



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

CD-170300 Blood Borne Pathogens Control Program	Issued: 07/30/93 Effective: 07/30/93	Reviewed: 5/27/26 Revised: 02/15/15
Alisha Tafoya Lucero, Cabinet Secretary		<i>Original Signed and Kept on File</i>

AUTHORITY:

- A. N.M. Occupational Health and Safety Bureau 29, CFR, Part 1910 - 1030.
- B. Title 29, Code of Federal Regulations, Part 1910, Sub-part Z, 1910 - 1030, Bloodborne Pathogens.

REFERENCE:

- A. ACA Standard 2-CO-4E-01, *Standards for the Administration of Correctional Agencies*, 1993.
- B. ACA Expected Practices 5-ACI-6A-14 (M), 5-ACI-6A-15 (M), *Performance Based Standards and Expected Practices for Adult Correctional Institutions*, 5th Edition.

PURPOSE:

To protect New Mexico Corrections Department employees from the health hazards associated with bloodborne pathogens by providing training and education based on current Occupational Safety and Health Administration standards and supporting an environment that encourages the use of universal precautions.

APPLICABILITY:

All employees, volunteers, and contract staff of the New Mexico Corrections Department, particularly those positions with occupational exposure to bloodborne pathogens in blood and other potentially infectious material.

FORMS:

- A. **Hepatitis B Vaccine Consent** form (*CD-170302.1*)
- B. **Hepatitis B Vaccine Refusal** form (*CD-170302.2*)

ATTACHMENTS:

Information on Hepatitis B Vaccine Attachment (*CD-170302.A*)

DEFINITIONS:

- A. Biohazard Bag: A plastic bag with a universal bio-hazard label that is used for disposal of contaminated material such as laundry, personal protective equipment and other items not likely to puncture the bag (i.e. sharps.)
- B. Blood: Human blood, human blood components and products made from human blood.

- C. Blood borne Pathogens: Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV).
- D. Clinical Laboratory: A workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.
- E. Contaminated: The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- F. Contaminated Laundry: Laundry that has been soiled with blood or other potentially infectious materials or may contain sharps.
- G. Contaminated Sharps: 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.
- H. Decontamination: The use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.
- I. Engineering Controls: Controls that act to physically isolate or remove the bloodborne pathogens hazard from the workplace, e.g., puncture resistant containers, self-sheathing needles.
- J. Exposure Incident: A specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials
- K. Hand Washing Facilities: A facility providing an adequate supply of running clean water, soap and single use towels or hot air-drying machines.
- L. Licensed Healthcare Professional: A person whose legally permitted scope of practice allows him or her to independently perform the activities required by Paragraph 29 CFR, Part 19.10.1030(f), Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-Up.
- M. HBV: Hepatitis B Virus.
- N. HIV: Human Immunodeficiency Virus.
- O. Occupational Exposure: Reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
- P. Other Potentially Infectious Materials:

1. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, saliva in the context of one person biting another person, any body fluid that is visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
 2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
 3. Cell or tissue cultures, organ cultures, and blood organs, or other tissues infected from experimental animals.
- Q. Parenteral: Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts and abrasions.
- R. Personal Protective Equipment (PPE): Specialized clothing or equipment worn for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard is not considered to be personal protective equipment.
- S. Puncture-Resistant Containers: Containers which are resistant to puncture by sharp objects that must have leak proof sides and bottoms, labeled or color-coded red, and are designed to be used for disposal of contaminated sharps.
- T. Regulated Waste: Regulated Waste means liquid or semi-liquid blood or other potentially infectious materials (defined above); 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. The term “Regulated” derives from the Occupational Safety and Health Administration regulations on biohazard waste. OSHA does not generally consider discarded feminine hygiene products, used to absorb menstrual flow, to fall within the definition of regulated waste.
- U. Source Individual: Any potentially infected individual, living or dead, who may be a source of occupational exposure to the employee. Examples include, but are not limited to, prison inmates; hospital and clinical patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.
- V. Sterilize: The use of a physical or chemical procedure to destroy all microbial life.
- W. Universal Precautions: An approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens. (See 29 CFR 1910.1030(b))

- X. Work Practice Controls: Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

POLICY:

- A. The New Mexico Corrections Department shall provide and ensure that appropriate engineering controls are in place and practiced to provide a safe working environment for employees who are at risk, to prevent and/or minimize the potential for exposure to bloodborne pathogens.
- B. The Department Secretary shall designate an Exposure Control Coordinator to oversee the Bloodborne Pathogens Control Program. The Department Secretary hereby designates the Corrections Department Safety Program Director as the Exposure Control Coordinator.
- C. The Department shall protect applicable personnel who could be reasonably anticipated, as a result of performing their job duties, to be exposed to bloodborne pathogens from such exposure and infection.
- D. The Department will implement a vaccination program for Hepatitis B at no cost to the employee.
- E. The Department shall alert and train employees about the potential exposure to bloodborne pathogens.
- F. Personnel shall practice universal precautions when working with potentially infected individuals and especially when handling blood and other body fluids.



