



Virginia Department of Corrections

Health Services

Operating Procedure 740.1

Infectious Disease Control

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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.

The content owner reviewed this operating procedure in May 2022 and necessary changes have been made.

The content owner reviewed this operating procedure in September 2022 and determined that no changes are needed.

The content owner reviewed this operating procedure in August 2023 and determined that no changes are needed.

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, ACA standards, PREA standards, and DOC directives and operating procedures.

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DEFINITIONS

Acquired Immunodeficiency Syndrome (AIDS) - A condition in which the immune system is suppressed and certain opportunistic infections can occur. AIDS is caused by infection with Human Immunodeficiency Virus, which is commonly transmitted in infected blood, especially during intravenous drug use and in bodily secretions such as semen) during sexual intercourse.

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

This operating procedure is not inclusive of all infectious/communicable diseases. The Virginia Department of Corrections (VADOC) has nursing and medical guidelines that guide in the treatment and care of inmates who have and/or are exposed to infectious diseases. VADOC health care personnel 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.

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 persons 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.

Health Care Provider - An individual whose primary duty is to provide health services in keeping with their respective levels of licensure, health care training, or experience.

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** - 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** - 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** - 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.

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 in order to prevent or limit the transmission of the disease.

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 during the course of 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.

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.

Point of Care Test (POCT) - A form of testing in which the analysis is performed where healthcare is provided close to or near the patient with quick availability of results to assist in timely and informed decisions to improve patient outcomes.

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.

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 patient.

Venereal Disease - Includes syphilis, gonorrhea, chancroid, granuloma inguinale, chlamydia, and any other sexually transmittable disease determined by the Virginia Department of Health to be dangerous to public health.

PURPOSE

This operating procedure provides for a program to address the management of communicable and infectious diseases within the Department of Corrections (DOC).

PROCEDURE

- I. Infectious Disease Program (5-ACI-6A-12)
 - A. This operating procedure combined with *Medical Guidelines*, provides direction for infectious disease education, prevention, immunization (when applicable), identification, surveillance, treatment, follow-up (when indicated), isolation (when indicated), and reporting to applicable local, state, and federal agencies. (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 blood 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. OSHA Regulations, §1910.1030, Bloodborne Pathogens, provides guidance for controlling the spread of infectious diseases through exposure to blood.
- II. Universal Precautions (4-ACRS-4C-10)
 - A. Medical history and examination cannot reliably identify all persons with Human Immunodeficiency Virus (HIV) or bloodborne pathogens. Therefore, blood and body fluid precautions will be used consistently for all persons.
 - B. This approach, recommended by the Centers for Disease Control (CDC), and known as universal blood and body-fluid precautions or simply *Universal Precautions*, is especially important during emergency medical care because of the increased risk of blood and body-fluid exposure.
 - C. Summarized, the principles of *Universal Precautions* are:
 1. All workers who may come in contact with blood and other potentially infectious material while performing their jobs, especially Health Care Personnel (HCP) and inmates who work in health care areas, will routinely use barrier precautions to protect skin and mucous membranes. This includes the regular use of gloves, face masks, face shields, eyewear, and gowns or aprons as needed. Disposables must be used, as much as possible, and discarded in an approved manner after each use.
 2. Hand and other skin surfaces must be immediately and thoroughly washed if contaminated with blood and body fluids. Hands must be washed immediately after gloves are removed.
 3. All HCP will take diligent precautions to prevent injuries caused by needles, scalpels, and other "sharps" during their use, cleaning, and disposal.
 4. Mouthpieces, resuscitation bags, or other ventilation devices will be made available to minimize the need for mouth-to-mouth resuscitation in areas where the need for cardiopulmonary resuscitation (CPR) can be predicted.
 5. HCP who have open cuts or weeping skin lesions must refrain from direct patient care and from handling patient-care equipment until the condition has resolved.
 6. Pregnant women are not known to be at greater risk for occupational-related transmission of HIV infection than non-pregnant women. However, because of the high risk of perinatal transmission of HIV to the infant, pregnant women should intricately familiar with *Universal Precautions* and rigidly adhere to them.

