



Operating Procedure

Effective Date January 1, 2014	Number 740.1
Amended	Operating Level Department
Supersedes Operating Procedure 740.1 (1/1/11)	
Authority COV §32.1-36, §32.1-36.1, §32.1-37.2, §32.1-45.1, §32.1-59, §53.1-32, §53.1-67.6	
ACA/PREA Standards 4-4354, 4-4354-1, 4-4355, 4-4356, 4-4357, 4-4358, 4-4386, 4-4387; 4-ACRS-4C-08, 4-ACRS-4C-09, 4-ACRS-4C-10; 2-CO-4E-01	
Incarcerated Offender Access Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Office of Primary Responsibility Health Services Unit
FOIA Exempt Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Attachments Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Subject
INFECTIOUS DISEASE CONTROL

I. PURPOSE

This operating procedure provides for a program to address the management of communicable and infectious diseases within the Department of Corrections. (4-4354; 4-ACRS-4C-09; 2-CO-4E-01) With references to *Treatment Guidelines*, this operating procedure includes 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.

II. COMPLIANCE

This operating procedure applies to all units operated by the Department of Corrections (DOC). Practices and procedures shall comply with applicable State and Federal laws and regulations, Board of Corrections policies and regulations, ACA standards, PREA standards, and DOC directives and operating procedures.

III. DEFINITIONS

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

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.

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 (formerly called Infectious Hepatitis) - A disease caused by a virus (HAV) transmitted through ingestion of raw or undercooked vegetables exposed to fecal contamination; HAV's severity is usually associated with age (more severe in the young and the old) and complete recovery is expected.

Hepatitis B (formerly called Serum Hepatitis) - A disease caused by a virus (HBV) transmitted through blood and body fluid contamination; 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 (Formerly called Non-A/Non-B Hepatitis) - 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.

HIV Seropositivity (HIV+) - The presence of antibodies to HIV, indicative of exposure to the virus; refers to the first stage of infection with HIV, before symptoms develop.

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

Methicillin Resistant Staphylococcus Aureus (MRSA) - An antibiotic resistant staph infection commonly carried on the skin or in the nose; most of these skin infections are minor (such as boils and pimples) and can be treated without antibiotics. Others can cause serious infection (such as 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 blood-borne 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.

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 droplets coughed up by an infected patient.

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

IV. PROCEDURE

A. Each facility should 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. (4-4354)

B. Universal Precautions

Medical history and examination cannot reliably identify all persons with HIV or blood-borne pathogens. Therefore, blood and body-fluid precautions should be used consistently for **all persons**. This approach, recommended by the Centers for Disease Control, 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 exposure. Summarized, the principles of Universal Precautions are:

1. All workers who may come in contact with blood and other potentially infectious material in order to perform their jobs, especially Health Care Personnel (HCP), should 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 should be used, as much as possible, and discarded in an approved manner after each use.
2. Hand and other skin surfaces should be immediately and thoroughly washed if contaminated with blood and body fluids. Hands should be washed immediately after gloves are removed.
3. All HCP should 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 should be made available to minimize the need for mouth-to-mouth resuscitation in areas where the need for CPR can be predicted.
5. HCP who have open cuts or weeping skin lesions should 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 especially be familiar with *Universal Precautions* and rigidly adhere to its practice.
7. HIV-infected HCP must receive clearance from the Health Services Unit before administering direct patient care.
8. Other isolation procedures should be used as indicated if associated conditions, such as infectious diarrhea or tuberculosis, are suspected or diagnosed.

9. Isolation means 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. 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 or 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.

C. Training and Education

1. Training of Health Care Personnel

- a. At least one medical staff person from each facility should attend a course on HIV pre and post-test Counseling.
- b. All health care workers should possess knowledge of the principles of *Universal Precautions* and adhere to it whenever they engage in tasks or activities which involve direct contact with blood or other body fluids.
- c. All health care workers should have a working knowledge of current HIV laws regarding reporting, confidentiality, informed consent, and the principle of deemed consent.

2. Training of Corrections Staff

- a. All DOC staff should 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. Staff members, especially those in direct contact with offenders, should have annual, documented training that includes information on the modes of transmission of blood-borne pathogens and instruction on the principles of universal precautions.
- c. Corrections staff should have a working knowledge of current HIV laws regarding confidentiality, informed consent and deemed consent and have knowledge of the availability of HBV vaccination.