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

CD-170301 Blood Borne Pathogens Control Program
Education and Training

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Alisha Tafoya Lucero, Cabinet Secretary

Original Signed and Kept on File

AUTHORITY:

Policy *CD-170300*

PROCEDURES:

- A. The Exposure Control Coordinator/Designee will:
1. Be responsible for the overall management of the Bloodborne Pathogens Program and conduct periodic audits of the facilities to ensure compliance.
 2. Have knowledge of the current legal requirements concerning bloodborne pathogens.
 3. Provide information and training, during working hours, to all employees with potential exposure to bloodborne pathogens, at no cost to the employee.
 4. Ensure that the principal training is completed before the vaccine program is initiated.
 5. Provide training to those employees designated as having potential occupational exposure prior to an employee's first assigned task and at least annually thereafter. However, employees who have received appropriate training within the past year need only receive additional training in items not previously covered.
 6. Provide additional training when changes in an employee's job affect his/her potential for exposure. These changes might include modification of tasks or procedures and/or introduction of new tasks or procedures.
 7. Maintain an up-to-date list of available training material for the Bloodborne Pathogens Control Program.
 8. Place particular emphasis on a working knowledge of how the materials in the training session specifically relate to the employees' environment and job duties.
 9. Maintain training records for three years that must include:
 - a. Dates;
 - b. Contents of the training program or summary;
 - c. Trainer's name and qualifications; and

- d. Names and job titles of all persons attending the sessions.
10. Ensure that all records of training will be made available upon request to the OSHA inspectors for examination and copying.
 11. Provide employees, upon request, a copy and/or allow examination of their training record.
 12. Comply with OSHA requirements involving transfer of records within three months to new employers or, if there is no successor employer to receive or retain these records, they shall be, as required by law, turned over to the New Mexico State Record and Archives for safekeeping.
- B. All Division Directors and Supervisors shall be responsible for:
1. Initiating an Exposure Control Program in their respective areas via education and training; and
 2. Scheduling of the training for employees who are initially assigned to tasks where they may be exposed to bloodborne pathogens.
- C. Information on training shall include, but shall not be limited to the following:
1. The location and access to a copy of the Bloodborne Pathogens policy and an explanation of its contents
 2. A general explanation of the epidemiology and symptoms of bloodborne diseases.
 3. An explanation as to how bloodborne pathogens are transmitted.
 4. Knowledge of the Exposure Control Plan.
 5. An explanation as to how tasks and other activities may involve exposure to blood and how other infectious materials can be recognized.
 6. Review of the use and limitations of methods that will prevent or reduce exposure including: engineering controls, work practice controls and personal protective equipment.
 7. Hepatitis B Vaccine information including its efficacy, safety, method of administration, benefits of the vaccine and a free vaccination program.
 8. Visual warnings of biohazards including labels, signs and color-coded containers.
 9. Personal protective equipment selection and use including type's available, proper use, location within the department, removal, handling and decontamination, sterilization and disposal.

10. What action to take and person to contact in an emergency involving blood or other potentially infectious materials.
 11. What procedure to follow if an exposure incident occurs, including incident reporting.
 12. What information is needed on the post-exposure evaluation and follow-up, including medical attention, which the department will provide.
 13. Utilizing and understanding signs, labels and color-coding.
- D. When new employees are hired or an employee changes jobs within the Department, their supervisor will ensure that they are trained in the appropriate work practice controls.
- E. Employees shall have the responsibility for complying with the Bloodborne Pathogens Control Program by:
1. Attending the required bloodborne pathogens training sessions.
 2. Planning and conducting all work operations in accordance with Department policies and procedures.
 3. Following universal precautions and good personal hygiene as outlined in procedure *CD-170305*.
 4. Notifying the Exposure Control Coordinator immediately after an exposure incident.



