



Virginia Department of Corrections

Human Resources

Operating Procedure 102.5

Staff Medical Screening, Infectious/Communicable Diseases and Physical Examination

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REVIEW

The Content Owner will review this operating procedure annually and re-write it no later than three years after the effective date.

COMPLIANCE

This operating procedure applies to all units operated by the Virginia Department of Corrections (DOC). Practices and procedures must comply with applicable State and Federal laws and regulations, American Correctional Association (ACA) standards, Prison Rape Elimination Act (PREA) standards, and DOC directives and operating procedures.

Table of Contents

DEFINITIONS	3
PURPOSE	6
PROCEDURE	6
I. Medical Screening Requirements	6
II. Physical Examinations.....	6
III. Infectious Diseases Program.....	9
IV. Infectious Diseases - Standard Precautions and Bloodborne Pathogens	Error! Bookmark not defined.
V. Infectious Diseases - Training and Education	9
VI. Infectious Diseases - Tuberculosis (TB).....	10
VII. Infectious Diseases – Hepatitis.....	10
VIII. Infectious Diseases – Prevention	11
IX. Infectious Diseases - Medical Management of Accidental Exposure to Bloodborne Pathogens	11
X. Infectious Diseases - Surveillance and Recordkeeping	11
XI. Hepatitis B Virus (HBV) Vaccine Following Exposure.....	12
XII. Employee’s Responsibilities.....	12
XIII. Fitness for Duty	12
XIV. Staff Health and Wellness Education and Programs	13
XV. Health Evaluation Records and Confidentiality	13
REFERENCES.....	14
ATTACHMENTS	14
FORM CITATIONS	14



DEFINITIONS

Communicable Diseases - Illnesses that spread from one person to another or from an animal to a person. Some of the ways they may spread are through:

- Direct contact with a sick person.
- Breathing in airborne viruses and bacteria.
- Contact with a contaminated surface or object.
- Bite from insects or animals that can transmit disease.

Conditional Offer of Employment - An official offer of employment contingent upon the applicant's ability to meet specified physical or mental requirements or demonstrated ability to perform identified physical or mental tasks.

Direct Contact - The employee has direct responsibility for the supervision of inmates or probationers/parolees or has job responsibilities that require work in the presence of inmates or probationers/parolees for the majority of the day. Direct Contact in probation and parole services means employees whose jobs involve use of force or include power of arrest.

Essential Job Functions - The basic and fundamental job duties of a position that an employee must be able to perform, with or without a reasonable accommodation, as determined by the supervisor of the position and the Human Resource Officer (HRO) for the Organizational Unit. Essential job functions may include, but are not limited to, the knowledge, skills, abilities, education, and training noted in the Employee Work Profile (EWP), physical and mental job requirements; expertise or skill needed to perform the job; and time required to perform a task or function. The term “essential job functions” does not include marginal functions of the position.

Facility - Any institution or Community Corrections facility.

Foodborne Outbreak - Two or more cases of the same disease, attributable to exposure to contaminated food, with that same exposure occurring within one incubation period of each other (Virginia Department of Agriculture and Consumer Services).

Health Care Personnel (HCP) - All paid and unpaid people working in a health care setting who have the potential for exposure to any infectious materials such as blood, body fluids, medical supplies, equipment, or environmental surfaces contaminated with these substances.

Hepatitis - A disease or condition marked by inflammation of the liver characterized by diffuse or patchy hepatocellular necrosis. The major causes of hepatitis are viral infections, drug toxicity, and alcohol or drug abuse.

- Hepatitis A (HAV) - A disease caused by a virus (HAV) transmitted person to person through close personal contact such as household contact, sexual contact, drug use, and by contaminated food or water. HAV is a self-limited infection and complete recovery is expected. Cases can be severe and last from several months to a year. The risk of HAV infection is as common in the correctional setting as in the general public.
- Hepatitis B (HBV) - A disease caused by a virus (HBV) transmitted through blood and body fluid exposure. HBV is associated with a wide spectrum of liver disease, from a subclinical carrier state to acute hepatitis, chronic hepatitis, cirrhosis, and hepatocellular cancer.
- Hepatitis C (HCV) - A type of hepatitis spread by means similar to hepatitis B; frequently milder than hepatitis B during the acute stage but more often leads to chronicity.
- Hepatitis D (HDV) - A type of hepatitis spread by activities that involve percutaneous and mucosal contact with infectious blood or body fluids. HDV only occurs in people who also have hepatitis B.
- Hepatitis E (HEV) - A type of hepatitis found in the feces of an infected person. It is spread when someone unknowingly ingests the virus.