3. Education of Offenders

- a. All offenders should be provided information on Hepatitis A, B, and C including:
 - i. How the disease spreads
 - ii. Who is at risk
 - iii. How infection is prevented
 - iv. The affects of infection
 - v. What treatment is available
- b. All offenders should 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.
- c. All offenders should have an opportunity to request confidential HIV counseling to explore individual concerns, plan a personal risk reduction strategy (both inside and outside the prison system), and help with the decision towards voluntary HIV testing.

- d. Prevention programs should address the special needs of female offenders such as perinatal and female-to-female transmission especially where drug-using women are already infected. Special attention should be directed to educating women who are pregnant.
- e. Facility Unit Heads should provide offenders 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, prisoners' rights groups, and public health officials in their jurisdiction.

D. Treatment Guidelines

1. The *Treatment Guidelines* provide health care workers with current requirements for testing, treatment, and control of infectious diseases.
2. This operating procedure is intended to give only general requirements for staff and offenders for testing, inoculation, and treatment of infectious diseases.
3. Medical examinations are conducted for any offender suspected of having a communicable disease. Employees suspected of having a communicable disease are referred to their physicians for medical examinations. (4-ACRS-4C-08)

E. Tuberculosis (4-4355)

1. Nurses performing a tuberculin skin test should have adequate training in the practice and principles of tuberculin screening.
2. All testing, screening, and treatment for tuberculosis shall be documented in accordance with the *Treatment Guidelines*.
3. In accordance with *Treatment Guidelines*, all new employees who have direct offender contact in facilities shall have a tuberculin skin test unless past positive and a screening on employment and annually thereafter. (4-4386)
 - a. Those employees with a new positive tuberculin screening should be referred to a personal physician or local health department for chest x-ray and statement of clearance to work..
 - b. Once a person has tested positive, completed preventive therapy, and has a negative chest x-ray, further chest x-rays are not needed nor required if the person has no symptoms of active disease.
 - c. Employees exhibiting any of the below general symptoms of TB disease should immediately see their medical physician.
 - i. Lethargy (a state of sluggishness, inactivity, and apathy)
 - ii. Weakness
 - iii. Loss of appetite and weight loss
 - iv. Fever and/or night sweats
 - v. Productive cough or coughing up blood
 - d. A chest x-ray may be required based upon the facility physician's evaluation of the employee's health history and physical examination or if clinically indicated.

4. Offenders

- a. In accordance with *Treatment Guidelines*, all offenders entering the DOC shall have a tuberculin skin test and TB symptoms screening on entry and annually thereafter.
- b. Offenders who refuse any part of an initial or annual screening for tuberculosis (or chest x-ray if ordered) should be counseled by health care staff about the importance of the screen.
 - i. If after counseling, the offender continues to refuse screening, he/she should be placed in administrative segregation/medical observation and charged with an appropriate disciplinary offense code violation (see Operating Procedure 861.1, *Offender Discipline, Institutions*, or Operating Procedure 861.2, *Offender Discipline, Community Corrections Facilities*).
 - ii. This form of special purpose housing is similar to administrative segregation with the exception that, for medical reasons, these offenders should be closely monitored by medical

staff for symptoms of TB disease.

- iii. Offenders should remain in segregation until the offender has consented to the TB screen, it has been administered, and results noted.

5. Negative Pressure Isolation Rooms

- a. Facilities with negative pressure isolation rooms should have maintenance checks of duct work, baffles, vents, filters, air exchangers, and negative pressure status semi-annually. A copy of maintenance checks should be sent to Health Services Unit Epidemiology Nurse.
- b. When negative pressure rooms are in use for respiratory isolation, they should be monitored for proper operation daily with the results recorded on a log to be maintained at the facility.