7. HIV-infected HCP must receive clearance from the Health Services Unit (HSU) before administering direct patient care.
8. Other isolation procedures will be used as indicated if associated conditions, such as infectious diarrhea or tuberculosis, are suspected or diagnosed.
9. There are three types of isolation:
 - a. Isolation Complete - The full-time confinement or restriction of movement of an individual or individuals infected with, or reasonably expected to be infected with, a communicable disease in order to prevent or limit the transmission of the disease to uninfected and unexposed individuals.
 - b. Isolation Modified - The selective, partial limitations of freedom of movement or actions of an individual or individuals infected with, or reasonably expected to be infected with, a communicable disease. Modified isolation is designed to meet particular situations to include restrictions from engaging in certain occupations, using public transportation, or requiring use of devices or procedures intended to limit disease transmission.
 - c. Isolation Protective - The physical separation of a susceptible individual or individuals not infected with or not reasonably suspected to be infected with, a communicable disease from an environment where transmission is occurring, or is reasonably suspected to be occurring, to prevent the individual from acquiring the disease.

III. Training and Education

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

1. At least one medical staff person from each facility must attend a course on HIV pre and post-test counseling.
2. All HCP must possess knowledge of the principles of *Universal Precautions* and adhere to them whenever they engage in tasks or activities, which involve direct contact with blood or other body fluids.
3. All HCP must have a working knowledge of current HIV laws regarding reporting confidentiality, informed consent, and the principle of deemed consent.

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

1. All DOC staff must:
 - a. Be trained in the principles of *Universal 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 *Universal 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).
2. HCP will be trained on the urgency of evaluation and prophylactic treatment for high-risk exposures.

C. Education of inmates

1. All inmates will be provided information on hepatitis A, B, and C including:
 - a. How the diseases spread
 - b. Who is at risk
 - c. How infection is prevented
 - d. The effects of infection
 - e. What treatments are available
2. All inmates will participate in a mandatory session on HIV information and education upon entry into the correctional system to ensure that they receive basic knowledge and skills related to HIV risk reduction. (4-ACRS-4C-10)

3. All inmates will have an opportunity to request confidential HIV counseling to explore individual concerns, plan a personal risk reduction strategy (both inside and outside the correctional system), and help with the decision towards voluntary HIV testing. (4-ACRS-4C-10)
4. Prevention programs will address the special needs of female inmates such as perinatal and female-to-female transmission; especially where drug-using women are already infected. Special attention will be directed to educating women who are pregnant.
5. Facility Unit Heads will provide inmates with the opportunity to form peer groups to help them learn more about HIV and for support in developing individual risk-reduction strategies through contacts with HIV organizations, inmates' rights groups, and public health officials in their jurisdiction. (4-ACRS-4C-10)

IV. Laboratory Point of Care Tests (POCT) Program

- A. Each facility Health Services Authority (HSA) will establish and maintain a clinical team to ensure at least a monthly Quality Assurance review of the Laboratory POCT Program activities including documents, supply inventory, etc.
- B. Each facility HSA will obtain and maintain a proper Clinical Laboratory Improvement Amendment Certificate of Waiver.
- C. See Attachment 1, *Laboratory Point of Care Testing Program Manual*, for additional guidance on the Laboratory POCT Program.

V. Treatment Guidelines

- A. The *Medical Guidelines* provide HCP with current requirements for testing, treatment, and control of infectious diseases.
- B. This operating procedure is intended to give only general requirements for staff and inmates for testing, inoculation, and treatment of infectious diseases.
- C. Medical examinations are conducted for any inmate suspected of having a communicable disease. Staff suspected of having a communicable disease are referred to their physicians for medical examinations. (4-ACRS-4C-08)

