

1.4.E.8 Management of Infectious Disease

I Policy Index:



Date Signed: 11/21/2012
Distribution: Public
Replaces Policy: 4E.2
Supersedes Policy Dated: 10/19/2010
Affected Units: All Units
Effective Date: 11/26/2012
Scheduled Revision Date: September 2013
Revision Number: 9
Office of Primary Responsibility: DOC Administration

II Policy:

Department of Corrections (DOC) staff will be trained and educated on the management of infectious diseases in order to maintain confidentiality and adhere to the procedures outlined in this policy.

III Definitions:

Infectious Disease:

Any disease caused by the growth of pathogenic microorganisms in the body which may or may not be contagious.

MRSA (Methicillin Resistant Staphylococcus Aureus):

Antibiotic-resistant germs that commonly live on the skin and in the nose, called staphylococcus or "staph" bacteria, which get inside the body through a break in the skin and cause an infection. These infections may look like any one of the following:

- Sores that look and feel like spider bites;
- Large, red, painful bumps under the skin (called boils);
- A cut that is swollen, hot and filled with pus or
- Blisters filled with fluid (called impetigo).

Staff:

All employees of the Department of Corrections (DOC), individuals under contract assigned to the DOC, employees of other state agencies assigned to the DOC, volunteers on a regular and full time basis and student interns.

Standard Precautions:

The outlined precautions that should be used in the care of all offenders to prevent the potential transmission of infectious disease via blood, body fluids or tissues.

Offender:

For the purposes of this policy, an offender is an inmate (in the custody of the DOC institutional system), a parolee (under parole or suspended supervision by South Dakota Parole Services), a juvenile housed at the STAR Academy or a juvenile on DOC supervised aftercare.

IV Procedures:

1. Education and Training:

- A. Education and training on the management of infectious disease will be mandatory for DOC staff (See DOC policies 1.1.D.1 [Staff Training Requirements](#) and 1.1.D.2 [Training for Juvenile Division Staff](#) and DOH policy P-C-04 [Training for Correctional Officers](#) and Y-C-04 [Training for Child Care Workers](#)).
- B. Education materials on the management of infectious disease will be made available to offenders.
- C. Information on HIV/AIDS Management is contained in DOC policy 1.4.E.9 [HIV/AIDS Management](#).
- D. Health Services staff will determine which offenders, if any, need to be provided training on the management of infectious disease.
 - 1. Counseling and education will be offered to offenders before and after testing of infectious disease by Health Services staff.
 - 2. Refer to DOH policies P-B-01 [Infection Control Program](#), Y-B-01 [Infection Control Program](#), P-G-02 [Patients with Special Health Needs](#) and Y-G-02 [Management of Chronic Disease](#) for more specific information.

2. Precautions Against Transmission:

- A. Staff and offenders may come in contact with body substances of others while performing their assigned responsibilities. In an effort to reduce the risk of serious infectious disease contamination, applicable Standard Precautions will be initiated (See [Attachment 1](#)).
- B. Protective apparel and equipment needed to exercise Standard Precautions applicable to specific positions will be made available to all DOC staff.

3. Prevention of Infectious Disease:

- A. All offenders will be screened for tuberculosis at the time of admission.
 - 1. Offenders will also be tested annually, unless they have a history of past positive purified protein derivative (PPD) test.
 - 2. Refer to DOH policies P-E-02 [Receiving Screening](#) and Y-E-02 [Receiving Screening](#) for further information.
- B. Supervision of offenders by DOC staff will incorporate principles in preventing the transmission of infectious disease.
- C. Screening for other infectious diseases must be requested through the sick call system (See DOH policies P-A-01 [Access to Care](#) and Y-A-01 [Access to Care](#)).

4. MRSA:

- A. Staff will encourage offenders to follow these personal care guidelines in order to prevent MRSA:
1. Frequent hand washing.
 2. Cover the nose and mouth with a tissue when coughing or sneezing.
 3. Shower on a regular basis.
 4. Keep fingernails short to keep the bacteria from growing under the nails.
 5. Change sheets and towels regularly.
 6. Change clothes daily and have them washed before wearing again.
 7. Do not share towels, razors, toothbrushes or other personal items. Electric hair clippers and electric razors used in special housing units (SHUs) will be disinfected in between each use.
- B. Staff can assist offenders in stopping the spread of MRSA through the following guidelines:
1. Advise offenders not to poke or squeeze the sores.
 2. Advise offenders not to touch sores, especially ones that cannot be covered with a bandage or clothing.
 3. Remind offenders to cover any infected sore with a bandage, when possible.