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
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CD-170302 Blood Borne Pathogens Control Program Hepatitis B Pre-Exposure Vaccination Program Alisha Tafoya Lucero, Cabinet Secretary	Issued: 07/30/93 Effective: 07/30/93	Reviewed: 5/27/26 Revised: 02/15/15
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AUTHORITY:

Policy *CD-170300*

PROCEDURES:

- A. The Exposure Control Coordinator shall be responsible for the operational readiness of the Pre-Exposure Vaccination Program.
- B. Exposure Determination:
 1. The following is a list of job classifications in which all employees in these job classifications have occupational exposure:

None

2. The following is a list of job classifications in which some employees have occupational exposure and a list of tasks and procedures performed by these employees that create occupational exposures:

Job Classification

- Correctional Officer 1
- Correctional Officer Sergeant
- Correctional Officer 2
- Correctional Officer 3
- Correctional Officer 4
- Psychologist 2

Tasks and Procedures

- a. Correctional Officers trained for and assigned to the Mental Health Acute Care Units are required to supervise and control mentally-ill inmates, some of whom are likely to engage in unpredictable violent actions or self-destructive behavior.
- b. Correctional Officers having received Special Management Unit training and assigned to the segregation units are required to supervise and control many inmates who are likely to engage in violent acts or other erratic behavior.

- c. Correctional Officers trained for and assigned to the Emergency Response Teams at facilities are required to respond to incidents involving on-going inmate violence and other disturbances.

C. Hepatitis B Vaccination:

The New Mexico Corrections Department shall make available to all employees who have occupational exposure as set out above, the Hepatitis B vaccine and vaccination series:

1. at no cost to the employee;
2. at a reasonable time and place;
3. performed by or under the supervision of a licensed physician or by or under the supervision of another licensed health care professional;
4. provided according to recommendations of the U. S. Public Health Services;
5. After the employee has received the training required by CD-170301 and within ten working days of initial assignment to the job classification or duties resulting in occupational exposure as set out in Section II. B. above; unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune or the vaccine is contraindicated for medical reasons.
6. Employees accepting the offer to receive the Hepatitis B vaccination shall sign the **Hepatitis B Vaccine Consent** form (*CD-170302.1*)

D. Employees May Decline Hepatitis B Vaccination:

Employees having occupational exposure and who have, therefore, had the Hepatitis B vaccine and vaccination series made available have the right to decline the vaccinations. Any employee who declines to accept the Hepatitis B vaccination offered by the Department shall sign the **Hepatitis B Vaccine Refusal** form (*CD-170302.2*)

If the employee initially declines Hepatitis B vaccination, but at a later date while still in a job classification or performing duties designated as resulting in occupational exposure decides to accept the vaccination, the Department shall make the vaccination available at that time.

The Department shall make available the Hepatitis B vaccination, post-exposure evaluation and follow-up to any employee who initially declines the Hepatitis B vaccination, but who later has an exposure incident. This will be done in accordance with *CD-170303*.

NEW MEXICO CORRECTIONS DEPARTMENT
Hepatitis B Vaccine Consent Form

Employee Name (Print) SSN _____

Position Location Title _____



CONSENT

I, the above-named employee, have read the statements about Hepatitis B and the Hepatitis B vaccine attached to this form. I have had the opportunity to ask questions about the benefits and risks of the Hepatitis B vaccination. I understand that there is no guarantee that I will become immune and that there is a possibility that I will experience an adverse side effect from the vaccine.

FOR WOMEN

I have been advised that studies **HAVE NOT** been conducted to determine the effect of the vaccine on a developing fetus. Therefore, the safety of the vaccine is not known on the developing fetus.

I hereby consent to receive the Hepatitis B vaccination series.

Signature of Employee Date _____

Signature of Witness Date _____

NEW MEXICO CORRECTIONS DEPARTMENT
Hepatitis B Vaccine Refusal Form

Employee Name (Print) _____
SSN

Position _____
Location _____
Title

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REFUSAL

I, the above-named employee, have read the statements about Hepatitis B and the Hepatitis B vaccine. I have had an opportunity to ask questions and understand the benefits and risks of the Hepatitis B vaccine. I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine at no charge to myself. *HOWEVER*, I decline the Hepatitis B vaccine at this time. I understand that by declining this vaccine I continue to be at risk of acquiring Hepatitis B.

If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated, I can receive the vaccination series at no charge. I understand that I will be required to sign the ***REFUSAL REVERSAL***.

I hereby refuse to receive the Hepatitis B vaccination series.