VI. Tuberculosis (TB)

- A. Facility nurses performing a tuberculin skin test (TST) must have adequate training in the practice and principles of tuberculin screening.
- B. All facility testing, screening, and treatment for tuberculosis must be documented in accordance with the *Medical Guidelines*.
- C. Staff
 1. In accordance with *Medical Guidelines*, all new staff and those who are past negative that have direct inmate contact in facilities must have a TST at the time of employment and annually thereafter. If a staff member is past positive, they do not have another TST, as it will continue to result positive even after treatment. The results of the test will be documented on the *Tuberculous Skin Test Results 740_F4*. (5-ACI-6B-05)
 2. Staff with a new positive TST must notify the Unit Head or designee and submit an updated *Employee Medical Evaluation 102_F17* and *Tuberculous Skin Test Results 740_F4* to the appropriate Human Resource Officer (HRO) and be referred to a personal physician or local health department for chest x-ray and statement of clearance for work.
 3. Once a person has tested positive, then 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 see their medical physician, notify the Unit Head or designee, and submit an updated *Employee Medical Evaluation 102_F17* and *Tuberculous Skin Test Results 740_F4* 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 and/or TST result. The staff member will be referred to the appropriate HRO for medical follow up if necessary.

D. Inmates (5-ACI-6A-14)

1. In accordance with *Medical Guidelines*, all inmates entering the DOC must have a TST and TB symptoms screening on entry and annually thereafter.
2. Inmates who refuse any part of an initial or annual screening for TB (or chest x-ray if ordered) will be counseled quarterly by a health care provider about the importance of the screen.
 - a. If after counseling, the inmate continues to refuse screening, they will be asked to sign a *Refusal to Consent for Tuberculosis Screening Test 740_F5*.
 - b. At the first refusal for TB screening, the health care provider will charge the inmate with disciplinary offense code 119a, *Refusal to participate in testing, classification, or reentry preparation violation, Preventative/prophylactic therapies and/or treatment for contagious diseases which are determined by the medical authority or state/federal law or regulation to present a public health risk*; see Operating Procedure 861.1, *Offender Discipline, Institutions*.
 - i. The inmate will be convicted of this offense code only once during a continuing period of refusal to consent for TST.
 - ii. This offense code has a mandatory penalty of 90 days loss of accumulated Good Time. The inmate may request restoration of the Good Time penalty once they comply with tuberculosis screening and testing requirements.
 - c. The inmate must be placed in a Class Level earning no good time until such time as the inmate complies with TST requirements; see Operating Procedure 830.2, *Good Time Awards*.

E. Airborne Infection Isolation Rooms (AIIR)

1. Facilities with AIIR will have maintenance checks of duct work, baffles, vents, filters, air exchangers, and negative pressure status semi-annually. A copy of maintenance checks will be sent to the HSU Epidemiology Nurse by the Health Authority.
2. When AIIR are in use for respiratory isolation, they must be monitored for proper operation daily with the results recorded on a log to be maintained at the facility.

VII. Hepatitis (5-ACI-6A-15)

- A. The management of Hepatitis A, B, and C will be in accordance with the *Medical Guidelines* including procedures for the identification, surveillance, immunization (when applicable), treatment (when indicated), follow-up, and isolation (when indicated).
- B. HBV vaccine for staff
 1. HBV vaccine will be made available to all DOC staff who may have occupational exposure to bloodborne pathogens. (5-ACI-6B-06)
 - a. Any staff member who declines the HBV must sign the “*Declination*” section of the *DOC Hepatitis B Vaccine Signature Form 740_F2*.

- b. Staff who have previously completed the HBV must either provide documentation of the vaccination or sign the “*Declination*” citing previous vaccination.
2. Staff must be given the *Hepatitis B Vaccine Information Sheet*; see *Medical Guidelines*. Benefits and side effects must be discussed prior to starting the vaccine series and prior to each injection.
3. The HBV vaccine consists of an initial injection, followed by a second injection in one month, and a third injection four to five months after the second injection. The inmate may only receive two doses, an initial dose and a second dose one month later (this depends on the type of HBV that is available).

