ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction	Index #: 113.72	Page 1 of 6
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	Distribution: A	
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Approved by: Tony Parker		
Subject: MANAGEMENT OF HAZARDOUS MEDICAL DEVICES		

I. AUTHORITY: TCA 50-3-203, TCA 4-3-603, and TCA 4-3-606.

II. PURPOSE: To ensure compliance with state and federal laws governing hazardous medical devices and promote the sound management of these devices in accordance with professional standards of care and good security practices.

III. APPLICATION: Wardens, Superintendents, Health Administrators, health care staff, the contracted medical staff, and privately managed institutions.

IV. DEFINITIONS:

A. Class A (Hazardous Instruments): Tools/instruments most likely to be used in an escape or in the manufacture of weapons.

B. Class B (Hazardous Instruments): Tools/instruments of a less hazardous nature.

C. Occupational Safety and Health Administration (OSHA): A Federal agency within the U.S. Department of Labor that is responsible for setting workplace standards to promote, enforce, and maintain employee health and safety.

D. Perpetual Inventory: Continuous process for recording the receipt and issuance/removal of hazardous medical devices from stock.

E. Personal Protective Equipment (PPE): Specialized clothing or gear worn by an employee for job-related occupational safety and health purposes to protect him/her from infection, blunt impacts, heat, or chemicals.

F. Sharps: Medical or dental instruments referenced in Policy #506.03 as Class A and or Class B tools, such as but not limited to needles, syringes, hazardous instruments.

V. POLICY: All correctional institutions shall regulate the handling of syringes, needles, and hazardous medical and dental instruments used within the facility in accordance with professional standards of care, established security practices, and appropriate state and federal laws and regulations.

VI. PROCEDURES:

A. Institutional Unit Procedures: Each correctional institution shall maintain a written procedure in the health services unit manual covering the control of all class A and class B instruments such as syringes, needles, and hazardous medical and dental instruments. Correctional staff are required to use the proper procedure as it applies to bloodborne pathogens standards and universal precautions per TCA 50-3-203(e)(1)-(e)(4). The procedures shall be approved by the Warden/Superintendent and the health administrator and include provisions for the following:

1. Storage: Procedures shall identify and describe the provided secured storage area. Flammable, toxic, and caustic materials shall be stored and controlled in accordance with Policy #112.09.

2. Keys: Procedures shall restrict the use of keys in the storage area to designated staff who have approved access to the items listed.

3. Inventory: All sharps shall require an accurate perpetual inventory documented on the CR forms listed below as indicated:

   a. Sharps Counts, CR-4125:

      (1) Working Stock: Counts shall be conducted at the change of each shift with off-going and on-coming nurses.

      (2) Bulk/Reserve Stock: Counts shall be conducted every month no later than the 5th day by two licensed nurses.

   b. Sharps Record, CR-4124:

      (1) Bulk sharps added or removed from count shall require verification of two licensed nurses at the time of the removal/addition.

      (2) Sharps for administration shall be signed out to the individual inmate or employee before administration; sharps not used shall be returned to the count.

4. Records: Sharps Counts, CR-4125, and the Sharps Record, CR-4124, shall be maintained on working and reserve stock of needles, syringes, and hazardous instruments that include:

   a. Items received in the clinic

   b. Date of delivery and signature of the individual(s) who received the needles, syringes, and hazardous instruments and placed them into inventory.

   c. An adequate description of the items

   d. The quantity received

   e. The disposition of the items

   f. The balance on hand

   g. Expiration date when applicable

5. Monitoring Audits: Procedures shall describe the auditing system used within the health care unit to assure compliance with departmental policy and local procedures.

B. Proper Disposal of Contaminated (Syringes/Needles) Instruments and Equipment: Used disposable syringes and needles present security risks and potential health hazards. Such instruments should be handled with extraordinary care to prevent injuries and the spread of infectious diseases such as hepatitis and AIDS. In keeping with national, state, and local health department standards and guidelines of infection control practices, Tennessee Department of Correction (TDOC) health services personnel shall adhere to the following procedures:

1. Each facility shall have personal protective equipment (PPE) readily available during routine and emergency care to protect health care workers from unnecessary harm and exposure incidents.

2. Personal protective equipment shall be removed as soon as possible and deposited in a container or plastic bag that is impenetrable and tear-resistant and placed in a designated area.

3. Disposable needles shall not be recapped, purposefully bent, broken, cut, removed from disposable syringes, or otherwise manipulated by using both hands or any technique involved in pointing the needle toward any part of the body after use. However, in the dental operatory, the ADA-approved, one-handed scoop method or an approved manual recapper may be used. Devices that destroy needles may be utilized, but the syringe and any other remaining contaminated waste must be disposed of as described in #5 below.

4. Used disposable syringes and needles, scalpel blades, and other disposable sharp instruments shall immediately be placed into a puncture and tamper-resistant container located as close as practical to the area in which the sharps are used. There shall be no attempt to remove items from the sharps container after placement. Inmate access to these containers is prohibited. Medical staff shall replace sharps containers routinely; not allow them to overfill; seal and discard when ¾ full.