Signature of Employee _____
Date

Signature of Witness _____
Date

.....
REFUSAL REVERSAL

I have reconsidered my previous decision not to be vaccinated with the hepatitis B vaccine and now wish to be vaccinated.

Signature of Employee _____
Date

Signature of Witness _____
Date

INFORMATION ON HEPATITIS B VACCINE

THE DISEASE:

Hepatitis means inflammation of the liver. Hepatitis B, which is a viral infection, is one of multiple causes of hepatitis. Most people with Hepatitis B recover completely, but approximately 10% of adults become chronic carriers and 1 - 2% die of fulminant hepatitis. In the group of chronic carriers, many have no symptoms and appear well, yet can transmit the virus to others. Others may develop a variety of symptoms and liver problems varying from mild to severe (chronic persistent hepatitis, chronic active hepatitis, cirrhosis and liver failure). There is also an association between Hepatitis B virus and hepatoma (a form of liver cancer). Hepatitis B virus can be transmitted by contact with body fluids including blood (which includes contaminated needles), semen, breast milk and vaginal secretions. Health and public safety workers are at high risk of acquiring Hepatitis B because of frequent contact with blood or potentially contaminated body fluids and, therefore, vaccine is recommended to prevent the illness.

THE VACCINE:

The Hepatitis B vaccination is a non-infectious yeast-based vaccine. Clinical studies have shown that after three doses, 96% of healthy adults develop protective antibodies. Persons with immune system abnormalities, such as dialysis patients, have less response to the vaccine, but over 67% of those receiving it do develop antibodies. If you have immune deficiency problems, you should obtain a written release from your physician. If, after the required training, persons still have questions about adverse reactions, warnings, pregnancy, or breast-feeding, they should consult their own physician. (The Department is not responsible for these medical expenses.) Cases involving persons who have an adverse reaction that requires medical intervention will be referred to Workers' Compensation.

ADVERSE REACTIONS:

The Hepatitis B vaccine is generally well tolerated. During clinical studies involving over 10,000 individuals distributed over all age groups, no serious adverse reactions attributable to vaccine administration were reported. As with any vaccine, however, it is possible that expanded commercial use of the vaccine could reveal rare adverse reactions not observed in clinical studies. The most frequently reported adverse reactions were injection-site soreness, fatigue, induration (hardening of the area), erythema (redness of the skin), swelling, fever, headache and dizziness. Other more serious adverse reactions have occurred infrequently. If you have any questions about Hepatitis B vaccine, please ask.

CONTRAINDICATIONS:

Hypersensitivity to yeast or any other component of the vaccine makes use of the vaccine inadvisable.

WARNINGS:

Patients experiencing hypersensitivity after Hepatitis B vaccine should not receive further injections (see contraindications). Hepatitis B has a long incubation period. Hepatitis B vaccine may not prevent Hepatitis B infection in individuals who have an unrecognized Hepatitis B infection at the time of the vaccine administration. Additionally, a small percentage of healthy people do not respond to the vaccine and do not develop an immunity to the Hepatitis B Vaccine.



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
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CD-170303 Blood Borne Pathogens Control Program
Post-Exposure Evaluation and Follow-Up

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AUTHORITY:

Policy *CD-170300*

PROCEDURES:

The following procedures will be made available to all employees who have had an exposure incident.

- A. The most obvious exposure incident is a needle stick, however specific eye, mouth other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials is considered an exposure incident and should be reported to the employer.
- B. If an employee is involved in an incident where exposure to bloodborne pathogens may have occurred, he/she shall immediately be referred to his/her medical provider.
- C. Any immediately required laboratory tests will be conducted at no cost to the employee.
- D. Following an investigation of the circumstances surrounding the exposure, information is gathered, evaluated and a written summary of the incident and its causes shall be prepared. Recommendations shall be made and implemented, when applicable, to deter the occurrence of similar incidents in the future. Following an incident of exposure, a report shall be made to the NMCD Medical Director.
- E. To protect the privacy of the individuals involved in an exposure incident/accident, the Department shall do everything possible so that the follow- up remains confidential. The exposed employee shall be provided with the Identification of the source individual (if feasible or not prohibited by law).
- F. If possible, the source individual's blood shall be tested as soon as possible after consent is obtained to determine HBV/HCV/HIV status of the individual. If any of the source blood is available and consent is not required by law, the blood will be tested immediately.
- G. If consent cannot be obtained and the HIV status of the source blood is unknown, HIV testing may be done without consent (Policy CD-176000, Section B) to provide appropriate care and treatment to the exposed person(s).
- H. If the source individual is already known to be infected with HBV or HIV, additional tests shall not be required.