C. HBV vaccine for inmates

1. HBV vaccine is offered to those inmates who:
 - a. Are hepatitis seronegative with HIV
 - b. Handle regulated waste
 - c. Clean in the medical areas
 - d. Handle soiled items
 - e. Have chronic active hepatitis C
 - f. Work in the Recycling Program
2. Each facility will identify those inmate workers who qualify for the vaccine. Each inmate with these work assignments must participate in training, similar to that outlined in Occupational Safety and Health Administration (OSHA) guidelines, at time of initial assignment and annually thereafter. Material appropriate in content and vocabulary to educational level, literacy, and language of inmates will be used. The training, at a minimum, must include:
 - a. A general explanation of epidemiology and symptoms of bloodborne pathogens.
 - b. An explanation of the modes of transmission of bloodborne pathogens.
 - c. Information on types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.
 - d. Hand washing techniques.
 - e. Instructions on *Universal Precautions*.
 - f. Information on the need for HBV vaccine, including information of its efficacy, safety, method of administration, and the benefits of being vaccinated.
 - g. Information on the appropriate actions to take and when.
 - h. Persons to contact in an emergency involving blood or other potentially infectious material.
 - i. An opportunity for interactive questions and answers with the person conducting the training.
 - j. A written physician’s order will be documented in the inmate’s Health Record.
3. Vaccination or declination must be documented on the *DOC Hepatitis B Vaccine Signature Form 740_F2* in accordance with *Medical Guidelines*.

VIII. Human Immunodeficiency Virus (HIV) (5-ACI-6A-16; 4-ACRS-4C-10; 2-CO-4E-01)

- A. An opt-out strategy of voluntary testing for HIV is recommended for all inmates and CCAP probationers/parolees. Many people infected with HIV are asymptomatic and unaware of their infection. Therefore, all inmates and CCAP probationers/parolees at intake will be offered HIV testing consistent with CDC guidelines and the DOC Chief Physician. Inmates and CCAP probationers/parolees who opt-out at intake must sign a *Health Services Consent to Treatment; Refusal 720_F3* refusal and medical staff will notate the refusal in their health record.
- B. Voluntary testing is done when an inmate or CCAP probationer/parolee requests testing. This voluntary testing is available to all inmates and CCAP probationers/parolees. Prior to HIV testing at the request of an inmate or CCAP probationer/parolee, pretest counseling must be performed, and the inmate or CCAP probationer/parolee must sign a *Consent to Test for HIV Antibodies and Disclosure of Results 720_F33*.

A copy of the *Consent* will be placed in their health record.

- C. Involuntary testing is performed following an exposure incident. Written consent of the inmate or CCAP probationer/parolee is not required. If an inmate or CCAP probationer/parolee refuses testing, testing will be conducted in accordance with the CDC and 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*.
- D. Within 180 days of release the inmate or CCAP probationer/parolee is offered an HIV test. Medical staff will document the interaction and obtain consent and/or refusal and place a copy in their health record.
- E. HIV blood tests will be performed when ordered by a practitioner, if an inmate requests it and the test is ordered by a practitioner, or after accidental contamination of a person with blood or body fluids where there is reasonable suspicion that transmission of bloodborne pathogens may have occurred.
- F. Prior to performing any test to determine infection with HIV, medical staff will inform the inmate that the test is planned, provide information about the test, and advise the inmate that they have the right to decline the test. If the inmate declines the test, medical staff must note that fact in the inmate's Health Record and obtain the inmate's signature on the *Health Services Consent to Treatment; Refusal 720_F3*.
- G. When an inmate has a confirmed positive test result for HIV, the inmate will be afforded the opportunity for individual face-to-face disclosure of the test results and appropriate counseling. Appropriate counseling will include, but is not limited to, the meaning of the test results, the need for additional testing, the etiology, prevention and effects of Acquired Immunodeficiency Syndrome (AIDS), the availability of appropriate health care, mental health care, and social services, the need to notify any person who may have been exposed to the virus, and the availability of assistance through the Virginia Department of Health (VDH) in notifying such individuals.

IX. Venereal Diseases

- A. All inmates on reception to a DOC facility will be tested for venereal diseases in accordance with COV §32.1-59, *Examination and treatment in certain institutions*.
- B. If any inmate refuses to submit to an examination, testing, or treatment or to continue treatment until found to be cured by proper test, notify the HSU Epidemiology Nurse and the Chief Physician.