High Risk (Bloodborne Pathogen Exposure) - An increased risk when there is a percutaneous injury by a sharp object, mucocutaneous exposure with contact of a mucous membrane or non-intact skin with blood, tissue, or

other potentially infectious bodily fluid.

Human Immunodeficiency Virus (HIV) - Any of several retroviruses that infect and destroy helper T cells of the immune system causing the marked reduction in their numbers, that is diagnosed as AIDS.

Isolation - The physical separation including confinement or restriction of movement of an individual who is infected with, or is reasonably suspected to be infected with, a communicable disease of public health threat to prevent or limit the transmission of the disease.

Licensed Medical Practitioner – A licensed Physician, Nurse Practitioner, or Physician’s Assistant.

Medical Practitioner - A Physician, Nurse Practitioner, or Physician’s Assistant.

Medical Screening - An evaluation process that documents an employee's medical history using the Medical Screening section of the *Employee Medical Evaluation 102_F17* to determine their readiness to perform job duties prior to independent assignments.

Methicillin Resistant Staphylococcus Aureus (MRSA) - An antibiotic-resistant gram-positive bacterium that colonizes on the skin or in the nose. Most of these skin infections are minor (e.g., boils and pimples) and can be treated with or without antibiotics. Others can cause serious conditions (e.g., surgical wound infections, bloodstream infections, and pneumonia).

Occupational Exposure - Exposure to a hazard while performing activities normally associated with one's occupation. The primary occupational exposure most likely to place an employee at risk is from bloodborne pathogens such as HIV or HBV through percutaneous injury (e.g., a needle stick or cut with a sharp object). Secondary exposures include contact of mucous membranes or abraded skin with blood, semen, or vaginal secretions.

Occupational Health - A field of health care primarily focusing on maintaining the physical, mental, and social health of employees and is designed to prevent health-related challenges in the workplace.

OPT-OUT - An “opt-out” approach involves an informed refusal of testing, rather than informed consent (or “opt-in”) for testing.

Personal Protective Equipment (PPE) - Equipment intended to be worn by an individual for protection to create a barrier against workplace hazards, e.g., gloves, gown, mask, goggles, etc.

Physical Examination - A comprehensive health evaluation conducted by a medical practitioner to assess an employee's ability to perform the essential job functions and meet the physical requirements of their position, as documented in the *Employee Medical Evaluation 102_F17*.

Prior to Job Assignment - The period during which an employee, new to a role or transferred within the organization, is undergoing training and/or supervision before independently performing all assigned duties.

Reasonable Accommodation - Any change in the work environment or the way work tasks are customarily performed that enables a person with a disability to enjoy equal employment opportunities available to other individuals in the workplace. There are three categories of “reasonable accommodations”:

- Modifications or adjustments to a job application process that enables a qualified applicant with a disability to be considered for the position such qualified applicant desires.
- Modifications or adjustments to the work environment, or to the manner or circumstances under which the position held or desired is customarily performed, that enable a qualified person with a disability to perform the essential functions of that position.
- Modifications or adjustments that enable a person with a disability to enjoy equal benefits and privileges of employment as are enjoyed by its other similarly situated employees without disabilities.

Recruitment Activities - All activities by which the organization seeks qualified applicants by posting and/or advertising a position to be filled through a competitive selection process.

Sharps - Needles, scalpels, knives, syringes with attached needles, Pasteur pipettes, and similar items having a point or sharp edge, or that are likely to break during transportation and result in a point or sharp edge.

Staff - All VADOC employees, contractors, and volunteers.