- I. Results of the testing of the source individual shall be made available to the exposed employee. At that time, the employee will be made aware of any applicable laws and regulations concerning disclosure of the identity and infectious status of a source individual.
- J. Blood of the exposed employee, if he/she consents, will be collected and tested, as soon as practicable.
- K. The following documents will be forwarded to the attending physician, with the written consent of the employee, regarding the exposed employee:
 - 1. A copy of the Bloodborne Pathogens policies.
 - 2. A description of the exposure incident.
 - 3. The exposed employee's relevant medical records.
 - 4. Other available, pertinent information.
- L. After medical consultation, the physician shall provide the employer and the exposed employee with a written opinion pertaining to the exposure incident only, and includes the following information:
 - 1. Whether Hepatitis B vaccination was recommended to the employee.
 - 2. Whether the employee has received the Hepatitis B vaccination.
 - 3. Confirmation that the employee has been informed of the results of the evaluation.
 - 4. When the employee can return to work.
- M. Medical records for employees with occupational exposure will be made available to the subject employee and must be kept for the duration of employment plus 30 years and must include:
 - 1. Name and social security number;
 - 2. Hepatitis B vaccination status (including dates);
 - 3. Results of any examinations, medical testing and follow-up procedures;
 - 5. A copy of the health care professional's written opinion; and
 - 6. A copy of the information provided to the health care professional.
- N. The employee must give specific written consent for anyone to see the records.
- O. All other findings and diagnoses will remain confidential and will not be included in the written report.



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
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CD-170304 Blood Borne Pathogens Control Program
Biohazard Labels

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AUTHORITY:

Policy *CD-170300*

PROCEDURES:

- A. The Department will be responsible for handling signs and labels.
- B. Biohazard labels will be affixed to containers and storage areas where exposure to bloodborne pathogens may exist.
- C. Red bags or red containers may be substituted for labels.
- D. The biohazard symbol will be used for labeling:
 1. Containers of regulated waste.
 2. Refrigerators/freezers containing blood or other potentially infectious material in offices and appropriate departments.
 3. Orange or red color-coded, puncture-resistant containers for the disposal of all sharps.
 4. Other containers used to store, transport or ship blood and other infectious materials.
 5. Laundry bags and containers with soiled/dirty linen.
 6. Contaminated equipment, to include which portions of the equipment is contaminated on the same label; contaminated equipment will be labeled prior to shipping to the servicing facilities.
- E. Labels will not be required for the following:
 1. Blood which has been tested and found free of HIV or HBV and released for clinical use.
 2. Regulated waste that has been decontaminated.
 3. Laundry that is handled with universal precautions.



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
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CD-170305 Blood Borne Pathogens Control Program, Universal Precautions and Personal Protective Equipment	Issued: 07/30/93 Effective: 07/30/93	Reviewed: 5/27/26 Revised: 02/15/15
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AUTHORITY:

Policy *CD-170300*

PROCEDURES:

- A. Personal protective equipment will be available to protect employees against bloodborne pathogens.
- B. The Exposure Control Coordinator/Designee will be responsible for ensuring that all Department units and work areas have appropriate personal protective equipment available to employees.
- C. The personal protective equipment which includes, but is not limited to, the following: gloves, gowns, laboratory coats, eye protection field shields/masks, mouth pieces, resuscitation bags and shoe covers shall be provided.
- D. The Exposure Control Coordinator/Designee will periodically inspect all personal protective equipment and recommend replacements or repairs, as needed, to maintain their effectiveness.
- E. Reusable personal protective equipment shall be cleaned, laundered and decontaminated as needed.
- F. Any garment penetrated by blood or other infectious materials will be removed immediately, or as soon as is feasible.
- G. All personal protective equipment will be removed prior to leaving a work area.
- H. Gloves will be worn in the following circumstances:
 - 1. Whenever employees anticipate hand contact with potentially infectious materials.
 - 2. When performing vascular access procedures.
 - 3. When handling or touching blood and body fluids or contaminated items or surfaces.
 - 4. When applying dressings and treatments to skin tears and open skin lesions.
 - 5. Gloves should be changed after contact with each patient. Hands should be

washed immediately after gloves are removed.

Disposable gloves are replaced as soon as practical after contamination or, if they are torn, punctured or otherwise lose their ability to function as an "exposure barrier."

Utility gloves are decontaminated for reuse unless they are cracked, peeling, torn or exhibit other signs of deterioration, at which time they will be disposed of.

