



Health Care Policy & Procedure Manual

J-B-02 Infectious Disease, Prevention And Control

Section B: Health Promotion, Safety, and Disease Prevention

Effective Date: 09/12/2018

Policy Revised: 01/30/2020

NCCHC Opioid Standard: Infection Prevention and Control (O-B-01)

NCCHC MH Standard: Infection Prevention and Control Program (MH-B-01)

ACA Standard: Communicable Disease and Infection Control (4-ALDF-4C-14, 15, 16, 17, 18)

Other Applicable Standard: FMJS Chapters 7.02; 7.20; 7.21; 7.23; FCAC 24.15M; FCAC 24.19

Purpose

To provide guidelines for the management of, and to reduce unnecessary exposure to, infectious and communicable diseases for patients, institution, and health care staff, as well as to enact protection for health of patients, staff, and visitors through maintenance of a clean and orderly health unit.

Policy

A comprehensive infection control program will be implemented at the facility that includes surveillance, prevention, and treatment of infectious diseases within the correctional environment. This program will minimize the risk of infection and transmission of communicable diseases for patients and employees and provide a system for the reporting of diseases as required by local, state, and federal law. The infection control program will be based on guidelines established by the Center for Disease Control and Prevention, the Occupational Safety and Health Administration (OSHA), the Association for Professionals in Infection Control and epidemiology, and other nationally recognized infection control organization.

Procedure

- 1) NaphCare's corporate office will develop and review annual infection control policies and an Infection Control Manual/Exposure Control Plan to be approved by the facility's responsible physician.
- 2) Corporate Chief Medical Officers may make recommendations regarding the infection control monitoring and practices.
- 3) Corporate clinical leadership and the institutional Infection Control Committee may also make recommendations regarding infection control monitoring and practices.
 - a) Institutional ICC:
 - 1) Every institution in which NaphCare provides medical services will establish an ICC, which will be a sub-committee of the institutional CQI committee;
 - 2) Meetings are to be held at least quarterly or whenever an infection control issue requires immediate or continuing attention;

- 6) activities; Monitoring compliance with employee health programs required by OSHA;
 - 7) Monitoring outbreaks of communicable diseases or other infection control issues; and
 - 8) Providing oversight to ensure staff receives appropriate education for handling and disposal of biohazard materials including blood and body fluid spills.
- 4) The HSA or designee will monitor and ensure the following activities and components of the safety program as performed:
 - a) Medical, dental, and laboratory equipment and instruments are decontaminated and inventoried
 - b) on the Contraband Perpetual Inventory form daily; Sharps and biohazardous wastes are handled, stored, and disposed of in a safe and sanitary manner consistent with local, state, and federal regulations;
 - c) Patients with possible communicable diseases are examined promptly and appropriately and all measures are taken to detect serious infections or communicable diseases;
 - d) Infected patients receive medically indicated care; and
 - e) Patients with contagious diseases are medically isolated if appropriate.
- 5) Standard precautions will be followed with all patient contacts. NaphCare's exposure control plan defines the approach to eliminating or minimizing employee exposure to bloodborne and airborne pathogens as required by OSHA guidelines. The exposure control plan is as follows:
 - a) Handwashing and use of gloves:
 - 1) Frequent and thorough hand washing is the most effective way to reduce the spread of communicable disease. It is the responsibility of the staff to wash their hands using soap and water, even if gloves are used. If no water is available, alcohol or hand cleaning germicide can be used as a temporary means;
 - 2) It is the responsibility of the staff to wear gloves when there may be contact with any body fluids, when handling items or equipment contaminated or potentially contaminated with body fluids, or when the employee has an open wound or abrasion (which should always be covered);
 - 3) Cotton gloves worn when working with evidence from a crime scene can be worn over protective disposable gloves when exposure to blood may occur. Such a situation shall only apply to providing care at a crime scene, and not as part of a forensic investigator;
 - 4) Gloves contaminated with body fluids are to be disposed of as biohazard waste;
 - 5) Re-wash and re-glove hands after each procedure.
 - b) Clothing:
 - 1) Health care staff may wear scrub uniforms pursuant to their respective positions.
 - 2) NaphCare strongly recommends that clothing which has become contaminated be changed immediately and placed in an individual biohazard bag to be disposed of as biohazard waste. Disposable scrub uniforms will be provided to each institution in the event of clothing contamination. If contaminated items are taken from the facility, it is done at the individual's own risk.

