
Incidents of Gassing/Exposure in Juvenile Detention and Assessment Centers and Treatment Facilities

512.1 PURPOSE:

To establish guidelines for the protection of staff and reporting requirements in the event of an incident of gassing/exposure in Juvenile Detention and Assessment Centers (JDACs) or Treatment Facilities (TFs).

512.2 DEFINITIONS:

Exposure Incident: A specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material.

Gassing: Intentionally placing, throwing, or causing to be placed or thrown, upon the person of another, any human excrement or other bodily fluids or bodily substances or any mixture containing human excrement or other bodily fluids or bodily substances that result in actual contact with the person's skin or membranes.

Youth (Source): The individual youth that initiated the gassing/exposure incident.

Youth/Officer (Victim): The victim of a gassing/exposure incident from a youth.

512.3 GUIDELINES:

- A. An incident of gassing is also a bloodborne pathogen exposure. However, there are instances of bloodborne pathogen exposures which are not gassing incidents.
- B. All incidents of battery by "gassing" shall be reported to the District Attorney for prosecution as outlined in CA Penal Code Section 243.9 with consideration of youth's current charge and court status. Refer to the New Crime Filing in JDACs and TFs facilities procedure.
- C. The department is to supply spit shields and temporary protective hoods as preventative equipment and provide training on how to use them.
- D. The youth (source) blood specimen obtained must be transported separately from the exposed employee and within an hour of collection to ARMC lab.

512.4 RESPONSIBILITIES:

- I. Probation Correction Officer (PCO):
 - A. Utilize temporary protective gear such as "spit shields" or "spit hoods" during encounters with youth that have a history of gassing, or when a youth is exhibiting behavior that staff suspects may lead to gassing.
 - B. Immediately wash the area with warm water and soap if exposure occurs. Utilize eyewash if the exposure is in the eye(s).

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- C. Provide gassed/exposed youth the items necessary to wash the area if exposure occurs.
 - D. Complete an Incident Report (IR) to include items collected and all evidence preserved, by the end of the shift or as directed.
 - E. In the event the youth (source) refuses voluntary blood draw, apply necessary restraints for a forcible blood draw from Law Enforcement Medical Systems (LEMS) when directed by the Watch Commander (WC).
- II. Probation Correction Supervisor I (PCSI):
- A. Ensure a sufficient number of shields and hoods are placed in the units, and staff is aware of their location.
 - B. Collect and place soiled clothing in a paper bag. Seal and label the bag and provide it to the Watch Commander (WC) as evidence.
 - C. Preserve any items used by the youth (source) for the gassing incident and/or cloth used for cleaning that retains any amount of the suspected gassing substance and provide it to the WC as evidence.
 - D. Ensure completion and review IRs as required by department procedure.
- III. Watch Commander (WC)/ Probation Corrections Supervisor II (PCS II)/or Designee:
- A. Manage the victim as follows:
 - 1. Staff (victim): Complete a Bloodborne Pathogen /TB & Other Exposure Report, (Attachment A) with the staff (victim).
 - 2. Immediately send the employee for an evaluation as outlined.
 - (a) During regular business hours (8:00 am-5:00 pm Mon-Fri, excluding holidays) to the Center for Employee Health and Wellness (CEHW).
 - (b) After regular business hours (outside of hours stated above, weekends, or holidays) refer to the Probation Department Worker's Compensation Packet for alternate locations.
 - (c) Contact the CEHW to submit the request for transfer of care the next business day when an employee received an initial evaluation at US Health Works or alternate location.
 - 3. Youth (victim): Send to medical clinic for an evaluation from the on-site nurse.
 - B. Immediately notify the following:
 - 1. Facility Division Director I/II.
 - 2. Health Service Manager (HSM) via email.
 - C. Follow and preserve the chain of evidence according to department evidence process.
 - D. Inform and encourage the youth (source) of the required blood draw which can take place voluntarily; however, if youth refuses it will be involuntarily (forcible).