F. Hepatitis (4-4356)

1. The management of Hepatitis A and C will be in accordance with the *Treatment Guidelines* including procedures for the identification, surveillance, immunization (when applicable), treatment (when indicated), follow-up, and isolation (when indicated).
2. Hepatitis B Vaccine for Employees
 - a. Hepatitis B vaccine shall be made available to all DOC employees who may have occupational exposure to bloodborne pathogens. (4-4387) Any employee who declines the Hepatitis B vaccination must sign the “Declination” section of the [DOC Hepatitis B Vaccine Signature Form 740_F2](#). Employees who have previously completed the Hepatitis B vaccination must either provide documentation of the vaccination or sign the “Declination” citing previous vaccination.
 - b. Employees must be given the *Hepatitis B Vaccine Information Sheet* (see *Treatment Guidelines*). Benefits and side effects must be discussed prior to starting the vaccine series and prior to each injection.
 - c. The Hepatitis B 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.
3. Hepatitis B Vaccine for Offenders
 - a. Hepatitis B Vaccine is offered to those offenders who:
 - i. Are HBV seronegative with HIV
 - ii. Handle regulated waste
 - iii. Clean in the medical areas
 - iv. Handled soiled linens
 - b. Each facility should identify those offender workers who qualify for the vaccine. Each offender with these work assignments must participate in training, similar to that outlined in OSHA guidelines, at time of initial assignment and annually thereafter. Material appropriate in content and vocabulary to educational level, literacy, and language of offenders should be used. The training, at a minimum, should include:
 - i. A general explanation of epidemiology and symptoms of bloodborne pathogens
 - ii. An explanation of the modes of transmission of bloodborne pathogens
 - iii. Information on types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment
 - iv. Hand washing techniques
 - v. Instructions on universal precautions
 - vi. Information on the need for hepatitis B vaccine, including information of its efficacy, safety, method of administration, and the benefits of being vaccinated
 - vii. Information on the appropriate actions to take and when
 - viii. Persons to contact in an emergency involving blood or other potentially infectious material
 - ix. An opportunity for interactive questions and answers with the person conducting the training
 - c. A written physician’s order should be documented in the medical record.
 - d. Vaccination or Declination shall be documented on the [DOC Hepatitis B Vaccine Signature Form](#)

740_F2 in accordance with *Treatment Guidelines*.

G. Human Immunodeficiency Virus (HIV) (4-4357, 4-ACRS-4C-10)

1. HIV blood tests will be performed only when ordered by a physician, if an offender requests it, 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. Co-payment for sick call visit shall be waived for HIV testing.
2. All offenders will be offered a HIV test within 180 days of release from a VADOC facility.
3. A [*Consent to Test for HIV Antibodies & Disclosure of Results*](#) 740_F1 must be obtained from the offender in all cases before the test is carried out, and appropriate pre- and post-test counseling provided. See [*COV*](#), §32.1-37.2.

H. Venereal Diseases

1. All offenders on reception to a DOC facility will be tested for venereal diseases in accordance with [*COV*](#) §32.1-59.
2. If any offender refuses to submit to an examination, testing, or treatment or to continue treatment until found to be cured by proper test, notify the Epidemiology Nurse and the Medical Director at the Headquarters Health Services Unit.

I. Methicillin Resistant Staphylococcus Aureus (MRSA) (4-4354-1)

1. Offenders presenting with skin and soft tissue infections will be evaluated for MRSA in accordance with the *Treatment Guidelines*.
2. Screening for MRSA should 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.
3. Diagnosis
 - a. Careful examination of the skin, blood cultures, wound cultures, and intake questionnaire with past history of MRSA
 - b. Skin lesions and draining wounds should be cultured to determine the infecting organism.
4. Treatment of infected offenders, including medical isolation when indicated, should be based on diagnosis and culture results in accordance with the *Treatment Guidelines*
5. Appropriate follow-up care shall be provided, including arrangements with appropriate health care authorities for continuity of care if the offender is relocated prior to the completion of therapy.
6. Infection control measures should include:
 - a. Hand washing throughout the day
 - b. Good personal hygiene
 - c. Keep living and work areas as clean as possible.
 - d. Change bed linens often.
 - e. Notify laundry of special handling of bed linens.
 - f. Clean showers often with germicidal cleansers.
 - g. Avoid contamination of environmental surfaces and equipment.
 - h. Take precautions to minimize transmission of microorganisms to other persons.
 - i. Isolation is necessary if the offender is noncompliant or draining cannot be controlled with a covered dressing.
 - j. Some serious MRSA infections may need to be transferred to a facility with an infirmary or observation bed if not available at assigned location, otherwise transfers should be avoided.
 - k. Clean and disinfect medical equipment between patients when used on those with infections.

7. Report all culture diagnosis cases of MRSA to the Office of Health Services Epidemiology Nurse.
8. Education
 - a. Target educational efforts to offenders, Corrections Officers, and health care personnel to include holding periodic group meetings to reinforce *Universal Precautions*
 - b. Request information, if needed, from the Health Services Unit
 - c. Hold teaching seminars on a regular basis with the Epidemiology Nurse to ensure accuracy.