X. Methicillin Resistant Staphylococcus Aureus (MRSA) (5-ACI-6A-13)

- A. Inmates presenting with skin and soft tissue infections will be evaluated for MRSA in accordance with *Medical Guidelines*.
- B. Screening for MRSA will include assessment of risk factors such as recent hospitalization, previous anti-staphylococcal antibiotic usage, presence of an indwelling catheter or device, history of rash, boils, or skin infection, and repeated soft tissue infections.
- C. Diagnosis
 1. Careful examination of the skin, blood cultures, wound cultures, and intake questionnaire with past history of MRSA
 2. Skin lesions and draining wounds will be cultured to determine the infecting organism.
- D. Treatment of infected inmates, including medical isolation when indicated, will be based on diagnosis and culture results in accordance with *Medical Guidelines*.
- E. Appropriate follow-up care will be provided, including arrangements with appropriate health care authorities for continuity of care if the inmate is relocated prior to the completion of therapy.
- F. Infection control measures will include:
 1. Hand washing throughout the day.
 2. Good personal hygiene.

3. Keep living and work areas as clean as possible.
4. Change bed linens often.
5. Notify laundry of special handling of bed linens.
6. Clean showers often with germicidal cleansers.
7. Avoid contamination of environmental surfaces and equipment.
8. Take precautions to minimize transmission of microorganisms to other persons.
9. Isolation is necessary if the inmate is noncompliant or draining cannot be controlled with a covered dressing.
10. Inmates with serious MRSA infections and sequelae may need to be transferred to a facility with an infirmary or observation bed if not available at assigned location; transfers will be avoided if possible.
11. Clean and disinfect medical equipment prior to and after each inmate use.

G. Report all culture confirmed cases of MRSA to the HSU Epidemiology Nurse.

H. Education

1. Target educational efforts to inmates, DOC staff and HCP to include holding periodic group meetings to reinforce *Universal Precautions*.
2. Request information, if needed, from the HSU.
3. Hold teaching seminars on a regular basis with the HSU Epidemiology Nurse to ensure accuracy.

XI. Medical Management of Infected Inmates

A. The Health Authority at each facility must develop protocols and treatment plans for the medical management of infectious diseases in inmates in accordance with *Medical Guidelines*.

B. The Health Authority will develop protocols for *Universal Precautions* for all health care workers.

C. The Health Authority at each facility must immediately notify the HSU Epidemiology Nurse of all notifiable infectious diseases or infestations such as, but not limited to scabies, lice, and bed bugs, or foodborne outbreaks occurring in the facility.

1. If the disease or infestation can be spread through contact with the inmate's clothing, bed linens, towels, etc., all such contaminated items must be isolated by placing in double plastic trash bags and placed in a secure area.
 - a. Upon determination that the contaminated clothing, etc. requires special laundering to prevent the spread of disease or infestation, the HSU Epidemiology Nurse will consult with the Plant Manager of the Virginia Correctional Enterprises Laundry for guidance.
 - b. The HSU Epidemiology Nurse will provide instructions and contact information to the facility for handling the contaminated items.
2. When the HSU Epidemiology Nurse is notified of a possible foodborne outbreak the Facility Health Authority or designee will notify Food Service staff and the Facility Unit Head that all sample trays need to be held; see Food Service Manual Chapter 5, *Food Preparation and Service of Meals*, until further notice.

D. In some cases, it may be determined to be more cost effective to dispose of the contaminated items than to launder them. Such disposal must be as regular solid waste.

E. Tests for other infectious diseases will be performed, by order of the physician when clinical indications are present, on a case-by-case basis.

XII. Disinfection, Decontamination, and Disposal

A. Hand Washing – Per CDC guidelines, all HCP must wash their hands with soap and water for at least 20

seconds immediately before touching a patient, between patient examinations, following removal of gloves, after touching objects likely to be contaminated by blood or saliva from other patients, when visibly soiled, before eating, after using the restroom, and before leaving the operating area. For surgical procedures, an EPA-approved antimicrobial scrub will be used. During use, gloves may break, whether or not the operator is aware of it. This allows viral contamination as well as allowing bacteria to enter and multiply beneath the glove material.

B. Protective masks and gowns

1. Surgical masks and goggles or chin length plastic face shields must be worn when splashing or spattering of blood or other body fluids is 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.