5. The Warden/Superintendent and health administrator are responsible for establishing a safe and sanitary procedure in accordance with OSHA guidelines for the periodic disposal of filled containers. The containers shall always be treated as infectious waste. Licensed contractors shall be utilized for infectious waste removal and disposal. When a contractor is utilized, the contractor must comply with all applicable OSHA guidelines.

6. Needles, syringes, or other hazardous instruments that cannot be safely placed in a sharps container must be autoclaved before disposal. Once autoclaved, the items may be treated as non-infectious waste but must be placed in a sealable pouch, wrapped, or place in a container that ensures safe handling. Cleaning and decontamination of hazardous instruments shall be performed as directed by the current TDOC Exposure Control Plan.

C. Exposure Recordkeeping: TDOC, in compliance with the requirements of Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogen Standard, 29 Code of Federal Regulations (CFR) 1910.1030, shall adhere to the following:

1. All suspected and/or confirmed occupational exposure to bloodborne pathogens shall be documented on Occupational Exposure to Bloodborne Follow-Up, CR-3508.

2. All sharps/needle stick injuries shall be documented on the Sharps Injury Log, CR-3796. The Sharps Injury Log shall be maintained for five years and shall include the following information for each incident:

   a. Period of time the log covers

   b. Date incident is entered on the log

   c. Date of incident

   d. Type and brand of device involved

   e. Department or area of the incident

   f. Description of incident

D. Disposal of Expired Syringes: Expired disposable syringes, needles, and other disposable sharp instruments shall be removed from counts and disposed of in accordance-with Policy #506.03 and Section VI.(B) of this policy.

VII. ACA STANDARDS: 5-ACI-3A-23, 5-ACI-6A-17, 5-ACI-3A-29, and 5-ACI-2A-03.

VIII. EXPIRATION DATE: May 15, 2024

TENNESSEE DEPARTMENT OF CORRECTION

EXPOSURE CONTROL

OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGEN FOLLOW-UP

_____
INSTITUTION/DISTRICT/DIVISION

CONFIDENTIAL

NAME: _____ DATE OF OCCURRENCE: _____

POSITION: _____ TIME OF OCCURRENCE: _____

REPORTED DESCRIPTION OF THE EXPOSURE (INCLUDE CIRCUMSTANCES AND ROUTE OF EXPOSURE):

_____

_____

_____

_____

CONTACT SOURCE INFORMATION

Contact Source: _____ Known _____ Unknown

Contact source laboratory test results:

HBV _____ HCV _____ HIV _____ Other: _____

STAFF INFORMATION

Hepatitis B Vaccine status:

☐ Has not been vaccinated

☐ Has been vaccinated Date Series Completed: _____

Serum Antibody Titer: Date: _____ Results: _____

_____

PEPline Guidance Obtained: **1-888-448-4911** Hours: 8:00 AM – 1:00 AMCST (9:00 AM – 2:00 AM EST)

☐ Yes Date: _____ Time: _____

☐ No

PEPline Determined Bloodborne Pathogen Exposure:

☐ Yes

☐ No

☐ Staff Refused Treatment Refusal Signed: ☐ Yes

Referred to ER/Urgent Care

☐ Yes

☐ No

☐ No

_____ _____

Signature of Reporting Official Date

1. Complete form
2. Send copy with staff for off-site evaluation for Bloodborne Pathogen Exposure
3. Original form to Human Resources Confidential Medical File

TENNESSEE DEPARTMENT OF CORRECTION
SHARP COUNTS

_____
Facility

Date												
Shift Time												
Nurse's Initials												
Nurse's Initials												

Nurse Signature and Initials

Counts are performed at the beginning and end of every shift with two licensed nurses (oncoming nurse and offgoing nurse)

TENNESSEE DEPARTMENT OF CORRECTION
CLINICAL SERVICES DIVISION
EXPOSURE CONTROL PLAN

SHARPS INJURY LOG

_____
INSTITUTION

DATE ENTERED ON LOG	DATE OF INCIDENT	TYPE/ BRAND OF DEVICE (Syringe, needle)	FLUID TYPE	WORK AREA WHERE INCIDENT OCCURRED (Lab, cell search, ER)	BRIEF DESCRIPTION OF HOW THE INCIDENT OCCURRED. *[i.e., procedure being done, action being performed (disposal, injection) body part injured]*

29 CFR 1910.1030, OSHA's Bloodborne Pathogens Standard, in paragraph (h)(5), requires an employer to establish and maintain a Sharps Injury Log for recording all **percutaneous injuries** in a facility occurring from *contaminated* sharps. The purpose of the Log is to aid in the evaluation of devices being used in healthcare and other facilities and to identify problem devices or procedures requiring additional attention or review. This log must be kept in addition to the injury and illness log required by 29 CFR 1904. The Sharps Injury Log should include all sharps injuries occurring in a calendar year. The log must be retained for five years

TENNESSEE DEPARTMENT OF CORRECTION
SHARPS RECORD

_____
Institution

Date: _____ Sheet No. _____

Balance Brought Forward _____

Date	Time	Name	TDOC ID	Administered By	Units Used	Amount Received	Balance	Nurse Initials	Nurse Initials