Tuberculosis (TB) - An airborne communicable disease caused by Mycobacterium Tuberculosis or the tubercle bacillus. Tuberculosis is an acute or chronic infection chiefly of the lungs, spread primarily through inhalation of aerosolized particles containing viable bacilli coughed up by an infected person.



PURPOSE

This operating procedure provides guidance for medical screenings, physical examinations and provides a program to address the prevention, diagnosis, and management of communicable and infectious diseases required of Department of Corrections (DOC) staff.

PROCEDURE

- I. Medical Screening Requirements
 - A. Prior to a job assignment, all employees must complete a medical screening using the *Medical Screening* section of the *Employee Medical Evaluation 102_F17*, which documents their medical history. The screening must be completed before the employee is assigned to independently perform job duties.
 - B. Employees who have direct contact with inmates/probationers/parolees must receive a physical examination in addition to the medical screening prior to a job assignment. (5-ACI-1C-15; 2-CO-1C-19)
 - C. The medical screening will take place after a conditional offer of employment is made.
 - D. Each employee is responsible for updating the *Employee Medical Evaluation - Medical Screening* section whenever there are significant changes in the employee's health. Unit Heads may periodically require employees to update their *Employee Medical Evaluation - Medical Screening 102_F17*.
 - E. For employees not required to have Physical Examinations, the *Employee Medical Evaluation 102_F17* will be filed in the employee's Medical Record maintained by the appropriate Human Resource Officer (HRO) to be used only in a medical emergency, see Operating Procedure 102.7, *Employee Records*.
- II. Physical Examinations
 - A. Coordination of Physical Examinations
 1. The DOC Human Resources and Staff Development (HRSD) office, through its Employee Health and Benefits section, oversees and manages all matters related to employee occupational health.
 2. HROs will utilize contracted providers for hiring events, while other pre-employment physicals will primarily be conducted by external clinics in collaboration with the HRSD Occupational Health Nurse Practitioner.
 - B. Essential Job Functions
 1. Whenever a physical examination is required, the Unit Head or designated Human Resources employee will be responsible for providing the medical practitioner with documentation outlining the job duties of the applicant or employee, the essential job functions, and the physical requirements of the position or required training.
 2. Attachment 1, *Corrections Officer Essential Job Functions*, and Attachment 2, *Physical Training Requirements of Correction Officers*, should be used in recruitment activities and for the selection of applicants for such positions and may not be modified. Included within these essential functions are the requirements that Corrections Officers must be able to work overtime, all shifts, schedules, and posts.
 - C. Employee Categories Requiring Physical Examinations
 1. Facility Employees
 - a. After a conditional offer of employment is made, but before employment commences, facility employees who have direct contact with inmates or probationers/parolees, e.g. Corrections Officer series employees, Food Service personnel; and/or Special Agents from the Office of Law Enforcement Services, receive a physical examination prior to job assignment. All other employees receive a medical screening prior to job assignment. (5-ACI-1C-15; 2-CO-1C-19)



- b. Facility non-security staff, e.g., Building & Grounds, Medical, Mental Health, Treatment, Educational, clerical, must complete health screening forms but do not require a full physical unless the screening identifies an issue needing further examination
2. Probation and Parole Employees
 - a. After a conditional offer of employment, Probation and Parole employees whose essential job functions involves use of force or includes the power of arrest must receive a physical examination prior to job assignment. (4-APPFS-3A-03)
 - b. Armed Probation and Parole Officers must undergo a pre-employment physical prior to armed assignment.
 - c. District office non-probation staff, e.g., administrative, clerical, support roles, must complete health screening forms but do not require a full physical unless the screening identifies an issue needing further examination.
 - d. All Probation and Parole applicants have 45 days from their hire date to complete the physical examination, allowing time for health care coverage to take effect.
 - i. Probation and Parole staff may go to a medical practitioner of their choice under their health care coverage to have the *Employee Physical Examination* completed. Only in exceptional cases, the Chief P&P Officer or designee can arrange with a specific medical facility, at P&P District expense, to complete the *Employee Physical Examination*.
 - ii. The completed physical forms must be sent to the regional HRO for community corrections. The designated HRO will then review the physical forms and upload the physical forms to the employee's confidential medical file. No copies of a completed *Employee Medical Evaluation 102_F17* should be made and retained at the local P&P Office.
 - e. Current employees transferring or promoting to positions with comparable essential job functions will not be required to undergo a new physical examination.