C. Instruments and surfaces

1. Impervious materials may be used to cover surfaces that may be contaminated by blood or saliva and that are difficult or impossible to clean and disinfect. These coverings will be removed (while gloved), and discarded, and then replaced (after un-gloving) with clean material between patients.
2. Chemicals from the approved chemical list are to be used to clean and disinfect non-porous surfaces as appropriate.
3. Instruments that penetrate soft tissue and/or bone must be sterilized after each use. Before sterilization, thoroughly clean instruments with approved product per manufacturer instructions. Instruments that are not intended to penetrate oral soft tissues must also be sterilized after each use if possible; but, if sterilization is not feasible, the latter instruments must receive high level disinfection. (5-ACI-6A-17)
4. Metal and heat stable dental instruments must be sterilized between uses by autoclaving, dry heat, or chemical vapor. (5-ACI-6A-17)
5. All sterilization and high level disinfection of instruments must be logged.
6. Maintenance records for sterilization devices (e.g., autoclaves) must be kept on site.

XIII. 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.
- B. Hepatitis Profile and HIV testing of staff and inmate involved will be obtained as a baseline. The HIV test will be repeated in three months, six months, and one year, if recommended. If the inmate refuses the HIV test, a court order may be obtained to draw the inmate's blood for testing.
- C. Results of the inmate's HIV test will be noted by the facility Health Authority for disclosure to the staff member as permitted under law and reported to the HSU.
- D. The person exposed will be evaluated as to whether the exposure was high risk.
 1. In the case of a high risk exposure, the exposed inmate will be transported to a medical facility for evaluation and prophylactic treatment, immediately and no longer than a few hours after the exposure in accordance with Nursing Evaluation Tools and Medical Guidelines; see *Standard Treatment Guideline – Management of Sexual Exposure*.
 2. 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*, and *Medical Guidelines*; see *Standard Treatment Guidelines – Occupational HIV Exposure*.

XIV. Reporting of Notifiable Diseases & Confidentiality (4-ACRS-4C-10)

- A. COV §32.1-36, Reports by physicians and laboratory directors, requires the VDH to be notified of certain infectious diseases using the VDH Form Epi-1. A complete list of notifiable diseases appears on the VDH Virginia Reportable Disease List.
- B. Copies of Form Epi-1 will be sent according to the distribution list at the bottom of the form, as well as to the HSU Epidemiology Nurse.
- C. HIV information is confidential and limited to the inmate's Health Record and medical staff. Any other person with a "need to know" must be aware of current legal issues regarding confidentiality.

XV. Surveillance & Recordkeeping

- A. The Health Authority at each facility will maintain inmate records of all notifiable infectious diseases and epidemiologic investigation information occurring in the facility.
- B. In addition, the Health Authority must report to the HSU the occurrence of positive TST's and bloodborne pathogens exposure incidents in staff members and the Human Resources Office must maintain such staff medical records for thirty years as required by OSHA regulations.
- C. Incidents involving needlesticks or other sharps 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.
- D. Employee 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.
- E. The HSU will maintain data based on the incidence and trends of all notifiable diseases.
- F. All vaccinations and TST's will be recorded on the *Vaccine and TB Skin Test Administration Record 740_F3* and maintained in Section V of the inmate's Health Record.
- G. A *Consent for Immunization 740_F6* and an *Immunization Screening Questionnaire 740_F6a* is required to be completed and signed prior to administering any vaccination to an inmate. The *Consent for Immunization* and *Immunization Screening Questionnaire* will be maintained in Section V of the inmate's Health Record.

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*

COV §32.1-59, Examination and treatment in certain institutions

Operating Procedure 261.3, *Workers' Compensation*

Food Service Manual Chapter 5, *Food Preparation and Service of Meals*

Operating Procedure 830.2, *Good Time Awards*

Operating Procedure 861.1, *Offender Discipline, Institutions*

OSHA Regulations, §1910.1030, *Bloodborne Pathogens*.

ATTACHMENTS

Attachment 1, *Laboratory Point of Care Testing Program Manual*

FORM CITATIONS

Employee Medical Evaluation 102_F17

Health Services Consent to Treatment; Refusal 720_F3

DOC Hepatitis B Vaccine Signature Form 740_F2



Vaccine and TB Skin Test Administration Record 740_F3

Tuberculous Skin Test Results 740_F4

Refusal to Consent for Tuberculosis Screening Test 740_F5

Consent for Immunization 740_F6

Immunization Screening Questionnaire 740_F6a

