



# Operating Procedure

<b>Effective Date</b> January 1, 2017	<b>Number</b> 740.1
<b>Amended</b>	<b>Operating Level</b> Department
<b>Supersedes</b> Operating Procedure 740.1 (1/1/14)	
<b>Authority</b> COV §32.1-36, §32.1-36.1, §32.1-37.2, §32.1-45.1, §32.1-59, §53.1-32	
<b>Subject</b> <b>INFECTIOUS DISEASE CONTROL</b>	
<b>ACA/PREA Standards</b> 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	
<b>Incarcerated Offender Access</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<b>Public Access</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>Attachments</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Office of Primary Responsibility</b> Health Services Unit	

## I. PURPOSE

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

## 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.

**Foodborne Outbreak** - Two or more cases of the same disease with the same exposure occurring within one incubation period of each other

**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** - 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. The risk of HAV infection is similar in the correctional setting as in the general public.
- **Hepatitis B** - 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** - 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.

**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 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.

**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. Infectious Disease Program

1. This operating procedure combined with *Medical and Nursing 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. (4-4354; 4-ACRS-4C-09; 2-CO-4E-01)
2. 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.
3. 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 (4-ACRS-4C-10)

Medical history and examination cannot reliably identify all persons with HIV or bloodborne 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) and offenders, who work in health care areas, 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 (4-ACRS-4C-10)
  - 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 (4-ACRS-4C-10)
  - 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 bloodborne 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.
  - d. Health care staff shall be trained on the urgency of evaluation and prophylactic treatment for high-risk exposures.
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 effects 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. (4-ACRS-4C-10)
- 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. (4-ACRS-4C-10)
- 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. (4-ACRS-4C-10)

#### D. Treatment Guidelines

1. The *Medical and Nursing 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. Facility nurses performing a tuberculin skin test should have adequate training in the practice and principles of tuberculin screening.
2. All facility testing, screening, and treatment for tuberculosis shall be documented in accordance with the *Medical and Nursing Guidelines*.
3. Employees
  - a. In accordance with *Medical and Nursing Guidelines*, all new employees (unless past positive) who have direct offender contact in facilities shall have a tuberculin skin test at the time of employment and annually thereafter, the results of the test will be documented on the [Tuberculous Skin Test Results](#) 740\_F4. (4-4386)
  - b. All employees who are past positive and have direct offender contact will have a screening at the time of employment and annually thereafter, the results of the screening will be documented on the [Tuberculous Skin Test Results](#) 740\_F4 (4-4386)
  - c. Employees with a new positive tuberculin screening should 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 and be referred to a personal physician or local health department for chest x-ray and statement of clearance for work.
  - d. Once a person has tested positive, has 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.
  - e. Employees exhibiting any of the below general symptoms of TB disease should 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 Human Resource Officer.
    - 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
  - f. 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 *Medical and Nursing 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, they 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 test or chest x-ray, 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 by the Health Authority.
  - 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, B, and C will be in accordance with the *Medical and Nursing 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 *Medical and Nursing 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 items
      - v. Have Chronic Active Hepatitis C
      - vi. Work in Recycling Program

- 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
  - x. A written physician's order should be documented in the medical record.
- c. Vaccination or Declination shall be documented on the [DOC Hepatitis B Vaccine Signature Form 740\\_F2](#) in accordance with *Medical and Nursing Guidelines*.

#### G. Human Immunodeficiency Virus (HIV) (4-4357; 4-ACRS-4C-10; 2-CO-4E-01)

1. HIV blood tests will be performed when ordered by a practitioner, if an offender 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. Co-payment for sick call visit shall be waived for HIV testing.
2. Prior to performing any test to determine infection with HIV, medical staff shall inform the offender that the test is planned, provide information about the test, and advise the offender that they have the right to decline the test. If the offender declines the test, medical staff shall note that fact in the offender's Health Record and obtain the offender's signature on the [Health Services Consent to Treatment; Refusal](#) 720\_F3.
3. When an offender has a confirmed positive test result for HIV, the offender shall be afforded the opportunity for individual face-to-face disclosure of the test results and appropriate counseling. Appropriate counseling shall include, but is not limited to, the meaning of the test results, the need for additional testing, the etiology, prevention and effects of 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 Department of Health in notifying such individuals.

#### 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 Chief Physician 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 *Medical and Nursing 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 *Medical and Nursing 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 offender usage.
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 *Medical and Nursing 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, but not limited to scabies, lice, and bed bugs, or foodborne outbreaks 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.
    - i. 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.

- ii. The Health Services Unit Epidemiology Nurse will provide instructions and contact information to the facility for handling the contaminated items.
  - b. When the Health Services Unit Epidemiology Nurse is notified of a possible foodborne outbreak the Facility Health Authority or designee shall notify Food Service staff and the Facility Unit Head that all sample trays need to be held (see Food Service Manual Chapter 5) until further notice.
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. (4-4358)

#### M. Medical Management of Accidental Exposure to Bloodborne 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 recommended. 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.
4. The person exposed should be evaluated as to whether the exposure was "high risk."
  - a. In the case of a high risk exposure, the exposed offender should 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](#)*).
  - b. In the case of a high risk exposure, the exposed employee should 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 Guideline – [Occupational HIV Exposure](#)*).

- c. There is a very small window of opportunity to prevent the development of HIV infection and or viral hepatitis in an exposed person.

#### 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 Virginia Department of Health [Reportable Disease List](#).
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 bloodborne 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 (4-ACRS-4C-10)

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, Bloodborne Pathogens](#)

Operating Procedure 261.3, *Workers' Compensation*

Operating Procedure 861.1, *Offender Discipline, Institutions*

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

#### VI. 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

VII. REVIEW DATE

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

*The office of primary responsibility reviewed this operating procedure in January 2018 and no changes are needed at this time.*

*Signature Copy on File*

*11/9/16*

N. H. Scott, Deputy Director of Administration

Date