D. Medical Practitioner Responsibilities

1. The medical practitioner performing the physical examination must review the *Employee Medical Evaluation - Medical Screening* and document the physical examination on the *Employee Medical Evaluation - Physical Examination* section of the *Employee Medical Evaluation 102_F17*.
 - a. The medical practitioner will utilize the completed *Employee Medical Evaluation 102_F17* to assess the applicant or employee's current ability to perform the essential functions of the job and the training requirements.
 - i. Based on this assessment, the medical practitioner must complete the *Recommendation* section of the *Employee Medical Evaluation 102_F17*.
 - ii. For Corrections Officers, the medical practitioner must also report their findings on the *Licensed Examining Medical Practitioner's Report (CO-25) 102_F15* and the *Physical Training Requirements for Corrections Officers (CO-25A) 102_F16*.
 - b. Medical conditions identified during the medical screening or physical examination that affect the ability of the employee to perform the essential job functions or that pose a direct threat to the health or safety of the individual or others will require further medical evaluation and follow-up.
 - i. The following factors will be considered when determining whether a direct threat exists:
 - (a) The duration of the risk.
 - (b) The nature and severity of the potential harm.
 - (c) The likelihood that the potential harm will occur.
 - (d) The imminence of the potential harm.
 - ii. If the medical practitioner is unable to make a decision on the applicant or employee's ability to perform the essential job functions or unable to make a decision to determine if a direct threat is posed, the DOC may require additional evaluation(s) or testing for the medical practitioner to make a determination of the applicant or employee's current ability to perform the essential

functions of the job and the training requirements.

- iii. The applicant or employee is responsible for paying for any treatment or care given outside the employing unit because of any condition discovered because of the medical screening or physical examination.

2. The applicant's medical practitioner will submit the completed *Employee Medical Evaluation 102_F17* to their appropriate facility HRO for review.

E. Physical Examination Review and Recordkeeping

1. The facility will review completed physical examination documentation before employment commences for all facility applicants.
2. If the medical practitioner identifies conditions which affect the ability of the applicant or employee to complete training, perform essential job functions, pose a direct threat to the health or safety of the employee, or which require further medical evaluation and follow-up, the Human Resources Officer may consult with the medical practitioner and the Unit Head to determine if reasonable accommodations can be made, see Operating Procedure 150.3, *Reasonable Accommodations*.
3. The completed physical examination forms will be filed in the employees' Medical Record maintained by the appropriate Human Resource Officer HRO as a part of the employee's medical file and will be used only in a medical emergency, see Operating Procedure 102.7, *Employee Records*.
4. If an applicant does not accept employment after the conditional offer of employment and the completion of the physical examination, the completed physical examination forms will be made part of a confidential medical file and retained for three years.

F. Additional Physical Examination Requirements

1. Re-Examinations

- a. Employees may be asked to obtain re-examinations according to a defined need or schedules, such as:
 - i. Job assignment-related requirements (e.g., food handler, Special Response Team, Probation and Parole Officer firearms certifications, etc.). Defined need includes job assignment related examinations, food handler, Special Response Team, P&P Officer firearms, etc., and situational.
 - ii. Situational needs (e.g. fitness for duty or communicable disease concerns) ([5-ACI-1C-15](#); [2-CO-1C-19](#))

2. Special Requirements for Specific Roles

a. Special Response Team (SRT)

- i. SRT candidates must undergo an examination by a medical practitioner to ensure they meet the physical requirements and can participate in basic and ongoing training. This examination must be documented on the *Special Response Team Examining Licensed Medical Practitioner's Report 075_F5*.
- ii. SRT candidates must also be able to meet the physical fitness testing requirements outlined in *Special Response Team Testing Scoresheet 075_F4* without any limitations. For more information on these requirements, see Operating Procedure 075.3, *Emergency Services Unit*.

b. Canine (K-9) Officers

- i. Candidates selected for Canine Officer positions must undergo an examination by a medical practitioner to determine their ability to participate in basic and ongoing training. This examination must be completed before beginning basic canine training and must be documented on the *Licensed Medical Practitioner's Report for Canine Officers 435_F5*.