- 5) Sterilization is essential for critical items (items which enter tissue of the vascular system) including, but not limited to, non-disposable scalpels, needles, and some dental equipment. Steam sterilization will be used according to manufacturer's recommendation. Documentation of sterilization must be turned in weekly to the HSA on the Sterilization Record. Dental autoclaves shall be maintained according to the manufacturer's instructions.

g) Laboratory:

- 1) Standard precautions and gloves will be used in collecting and handling specimens, contaminated equipment, cleaning equipment, counters, or spills.
- 2) Laboratory equipment will be cleaned and disinfected in accordance with the manufacturer's recommendations. All sharps are to be disposed of in a leak-proof puncture resistant container and emptied when 2/3 full.
- 3) Specimens must be transported in a container that is closed and will prevent leakage whether color-coded (red) or labeled with the approved biohazard label.
- 4) Specimens stored in a refrigerator should be monitored and documented daily on a Refrigerator Temperature Log. The refrigerator and/or freezer should have a biohazard label and will not be used to store food or medication. The refrigerator is to be kept in a locked room.
- 5) Centrifuges will have a cover to be used whenever in operations.
- 6) Eating, drinking, or storing any food or drinks is prohibited in the laboratory area.

h) Radiology:

- 1) Standard precautions will be used for all patients brought to radiology;
- 2) Any incidents of exposure to blood borne or airborne pathogens will be managed according to established procedure;
- 3) Cleaning and disinfecting of equipment will be performed between patients and at the end of each day.

i) Isolation rooms:

- 1) Each Isolation room must have medium and large gloves, disposable gowns, N95 particulate filter respirator and regular masks, goggles or face shields, small and medium biohazard plastic bags, and disposable surgical caps.
- 2) As these items are used, it is the responsibility of the charge nurse to have them replaced.

j) Intravenous therapy:

- 1) Aseptic technique will be utilized for the implementation and administration of intravenous therapy in accordance with established guidelines.

k) Disposal of sharps:

- 1) All sharp objects such as needles and razors will be considered contaminated after use and disposed of in approved sharps disposal containers and removed from the institution as biohazard waste;
- 2) Contaminated needles and other contaminated sharps will not be bent, recapped, or removed. Shearing or breaking of contaminated needles is prohibited;

- c) Monthly when unoccupied.
- 8) Isolation cells are to be used to separate any potentially infectious patients from the rest of the population. Appropriate medical care and treatment, to include scheduling of follow-up visits, shall be provided to any isolated patient that is appropriate to the condition and following state and local health requirements. A patient will only be returned to general population under the direction of an advanced clinical provider and only when there is no longer a clinical risk to the patient or others identified.
- 9) Health care staff will make referrals or arrangements for community referrals for patients released from the facility with communicable or infectious diseases.
- 10) Each institution will abide by local, state, and federal regulations regarding the reporting of infectious disease as follows:
 - a) Each institution will obtain a list of reportable diseases and the time frame in which they must be reported;
 - b) Reporting forms may be obtained from the local health department;
 - c) Health care staff is to notify the HSA immediately of any infectious disease outbreak at the institution;
 - d) The HSA will notify the Infection Control Coordinator within two (2) days so that he or she may report the information to the Health Department as required by local, state, or federal regulations; and
 - e) Diseases reported to the local health department will be discussed at the next ICC meeting.
- 11) Patients entering any institution in which NaphCare provides health care will be examined and treated, if indicated, for ectoparasites in order to prevent possible institutional infestation.
- 12) The HSA or designee will ensure that a monthly environmental inspection of the medical area within the facility is conducted with documentation of any Corrective Action Plan. This inspection is to be documented on the Safety and Sanitation Report.
- 13) Testing and treatment:
 - a) Employee testing and treatment:
 - 1) NaphCare employees will be provided a pre-hire tuberculin skin test (TST) with repeat testing at least annually. Potential employees that test positive on their pre-hire TST must be medically cleared by an outside clinician prior to beginning work. They should provide documentation which states they have no evidence of active TB disease. Established employees that convert to a positive TST as part of their annual TB skin testing require the same outside medical clearance but should be referred as a Workmen's Compensation case by the local health department; please check with your local HD to see if referral from your employer is appropriate.
 - 2) Employees with a previously positive TB skin test should be screened for symptoms of active disease upon hire and again annually. Those displaying symptoms for active disease should be referred to an outside provider to be evaluated. They should be cleared of active disease prior to returning to work.
 - 3) Hepatitis B vaccination and post-exposure follow-up will be offered in compliance with CDC guidelines and OSHA requirements.
 - 4) If a staff member sustains significant exposure to blood or body fluids, HIV, Hepatitis C, and Hepatitis B, testing and treatment will be offered per the Infection Control Manual section on Bloodborne Pathogens.
 - 5) All employee post-exposure follow-up, vaccinations, or tests regarding TB, HIV, Hepatitis C, and Hepatitis B, will be