J. Testing for Other Infectious Diseases

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

K. Medical Management of Infected Offenders

1. The Medical Authority at each facility should develop protocols and treatment plans for the medical management of infectious diseases in offenders in accordance with *Treatment Guidelines*.
2. The Medical Authority should develop protocols for *Universal Precautions* for all health-care workers.
3. The Health Authority at each facility shall immediately notify the Health Services Unit Epidemiology Nurse of all notifiable infectious diseases or infestations such as scabies, lice, and bed bugs occurring in the facility.
 - a. If the disease or infestation can be spread through contact with the offender's clothing, bed linens, towels, etc., all such contaminated items should be isolated by placing in double plastic trash bags and placed in a secure area.
 - b. Upon determination that the contaminated clothing, etc. requires special laundering to prevent the spread of disease or infestation, the Health Services Unit Epidemiology Nurse will consult with the Plant Manager of the VCE Laundry for guidance.
 - c. The Health Services Unit Epidemiology Nurse will provide instructions and contact information to the facility for handling the contaminated items.
4. In some cases, it may be determined to be more cost effective to dispose of the contaminated items than to launder them. Such disposal shall be as regular solid waste.

L. Disinfection, Decontamination, and Disposal

1. Hand Washing - All HCP must wash their hands between patient examinations, following removal of gloves, after touching objects likely to be contaminated by blood or saliva from other patients, and before leaving the operating area. For surgical procedures, an antimicrobial scrub should 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.
2. Protective Masks and Gowns
 - a. Surgical masks and protective eye-wear or chin length plastic shields must be worn when splashing or spattering of blood or other body fluids is likely.
 - b. 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 should be changed at least daily or when visibly soiled with blood.
3. Instruments and Surfaces
 - a. Impervious materials maybe used to cover surfaces that may be contaminated by blood or saliva and that are difficult or impossible to clean and disinfect. These coverings should be removed (while gloved), and discarded, and then replaced (after un-gloving) with clean material between patients.
 - b. Instruments that penetrate soft tissue and/or bone should be sterilized after each use. Instruments

that are not intended to penetrate oral soft tissues should also be sterilized after each use if possible; but, if sterilization is not feasible, the latter instruments should receive high level disinfection. (4-4358)

- c. Metal and heat stable dental instruments shall be sterilized between uses by autoclaving, dry heat, or chemical vapor.

M. Medical Management of Accidental Exposure to Blood-Borne Pathogens

1. In the case of employees, the exposure should be documented in the employee's medical record and, reported through Workers' Compensation.
2. Hepatitis Profile and HIV testing of staff and offender involved should be obtained as a baseline. The HIV test should be repeated in 3 months, 6 months, and 1 year. If the offender refuses the HIV test, a court order may be obtained to draw the offender's blood for testing.
3. Results of the offender's HIV test should be noted by the facility medical authority for disclosure to the employee as permitted under law, and reported to the Health Services Unit.

N. Reporting of Notifiable Diseases

1. COV §32.1-36, requires the Virginia Department of Health to be notified of certain infectious diseases using the Department of Health Form Epi-1. A complete list of notifiable diseases appears on the form.
2. Copies of Form Epi-1 should be sent according to the distribution list at the bottom of the form, as well as to the Health Services Unit Epidemiology Nurse.

O. Surveillance & Record Keeping

1. The health authority at each facility should maintain records of all notifiable infectious diseases occurring in the facility.
2. In addition, the health authority should report to the Health Services Unit the occurrence of positive tuberculin tests and blood-borne pathogens exposure incidents in employees and the Human Resources Office should maintain such employee medical records for thirty years as required by OSHA regulations.
3. The Health Services Unit should maintain data bases on the incidence and trends of all notifiable diseases.
4. All vaccinations and tuberculin skin tests should be recorded on the Vaccine and TB Skin Test Administration Record 740_F3 and maintained in the offender's Health Record, Section V.

P. Confidentiality

HIV information is confidential and limited to the Health Record and medical staff. Any other person with a "need to know" should be aware of current legal issues regarding confidentiality.

V. REFERENCES

OSHA Regulations, §1910.1030, Blood-borne Pathogens

Operating Procedure 861.1, *Offender Discipline, Institutions*

Operating Procedure 861.2, *Offender Discipline, Community Corrections Facilities*

VI. FORM CITATIONS

Consent to Test for HIV Antibodies & Disclosure of Results 740_F1

DOC Hepatitis B Vaccine Signature Form 740_F2

Vaccine and TB Skin Test Administration Record 740_F3

VII. REVIEW DATE

The office of primary responsibility shall review this operating procedure annually and re-write it no later than three years from the effective date.

Signature Copy on File

12/9/13

A. David Robinson, Chief of Corrections Operations

Date