3. Routine or Annual Physical Examinations

- a. Routine or annual physical re-examinations will not normally be required except for food service workers.



III. Infectious Diseases Program (5-ACI-6A-12)

- A. This operating procedure combined with the *Centers for Disease Control (CDC) and Occupational Safety and Health Administration (OSHA) Guidelines*, provides direction for infectious disease education, prevention, immunization, when applicable, identification, surveillance, treatment, and follow-up, when indicated. (4-ACRS-4C-09; 2-CO-4E-01)
- B. This operating procedure provides for an effective program that includes surveillance, prevention, and control of communicable disease. Among other things, this includes expedited access to prophylactic measures for high-risk exposures, such as bloodborne pathogen exposures.
- C. Each facility will establish and maintain a multidisciplinary team that includes clinical, security, and administrative representatives and meets at least quarterly to review communicable disease and infection control activities.
- D. This operating procedure is not inclusive of all infectious/communicable diseases. The DOC Occupational Health Nurse Practitioner, in consultation with infectious disease practitioners, Virginia Department of Health, and recommendations from the Centers for Disease Control and Prevention provide care to include prevention, identification, surveillance, and treatment of infectious diseases.
 1. All facility staff who have direct contact with inmates or probationers/parolees are screened for tuberculosis infection and disease prior to job assignment and annually in accordance with recommendations from applicable local, state, and federal public health authorities, and this Operating Procedure.
 2. Physical examinations are conducted for any employee suspected of having a communicable disease. (4-ACRS-4C-08)
- E. Any employee who receives a positive test for tuberculosis or displays symptoms after the initial physical examination must notify the Unit Head or designee immediately using an updated *Employee Medical Evaluation 102_F17*, see page 1 *Personal Health History/Infectious Disease*.
- F. OSHA Regulations, §1910.1030, *Bloodborne Pathogens*, provides guidance for controlling the spread of infectious diseases through exposure to blood.

IV. Infectious Diseases - Training and Education

A. Training of HCP (4-ACRS-4C-10)

1. All HCP must possess knowledge of the principles of *Standard Precautions* and adhere to them whenever they engage in tasks or activities which involve direct contact with blood or other body fluids.
2. All HCP must have a working knowledge of current HIV laws regarding reporting confidentiality, informed consent, and the principle of deemed consent.
3. HCP will be trained on the urgency of evaluation and prophylactic treatment for high-risk exposures.

B. Training of DOC staff (4-ACRS-4C-10)

1. All DOC staff must:
 - a. Be trained in the principles of *Standard Precautions* and practice these precautions whenever they engage in tasks or activities, which involve direct contact with blood or other body fluids.
 - b. Have annual, documented training that includes information on the modes of transmission of bloodborne pathogens and instruction on the principles of *Standard Precautions*.
 - c. Have a working knowledge of current HIV laws regarding confidentiality, informed consent and deemed consent, and have knowledge of the availability of hepatitis B vaccination (HBV).



