative result.
- B. Documentation of: (1) current, (within six (6) months) Mantoux TST, with indication of millimeters of induration, conducted outside the Department of Correction or completed within the Department of Correction; or (2) current (within six months of the planned test) chest x-ray indicating a negative result.
- C. Documentation from a physician to indicate current medication therapy for active or latent TB.

It shall be the employee's responsibility to participate in and comply with the annual TB testing process. TB tests shall take place once a year at each DOC facility. Efforts shall be made by UCHC staff to provide TB testing to employees who are legitimately absent from work during the time that their assigned facility conducts annual TB testing.

An employee who refuses to voluntarily submit to a TST shall be counseled by a licensed health care provider. If after being counseled by the licensed health care provider, the employee fails to comply with the Department's TB screening requirement, the employee shall be referred to a private physician to complete the required TB screening. The employee shall have 72 hours to provide documentation of the required TB screening from the private physician (the employee may work during this 72-hour period). If the employee fails to comply with mandatory TB testing and screening, the appropriate union shall be notified that the employee poses a potential threat to the health and safety of the work environment. Refusal to participate in mandated testing or screening shall be, at a minimum, considered failure to follow an order and shall subject the employee to disciplinary action in accordance with Administrative Directive 2.6, Employee Discipline. Continued refusal to submit to testing or screening may lead to more severe discipline, up to and including dismissal from state service.

DOC shall provide a list of employees who are required to be tested under this directive to CMHC and shall be the keeper of DOC employee TB records once the testing cycle is completed. These records shall be maintained separate from an employee's personnel file.

10. Hepatitis B Vaccination Program. The Department shall provide adequate information in order that an employee may make an informed decision regarding the hepatitis B vaccination series. The Department shall make available, to all DOC employees, the hepatitis B vaccination series at no

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cost and at a reasonable time and place. Any employee who declines the vaccine shall sign a vaccination declination statement. If the employee initially declines the vaccination but at a later date decides to accept the vaccination, the Department shall make the vaccination available to that employee.

11. Prevention and Management of Methicillin-resistant Staphylococcus aureus Infections. The prevention and management of MRSA shall be in accordance with Administrative Directive 2.25, MRSA Prevention and Management Protocols for Employees.
12. Management of Contaminated Material/Waste. All contaminated or potentially contaminated material/waste shall be placed in a red biohazard container/bag. Such material/waste shall be handled of in accordance with the Bloodborne Pathogen Exposure Control Plan.
13. Management and Disposal of Used Razors. The Unit Administrator or designee shall develop and maintain a policy for management and disposal of used razors in accordance with the Blood borne Pathogen Exposure Control Plan.
14. Reporting Exposure to Infectious Agents. An employee who believes that he or she has come into contact with an infectious agent shall promptly decontaminate (i.e., wash, rinse, flush, remove contaminated clothing (if needed) and/or shower (if requested)) and notify the shift supervisor of the potential exposure. The employee shall complete CN 6601, Incident Report outlining the details of the potential exposure in accordance with Administrative Directive 6.6, Reporting of Incidents. The shift supervisor shall complete Attachment A, DAS First Report of Injury (WC-207) and initiate the appropriate reporting protocols in accordance with Administrative Directive 2.12, Employee Health and Safety.
15. Forms and Attachments. The following forms and attachments are applicable to this Administrative Directive and shall be utilized for the intended function:
 - A. CN 21901, Annual Tuberculosis Testing Employee Receipt; and,
 - B. Attachment A, DAS First Report of Injury (WC-207).
16. Exceptions. Any exceptions to the procedures in this Administrative Directive shall require prior written approval from the Commissioner of Correction.