

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department of Public Safety
Prisons

SECTION: Infection Control

POLICY # IC-10

PAGE 1 of 2

SUBJECT: BBP Exposure/Employees of Other Agencies

EFFECTIVE DATE: September 2016

SUPERCEDES DATE: July 2011

POLICY

Occasionally employees of other agencies (i.e., health care workers, law enforcement officers, EMT personnel) are exposed to blood or other potentially infectious materials in the performance of their duties while rendering services to inmates. It shall be the policy of the DOP to test the inmate for HIV and hepatitis B infection as mandated in the communicable disease rules (15A NCAC 19A .0202-.0203), when a person from another agency is performing the official duties of their employer, and experiences a needle stick, non-sexual or non-intact skin or mucous membrane exposure to the blood or body fluids of an inmate confined in the Department of Public Safety (DPS). The exposed person's attending physician may give written documentation that an exposure has occurred and request the inmate be tested for HIV and hepatitis B/C. When testing is complete the results will be reported to the attending physician of the exposed person.

PROCEDURE

- A. An exposed person's physician must give written documentation that an exposure has occurred and request the inmate be tested for hepatitis B/C and HIV infection.
- B. All requests for such testing should be directed to the Medical Director. It shall be the responsibility of the Medical Director or his/her designees to verify that the request is consistent with the communicable disease guidelines. Testing will not be performed until the Medical Director has authorized the request.
- C. After the validity of the request has been determined, the Infection Control Coordinator will send the request to the Facility Health Authority at the unit where the inmate is assigned. The facility medical staff will discuss the incident with the inmate and shall test the inmate as directed by the Medical Director.
- D. The facility medical staff shall send a copy of the test results to the Infection Control Coordinator as soon as final results are available.
- E. The medical staff will inform the inmate of the test results and provide counseling as appropriate.
- F. The Medical Director or his/her designee will furnish written notification of the results to the exposed person's physician.
- G. Complete and thorough documentation of all interactions, discussions, counseling, and the inmate's reaction to the testing shall be documented in the Outpatient Health Record.

INMATE REFUSALS

Inmates may not refuse testing for hepatitis B/C or HIV antibodies when there is valid documentation that a needle stick or non-sexual, non-intact skin or mucous membrane exposure to blood or body fluids has occurred. In such cases, testing will be performed as follows:

- A. The unit medical staff shall counsel the inmate, explain the reason for the test, and make an effort to obtain the inmate's consent for testing. Patient's consent shall be sought in all cases.
- B. If the inmate still refuses, the DOP Medical Director shall be notified. The facility medical staff shall enlist the assistance of the unit custody staff. The inmate shall be given a direct order to submit to the ordered test. If the inmate still refuses, staff shall explain to the inmate that force will be used to accomplish testing. A medical order shall be obtained from the DOP Medical Director prior to performing force testing on any inmate.

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- C. Upon the inmate's continued refusal and with a physician's order, custody staff shall restrain and hold the inmate in order for medical staff to obtain the necessary lab specimens. Appropriately trained medical staff will collect the required specimens. Only the degree of force reasonable to accomplish testing is to be applied.
- D. Documentation should be completed in the inmate's medical record of the counseling, refusal to consent to testing, subsequent requirement for use of force and any other interaction with inmate related to mandatory testing.
- E. Clinical nurse management shall complete the Medical Event Report and forward to risk management.

Paula Y. Smith, M.D.

9/21/2016

Paula Y. Smith, MD, Chief of Health Services

Date

SOR: Infection Control Coordinator