V. Infectious Diseases - Tuberculosis (TB)

- A. HCP performing a tuberculin skin test (TST) must have adequate training in the practice and principles of tuberculin screening.
- B. All staff, testing, screening, and treatment for tuberculosis must be documented in accordance with the *Occupational Health Standard Treatment Guidelines*.
- C. Staff
 1. In accordance with *CDC Guidelines*, all new staff and those who are past negative that have direct inmate or CCAP probationer/parolee contact in facilities must have a Mantoux Tuberculin Skin Test TST or an Interferon-Gamma Release Assay (IGRA) blood test at the time of employment and a TST annually thereafter if indicated. If a staff member is past positive with documentation of the past positive, they do not have another TST, as it will continue to result positive even after treatment. The staff members will then need to be screened for symptoms of TB disease annually. The Past positive test and TB symptom screening will be documented on the *Employee Tuberculous Screening 105_F_35*. (5-ACI-6B-05)
 2. Staff with a new positive TST or IGRA blood test must notify the Unit Head or designee and submit an updated *Employee Medical Evaluation 102_F17* and *Employee Tuberculous Screening 105_F-35* to the appropriate HRO and be referred to a personal licensed medical practitioner or local health department for chest x-ray, thorough medical evaluation, and statement of clearance for work.
 3. Once a person has tested positive and received a negative chest x-ray and/or completed preventive therapy, further chest x-rays are not needed nor required if the person has no symptoms of active disease.
 4. Staff exhibiting any of the below general symptoms of TB disease must immediately notify the Unit Head or designee and seek evaluation from a licensed medical practitioner. The staff member should not return to work until cleared of TB disease from a licensed medical practitioner. They must then submit an updated *Employee Medical Evaluation 102_F17* and *Employee Tuberculous Screening 105-F-35* to the appropriate HRO.
 - a. Lethargy (a state of sluggishness, inactivity, and apathy)
 - b. Weakness
 - c. Loss of appetite and weight loss
 - d. Fever and/or night sweats
 - e. Productive cough or coughing up blood
 5. A chest x-ray may be required based upon the results of the tuberculosis screening questionnaire. The staff member will be referred to the appropriate HRO for medical follow up if necessary.

VI. Infectious Diseases – Hepatitis

- A. The prevention of hepatitis A, B, and C will be in accordance with *CDC and OSHA guidelines* including procedures immunization, treatment (when indicated), and follow-up.
- B. HBV vaccine series for staff
 1. The HBV vaccine series will be made available to all DOC staff who may have occupational exposure to bloodborne pathogens. (5-ACI-6B-06)
 - a. The HBV vaccine consists of an initial injection, followed by a second injection in one month.
 - b. The HBV vaccine series is available through the local health department or employee health insurance at no cost to the employee.
 - c. Any staff member who declines the HBV series must sign the “*Declination*” section of the *DOC Staff Hepatitis B Vaccine Signature Form 105_F34*.



- d. Staff who have previously completed the HBV series must either provide documentation of vaccination or sign the “*Declination*” citing previous vaccination.
2. Staff must be offered the [Hepatitis B Vaccine Information Sheet](#) (outside link / CDC) prior to injection. Benefits and side effects must be discussed prior to starting the vaccine series and prior to each injection.

VII. Infectious Diseases - Prevention

- A. Hand Washing - Per CDC guidelines, handwashing is the preferred method of infection control. Employees should regularly wash their hands with soap and water for at least 20 seconds. Hand sanitizer should be used when soap and water are unavailable.
 1. Key times for employees to wash their hands are before and after work, before and after breaks, after blowing their nose, coughing, or sneezing, after using the restroom, and before eating or preparing food.
- B. Protective masks, gowns, and gloves
 1. Surgical masks and goggles or chin length plastic face shields must be worn when splashing or spattering of blood or other body fluids are likely.
 2. Reusable or disposable gowns, lab coats, or uniforms must be worn when clothing is likely to be soiled with blood or other body fluids. If reusable gowns are worn, they may be washed, using a normal laundry cycle. Gowns must be changed at least daily or when visibly soiled with blood or fluids.
 3. Disposable gloves should be used for any tasks involving potential contact with blood or other potentially infectious materials.

VIII. Infectious Diseases - Medical Management of Accidental Exposure to Bloodborne Pathogens

- A. In the case of staff, the exposure must be documented in the staff member’s medical record and reported through Workers' Compensation. See *Occupational Health Standard Treatment Guidelines - Occupational Blood and Body Fluid Exposure*.
- B. Hepatitis Profile and HIV testing of staff, inmate, and/or a CCAP probationer/parolee involved will be obtained as a baseline. The HIV test will be repeated in three months, six months, and one year, if recommended. Hepatitis Profile will be repeated at 6 weeks and 6 months, if recommended. If the inmate or CCAP probationer/parolee refuses the HIV test, a Court order may be obtained to draw the inmate's or CCAP probationer’s/parolee’s blood for testing.
- C. Results of the inmate's or CCAP probationer's/parolee’s HIV test will be noted by the facility Health Authority for disclosure to the staff member as permitted under law and reported to HSU.
- D. If a staff member is the source patient, they will accept or decline infectious disease blood testing on the *Employee Blood Test Consent/Declination Form*. 102_F32
- E. The staff member exposed will be evaluated as to whether the exposure was high risk.
 1. In the case of a high-risk exposure, the exposed staff member will be directed to a medical facility for evaluation and prophylactic treatment, immediately and no longer than a few hours after the exposure in accordance with Operating Procedure 261.3, *Workers' Compensation*; see *Occupational Health Standard Treatment Guidelines – Occupational HIV Exposure*.