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- E. Contact Law Enforcement Medical Systems (LEMS) to conduct forcible blood draws when informed by the Correctional Nurse the youth (source) has refused the voluntary blood draw.
 - F. Oversee the restraint of a youth in the event of a forced blood draw and ensure an incident report is completed.
 - G. Designate a staff, who is not the victim, to transport the packaged specimen to Arrowhead Regional Medical Center (ARMC) Lab immediately after it is collected.
 - H. Follow respective department process to request the filing of new charges.
- IV. Medical Services:
- A. Complete the following steps for any gassing/exposure incidents:
 - 1. All victims whose eyes, nose, mouth, or non-intact skin were exposed to the youth (source) body fluid must be immediately sent for an evaluation, due to the sensitive time restrictions for starting an anti-viral HIV medication.
 - 2. Collect labs from youth (source) as soon as it is safe to do so (Previous lab results do not apply to gassing/exposure incidents).
 - 3. Complete the lab requisition form specific to gassing incidents and package with the blood specimen.
 - 4. Label the source blood specimen with the youth's NAME, DOB, and PIN.
 - 5. Provide the packaged specimen to staff, who is not the victim, to transport to ARMC Lab immediately after it is collected.
 - 6. Notify the WC in the event the youth refuses the voluntary blood draw.
- V. Health Services Manager:
- A. Report the number of gassing/exposure incidents to the Chief Probation Officer annually.
- VI. Superintendent/Division Director II (DDII):
- A. Ensure all reporting procedures are followed and submitted to appropriate authorities:
 - 1. Reporting the number of incidents and any significant incidents in which the employee was not immediately treated at the CEHW, US Health Works, or other designated facility.
 - 2. Report the number of forced blood draws to the Chief Probation Officer annually.

512.5 ATTACHMENTS:

See attachment: [Incidents of Gassing Exposure in JDACs and TFs Attachment A \(Lexipol 4-9-20\).pdf](#)

Attachments

Incidents of Gassing Exposure in JDACs and TFs Attachment A (Lexipol 4-9-20).pdf



County of San Bernardino BLOODBORNE PATHOGEN/ TB & OTHER EXPOSURE REPORT

(INSTRUCTIONS ON REVERSE SIDE)

| | | | |
|---|-----------------------|---------------|----------------------|
| 1. Employee Name | | 2. Birth Date | 3. S.S. # |
| 4. Home Address (number, street, apt. number) | | | 5. Home Phone () |
| 6. (City, State, Zip) | | | 7. Work Phone () |
| 8. Hire Date | 9. Job Classification | | 10. Employee # |
| 11. Dept.Org Code | 12. Dept. Fund | 13. Sub Fund | 14. Location Code |
| 15. Department Name (specify section) | | | |
| 16. Dept. Mailing Address (number, street, city, zip, mail code) | | | |
| 17. EXPOSURE DATE: _____ TIME: _____ am pm | | | |
| 18. Route of exposure: <input type="checkbox"/> Body <input type="checkbox"/> Clothing <input type="checkbox"/> Article <input type="checkbox"/> Sharps | | | |
| 19. If SHARPS: Type and Brand of Sharp: | | | |
| 20. Performing tasks as trained? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, corrective action taken: | | | |
| 21. PPE Used: <input type="checkbox"/> Gloves <input type="checkbox"/> Gown <input type="checkbox"/> Apron <input type="checkbox"/> Goggles <input type="checkbox"/> Eye Shield <input type="checkbox"/> Other (specify) | | | |
| 22. Exposure Transmission: <input type="checkbox"/> Skin w/break <input type="checkbox"/> Mouth <input type="checkbox"/> Left Eye <input type="checkbox"/> Right Eye <input type="checkbox"/> Puncture <input type="checkbox"/> Other (specify) | | | |
| 23. Exposed body part: <input type="checkbox"/> Left <input type="checkbox"/> Right | | | |
| 24. <input type="checkbox"/> Finger <input type="checkbox"/> Hand <input type="checkbox"/> Arm <input type="checkbox"/> Face/Head <input type="checkbox"/> Torso <input type="checkbox"/> Leg <input type="checkbox"/> Other (specify) | | | |
| 25. Substance Involved: <input type="checkbox"/> Blood <input type="checkbox"/> Semen <input type="checkbox"/> Vaginal Secretions <input type="checkbox"/> Cerebrospinal Fluid <input type="checkbox"/> Other (specify) | | | |
| 26. How Exposed: | | | |
| 27. Extent of Exposure (explain and quantify if possible): | | | |
| 28. Actions taken following exposure: <input type="checkbox"/> Washing <input type="checkbox"/> First Aid <input type="checkbox"/> Irrigation <input type="checkbox"/> Other (specify) | | | |
| 29. Is the source known? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, source name, date of birth: | | | |
| Source Status (to be completed by treating facility or Risk Management ONLY) | | | |
| 30. <input type="checkbox"/> HCV+ <input type="checkbox"/> HCV- <input type="checkbox"/> HBV+ <input type="checkbox"/> HBV- <input type="checkbox"/> HIV+ <input type="checkbox"/> HIV- <input type="checkbox"/> Unknown | | | |
| Additional Sharps Information | | | |
| A. Did the device being used have engineered sharps injury protection? <input type="checkbox"/> Yes, continue <input type="checkbox"/> No, skip to question B. | | | |
| 1. Was the protective mechanism activated? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Did the exposure incident occur: <input type="checkbox"/> Before <input type="checkbox"/> During <input type="checkbox"/> After activation | | | |
| B. Exposed Employee: If sharp had no engineered sharps injury protection, do you have an opinion that such a mechanism could have prevented the injury? Explain: _____ | | | |
| C. Exposed Employee: Do you have an opinion that any other engineering, administrative or work practice control could have prevented the injury? Explain: _____ | | | |
| Tuberculosis or other Airborne Virus | | | |
| 31. <input type="checkbox"/> TB <input type="checkbox"/> Other (specify): | | How exposed: | |
| 32. Length of time in contact with source: | | | |
| 33. Is the source known? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, source name, date of birth: | | | |
| 34. Source Status (to be completed by treating facility or Risk Management ONLY) | | | |
| <input type="checkbox"/> Unknown <input type="checkbox"/> Active TB <input type="checkbox"/> Rule out TB Physician's name & phone: | | | |