- 1) Place Mantoux skin test 0.1ml intradermally in forearm and repeat annually thereafter.
 - 2) Read and record result in TechCare between 48-74 hours after implant. The result is measured in millimeters of induration not redness.
 - 3) > 5mm induration is positive if the patient has been in close contact with someone who is infected with active TB, or is immunosuppressed (e.g., HIV/AIDS, organ transplant, cancer). Refer this patient to the infection control nurse and the advanced clinical provider for follow-up.
 - 4) > 10 mm is positive for all other patients.
 - 5) Patients who are reactors (have a newly positive tuberculin skin test) or are converters (now reactive after previous negative tests or have an increase in measured induration to qualify as a positive reactor) should receive an order for a chest x-ray to rule out active disease. Patients who have a previous positive tuberculin skin test do not require a CXR unless symptomatic per symptom screening. Decisions to proceed or not proceed with a CXR outside of these guidelines shall be based on the clinical decision of a licensed provider.
 - 6) Receipt of BCG vaccination is not a contraindication to TST skin testing. Active disease must be ruled out in patients with newly positive TST skin testing regardless of BCG vaccination history. Evaluation of TST reactions in BCG vaccinated patients is interpreted using the same criteria for those not vaccinated. Patients who have received BCG vaccination and have previously had a positive TST do not require repeat TST placement.
- 4) Assess patient for signs and symptoms of active disease (night sweats, fever, weight loss, persistent cough, bloody sputum) at intake and annually. If TB is suspected, the patient will be given a mask to wear and arrangements made for transfer to a negative pressure area (isolation). A NIOSH-approved mask will be provided to the staff transporting the patient.
 - 5) Obtain documentation of any past exposure or treatment for TB.
 - 6) Obtain order for a chest x-ray when patient has an observed newly positive TST and/or has signs/symptoms of active TB disease. If chest x-ray results are abnormal, patient must stay in isolation and have a provider follow-up scheduled. Obtain orders and complete sputum testing x 3. Isolation may be discontinued with negative sputum test with provider order.
 - 7) Obtain order for baseline chest x-ray for all HIV inmates regardless of TST results or negative symptom screening. The CXR does not need to be repeated if the patient was

authority or designee. The animal should then be immediately quarantined or turned over to the county animal control officer. Any sacrificed animals, such as bats, mice, rats, etc. should be sent in a sealed plastic bag as soon as possible to the appropriate laboratory for testing.

- 18) All treatment for rabies will be consistent with CDC recommendations.

Relevant Forms

Contraband Perpetual Inventory

Corrective Action Plan

Education Log

Employee Fit Test Respirator Issuance Document

Employee Vaccination & Test Log

Monthly Eye Wash Station Check

Airborne Infection Isolation Room Checklist

Needle & Syringe End of Shift Count Sheet

Refrigerator Temperature Log

Safety and Sanitation Inspection Form

Staff Injury Log

Sterilization Monitoring Log

Sterilization Record

References

Infectious Disease, Prevention and Control (J-B-02). National Commission on Correctional Health Care: Standards for Health Services in Jails, 2018.

Infection Prevention and Control Program (O-B-01). National Commission on Correctional Health Care: Standards for Opioid Treatment Programs in Correctional Facilities, 2016.

Infection Prevention and Control Program (MH-B-01). National Commission on Correctional Health Care: Standards for Mental Health Services in Correctional Facilities, 2015.

Communicable Disease and Infection Control Program (4-ALDF-4C-14, 15, 16, 17, 18). American Correctional Association: Performance Based Standards for Adult Local Detention Facilities, Fourth Addition, 2004.

American Correctional Association: Standards Supplement, 2016. FMJS Chapters 7.02; 7.20. 7.21; 7.23. Florida Model Jail Standards, 2015.

Florida Corrections Accreditation Commission Standards: Edition 4.08