IX. Infectious Diseases - Surveillance and Recordkeeping

- A. The occurrence of a positive TST or IGRA and bloodborne pathogens exposure incidents in staff members must be reported to the facility’s human resources (HR) office. HR must maintain such staff medical records for thirty years as required by OSHA regulations.



- B. Incidents involving occupational blood and body fluid exposure, including needlesticks or other sharps injuries, must be immediately reported to the human resources office and on-site safety and must be documented on the OSHA 300 log as required by OSHA standards.
- C. Staff exposures and injuries resulting in a hospitalization must be reported within 24 hours and those resulting in death must be reported within eight hours to the Virginia Department of Labor and Industry.
- D. The Occupational Health Unit will maintain data based on the incidence and trends of all reportable diseases related to staff.

X. Hepatitis B Virus (HBV) Vaccine Following Exposure

- A. The HBV vaccine will be made available to all DOC staff who may have occupational exposure to bloodborne pathogens. (5-ACI-6B-06)
 - 1. The HBV vaccine consists of an initial injection, followed by a second injection in one month.
 - 2. The HBV vaccine is available through the local health department or employee health insurance at no cost to the employee.
 - 3. Staff who have previously completed the HBV vaccination must provide documentation or sign the “Declination” section of the DOC Staff *Hepatitis B Vaccine Signature Form* 102_F34, citing prior vaccination; any staff member declining the HBV vaccine for any reason must also complete the same form.
- B. Staff must be offered the Hepatitis B Vaccine Information Sheet prior to receiving the Hepatitis B vaccine. Benefits and side effects must be discussed prior to starting the vaccine series and prior to each injection.

XI. Employees’ Responsibilities

- A. Employees must report to their Unit Head, both initially and on an ongoing basis, any physical, pharmacological, or mental conditions that directly affect their ability to perform essential job functions and required training. (4-APPFS-3B-05)
- B. Payment for any second medical opinions or treatment will be the sole responsibility of the employee.
- C. Falsification or omission of information for the medical screening or physical examination is considered falsifying a state document and is grounds for dismissal or other action under Operating Procedure 135.1, *Standards of Conduct*.

XII. Fitness for Duty

A. Physical or Psychological Examinations

- 1. Physical examinations or psychological examinations may be required anytime a medical practitioner or other health care provider has identified a public health concern. Public health concerns might include any active, suspected, or potential transmission of a communicable disease or result from an identified need to quarantine an individual or group of individuals.
- 2. A fitness for duty examination should be required when an individual exhibits a physical and/or mental condition that may preclude them from performing the essential job functions required by the job classification. (4-APPFS-3E-02)
 - a. Requests for fitness for duty examinations will be submitted to the Unit Head.
 - b. The Unit Head, in consultation with the HRO, OHR Occupational Health Nurse Practitioner, and DOC Benefits Manager, will determine if an examination is warranted.
 - c. Fitness for duty examinations will be limited in scope to the presenting problem.
 - d. The DOC will pay for fitness for duty examinations and will normally use outside, independent medical providers coordinated by the DOC Benefits Manager.

B. Employee Counseling and Support

1. In accordance with Operating Procedure 150.5, *Employee Health and Wellness*, if an employee's job performance or attendance is unsatisfactory or there appears to be signs of other problems during the workday, the supervisor should counsel the employee in consultation with the HRO.
2. Refer the employee to the *Employee Assistance Program*, if needed and appropriate, see 150.5, *Employee Health and Wellness*.