- I. Masks and eye protection, such as goggles, face shields, etc., are to be used whenever splashes or sprays may generate droplets of infectious materials.
- J. To prevent exposure to mucous membranes of the nose and eyes, gowns, eye protection and aprons should be worn during procedures that are likely to generate splashes of blood or other body fluids or whenever potential exposure to the body is anticipated.
- K. To prevent injuries caused by needles and other sharp instruments, special care should be observed when handling sharp instruments:
 1. Sharps should be disposed immediately after use.
 2. Puncture resistant containers must be available to hold contaminated sharps; sides and bottoms must be leak-proof.
 3. Contaminated needles must never be sheared or broken.
 4. Recapping, bending or removing needles is permissible only if there is no feasible alternative or if required for a specific medical procedure, and such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.
 5. Containers must have a lid and must be maintained upright to keep liquids and the sharps inside.
 6. Containers for used sharps must be labeled or color-coded red to alert everyone that the contents are hazardous.
 7. Containers must be replaced routinely and not be overfilled, which can increase the risk of needle sticks or cuts.
 8. Employees must never reach by hand into containers of contaminated sharps.
 9. Containers for reusable sharps could be equipped with wire basket liners for easy removal during reprocessing or employees could use tongs or forceps to access the contents.
 10. Reusable sharps disposal containers may not be opened emptied or cleaned manually.

L. Other Protective Practices:

1. If an employee's skin or mucous membranes come into contact with blood, soap and water should be used to wash and eyes should be flushed as soon as feasible.
2. Employees must wash their hands immediately or as soon as is feasible after removing protective equipment.
3. If soap and water are not immediately available, moist towelettes should be provided until soap and water are available.

Employees must refrain from eating, drinking, smoking, applying cosmetics or lip balm and they should not handle contact lenses in locations where they may be exposed to blood or other potentially infectious materials.

M. Special mouth-pieces should be utilized for CPR.

N. Direct patient care shall not be provided by employees who have exudative lesions or weeping dermatitis.

O. Due to the increased transmissibility risk inherent in providing care in correctional facilities, the exemption allowed by the Occupational Safety and Health Administration of the US Department of Labor, which is codified in 29 CFR 1910.1030(d) (3) (ii), and which allows an employee to forgo the use of protective equipment under certain circumstances, is not considered safe and is not allowed under any circumstances in New Mexico Corrections Department.



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

CD-170306 Blood Borne Pathogens Control Program
Housekeeping (Decontamination)
Alisha Tafoya Lucero, Cabinet Secretary

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Policy *CD-170300*

New Mexico Hazardous Waste Act [HWA; Chapter 74, Article 4 NMSA 1978]

PROCEDURES:

- A. A schedule will be written for the cleaning and decontamination of each institution.
- B. Each institution will be responsible for the written cleaning and decontamination schedule of the various units within that facility.
- C. All equipment and surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials as follows:
 1. After the completion of medical procedures.
 2. Immediately or as soon as practicable when surfaces are overtly contaminated.
 3. After any spill of blood or infectious materials.
 4. At the end of the work shift if the surface may have been contaminated during that shift.
- D. Protective coverings, such as plastic wrap, aluminum foil or absorbent paper, should be removed and replaced:
 1. As soon as it is feasible when overtly contaminated.
 2. At the end of the work shift if they may have been contaminated during the shift.
- E. Prior to any equipment being serviced or shipped for repairing or cleaning, it must be decontaminated to the fullest extent possible.

The equipment must be labeled indicating the portions still contaminated which serves to alert the receivers to take the necessary precautions to prevent exposure.

F. Regulated Waste:

1. It is critical to prevent unnecessary exposure to blood and other potentially infectious materials.
2. Containers used to store regulated waste must be suitable to contain the contents in order to prevent leaks.
3. If the outside of a container becomes contaminated, it must be placed inside a second suitable container.
4. Regulated waste must be disposed of in accordance with applicable state and local laws, e.g. 29 CFR 1910.1030(d) (4) (iii) *ff. New Mexico Hazardous Waste Act [HWA; Chapter 74, Article 4 NMSA 1978]*

G. Laundry

1. Laundry workers must wear gloves and handle contaminated laundry as little as possible.
2. Contaminated laundry should be bagged or placed in containers at the location where it is used and should never be sorted or rinsed in that area.
3. Contaminated laundry must be transported in labeled or color-coded bags.
4. If contaminated laundry is wet and may soak through laundry bags, then it must be bagged to prevent leakage while being transported.