EVALUATION/FOLLOW-UP TREATMENT AUTHORIZATION

Please provide this patient with medical evaluation/follow-up as provided by San Bernardino County Procedure, a copy of which has been previously provided. Above you will find background information relative to the incident. All billings for services are to be sent to:
San Bernardino County Department of Risk Management, 222 W. Hospitality Lane, Third Floor, San Bernardino, CA 92415-0016

| | | | | |
|-----------------------------------|------------------------|-------|-------|------|
| Supervisor's Name (type or print) | Supervisor's Signature | Phone | Title | Date |
|-----------------------------------|------------------------|-------|-------|------|

DISTRIBUTION: Original – Employee/Treating Facility Second Copy - Risk Management

Instructions for completing the Bloodborne Pathogen/TB Exposure Report

This report includes medically sensitive information and is to be prepared and handled in strict confidence. Only these two pages are to be prepared as follows:

- 1) The employee delivers the first signed original to the approved medical facility to which he or she has been referred for evaluation and follow-up.
- 2) The second signed original is to be sent in a sealed envelope marked "*Medically Sensitive and Confidential Information to be opened by Addressee only*", to Department of Risk Management, Attn: County Safety Officer, mail code 0016.
- 3) Additional information and requirements are contained in the Employee Safety & Health Manual in accordance with the California Code of Regulations, Title 8, Section 5193. Questions regarding this form and other safety related matters should be directed to the County Safety Officer.

This report is not to be copied or duplicated, nor is the information contained herein to be maintained in any fashion other than described above without the expressed written permission from the County Safety Officer. The information contained in the report is not to be released in any manner or to any person, other than outlined above, without review and approval by County Counsel, San Bernardino County. If the exposed employee desires to maintain a copy of this report, such copy is to be provided by the treating medical professional. San Bernardino County employees are hereby advised that in maintaining a personal copy of this report, they assume personal liability (both civil and criminal) for any release of confidential information on the source individual that may result from maintaining such personal copy.

Instructions

- 1-10. Self explanatory.
- 11-14. This information can be obtained through your Human Resource Officer or Payroll Clerk.
- 15-16. Specify your department, section and mailing address with mail code.
17. Specify date and time of exposure.
18. What was contaminated on the source that came in contact with the employee.
19. Sharps – if a sharp (needle, razorblade, knife, etc.) was involved during the exposure and was being used in a controlled environment (hospital, medical aid, clinic, etc.), then document the type, brand and model of the sharp (e.g. 18g needle/ABC Medical/"No stick" syringe) and complete the shaded *Additional Sharps Information* box.
20. Self explanatory.
21. Indicate what type of Personal Protective Equipment (PPE) was being worn while performing the procedure at the time the employee was exposed.
22. Indicate how the fluid or blood got into the employee's body. For example, blood in the eyes, puncture with a sharp, blood on skin that had a cut or scab, etc.
- 23-24. Indicate which part of the body was exposed.
25. Indicate what type of substance from the source individual came in contact with the employee's body part.
26. Exactly what was being done when the exposure occurred? For example, drawing blood, patting down a suspect, picking up a syringe with hands, etc.
27. Examples of Descriptive Terms: 2 drops or a quart of blood, a superficial or deep cut or puncture, etc.
28. Indicate what was done after the exposure to help the employee remove the substance involved.
29. Self-explanatory .
30. The treating facility or Department of Risk Management will complete this section when applicable.

Additional Sharps Information

The EMPLOYEE is to complete this section in accordance with Title 8, Section 5193, if the exposure was due to or involved a sharp.

Complete questions 1-17 and 31-34 for Tuberculosis exposures

- 1-17. Self explanatory.
31. Exactly what was being done when the exposure occurred? For example, transporting the source in a vehicle, entered the room to deliver a tray, etc.
32. Indicate the span of time the employee was in contact with the TB patient; e.g. 5 minutes, 5 hours, etc.
33. Self explanatory.
34. The treating facility or Risk Management will complete this section when applicable.