XIII. Staff Health and Wellness Education and Programs

- A. All staff will have access to on-going health and wellness education, programs, and activities. (5-ACI-1C-25)
- B. The employee wellness program for the Commonwealth of Virginia is the [CommonHealth - Employee Wellness Program](#)
- C. *CommonHealth* and *Active Health* cover a variety of subjects on health and wellness and are presented in a variety of formats. Available programs include, but are not limited to:
 1. Onsite educational events and video presentations.
 2. Smoking Cessation.
 3. Stress Management Sessions.
 4. Fitness Center and Recreational Activity Discounts.
 5. Newsletters.
 6. Weekly Wellness Notes.
 7. Healthy Beginnings - Prenatal Benefits/Maternity Management.
 8. Healthy Lifestyle Coaching.
 9. Healthy Eating Information.
 10. Healthy Insight Incentives.
 11. Discounts on programs such as "*Weight Watchers*", offering monitored goals and objectives, community support and the ability to participate in online programs.
 12. Links and contact information to support programs, i.e., *Employee Assistance Program*, *Critical Incident Peer Support/Group Intervention Teams*.
 13. Ongoing medical care and support for chronic health issues.
- D. Employees are encouraged and supported to engage in health and wellness activities inside and outside of their unit or agency through:
 1. Dissemination of healthy living information.
 2. Promoted access to recreational activities.
 3. Sponsored worktime seminars and meetings.
 4. Incentives such as discounts for fitness-related activities.
 5. Ongoing communication and support.

XIV. Health Evaluation Records and Confidentiality

- A. The agency complies with all applicable laws to safeguard the confidentiality of health evaluation records and adopts and implements necessary procedures to safeguard such information. All medical screening and physical examination documents, all laboratory data, chest X-ray reports, EKG reports, and any other



documentation associated with health evaluations will be classified as confidential. (4-APPFS-3B-05)

- B. All documents containing information regarding the medical condition or history of applicants and employees must be treated as official medical information and must be confidentially maintained in the Employee Medical Record in the Human Resources Office in accordance with Operating Procedure 102.7, *Employee Records*.
- C. Access to an employee's medical record must be strictly limited to those people who have a legitimate reason to know in accordance with Operating Procedure 102.7, *Employee Records*, and maintained with strict confidentiality. Employee medical records will be stored in a locked file or locked room in the Human Resources Offices for facilities and Virginia Correctional Enterprise, and the Human Resources Unit in Headquarters (Atmore) for Community Corrections, Environmental Services, and Agricultural Operations.

REFERENCES

[COV §32.1-36, Reports by physicians and laboratory directors.](#)

[COV §32.1-45.1, Deemed consent to testing and release of test results related to infection with human immunodeficiency virus or hepatitis B or C viruses.](#)

[OSHA Regulations, §1910.1030, Bloodborne Pathogens](#)

Operating Procedure 075.3, *Emergency Services Unit*

Operating Procedure 102.7, *Employee Records*

Operating Procedure 135.1, *Standards of Conduct*

Operating Procedure 150.3, *Reasonable Accommodations*

Operating Procedure 150.5, *Employee Health and Wellness*

Operating Procedure 261.3, *Workers' Compensation*

[CommonHealth - Employee Wellness Program](#)

ATTACHMENTS

Attachment 1, *Corrections Officer Essential Job Functions*

Attachment 2, *Treatment Guidelines Occupational HIV Exposure*

Attachment 3, *Treatment Guidelines for Occupational Blood and Body Fluid Exposure*

Attachment 4, *Treatment Guidelines Employee Tuberculosis Screening and Treatment*

Attachment 5, *Infectious Diseases - Standard Precautions and Bloodborne Pathogens*

FORM CITATIONS

Special Response Team Testing Scoresheet 075_F4

Special Response Team Examining Licensed Medical Practitioner's Report 075_F5

Licensed Examining Medical Practitioner's Report (CO-25) 102_F15

Physical Training Requirements for Corrections Officers (CO-25A) 102_F16

Employee Medical Evaluation 102_F17

Employee Blood Test Consent/Declination 102_F32

DOC Hepatitis B Vaccine Signature Form 102_F34

Employee Tuberculous Screening 102_F35