V Related Directives:

- DOC policy 1.1.D.1 – [Staff Training Requirements](#)
- DOC policy 1.1.D.2 – [Training for Juvenile Division Staff](#)
- DOC policy 1.4.E.9 – [HIV/AIDS Management](#)
- DOH policy P-A-01 – [Access to Care](#)
- DOH policy P-B-01 – [Infection Control Program](#)
- DOH policy P-C-04 – [Training for Correctional Officers](#)
- DOH policy P-E-02 – [Receiving Screening](#)
- DOH policy P-G-02 – [Patients with Special Health Needs](#)
- DOH policy Y-A-01 – [Access to Care](#)
- DOH policy Y-B-01 – [Infection Control Program](#)
- DOH policy Y-C-04 – [Training for Child Care Workers](#)
- DOH policy Y-E-02 – [Receiving Screening](#)
- DOH policy Y-G-02 – [Management of Chronic Disease](#)

VI Revision Log:

December 2002: Revised infectious disease to Tuberculosis in Policy statement and in Prevention section. **Added** A.1. to section on Prevention.

July 2003: New signature block. **Revised** information in section on Education and Training. **Changed** the term “Universal Precautions” to “Standard Precautions”. **Added** references to DOH policies and **added** a definition for offender.

September 2004: **Deleted** reference to DOH policies P138 *Sick Call* and P173 *Tuberculosis Testing*. **Updated** policy number for DOH policy on *Training for Correctional Officers*. **Added** references to DOH policies. **Added** reference to DOC policies 1.1.D.1 and 1.1.D.2. **Revised** the definition of Staff Member and Offender. **Revised** #6 under Standard Precautions in Attachment 1.

September 2005: **Updated** policy references. **Revised** the policy statement.

October 2007: **Revised** the policy statement. **Moved** the definition of “staff member” to “staff”.

Changed the use of “staff member” to “staff” throughout the policy. **Added** information on MRSA.

September 2008: **Revised** formatting of policy and attachment in accordance with DOC policy 1.1.A.2. **Added** “when possible” to ss (B3 of MRSA) to be consistent with statement made in ss (B2 of MRSA). **Replaced** “identified” with “labeled” in #10 and **added** operational memorandums to #16 of Standard Precautions and **revised** minor wording throughout Attachment 1.

September 2009: **Revised** title of DOC policy 1.1.D.2 and DOH policy P.G.0.2 to be consistent with policies. **Added** hyperlinks.

September 2010: **Revised** formatting of Section I.

September 2012: **Deleted** “Non-Public” and **Replaced** with “Public”

Denny Kaemingk

Denny Kaemingk, Secretary of Corrections

11/21/2012

Date

Attachment 1: Standard Precautions

Objective: To identify those categories of job-related tasks for Department of Corrections' personnel who have potential exposure to blood, body fluids, or body tissues. To describe standard precautions and their application to prevention of contamination and spread of infectious diseases to employees, offenders and visitors.

Procedures: The Department of Labor has identified three categories of work tasks, which indicate an individual's degree of risk for exposure to blood, body fluids, or tissues. In the Department of Corrections, all correctional officers and health care employees are classified as Category I or II.

- Category I: Job-related tasks that involve a potential for mucous membrane or skin contact with blood, body fluids or tissues, or a potential for splashes of them.
- Category II: Tasks that involve no exposure to blood, body fluids or tissues, but employment may require performing unplanned Category I tasks.
- Category III: Tasks that involve no exposure to blood, body fluids or tissues, and Category I tasks are not a condition of employment.

Standard Precautions: Standard Precautions should be used in the care of all offenders to prevent the potential transmission of infectious diseases via blood, body fluids, or tissues. Appropriate barriers to be utilized with standard precautions include:

1. **Hand Washing:** Hand washing is still the most important method of preventing the transmission of infection. Hands are washed prior to and after all offender care activities. If gloves are worn, hands must still be carefully washed prior to gloving and after gloves are removed. Appropriate hand washing procedure includes:
 - a. Remove jewelry, including rings and watches;
 - b. Wet both hands and wrists with warm water before applying soap;
 - c. Apply soap to palms first, lather well, then spread lather to back of hands and wrists;
 - d. Continue scrubbing, paying close attention to fingernails and between fingers. Scrubbing should be at least ten seconds;
 - e. Rinse hands and wrist thoroughly to remove all soap;
 - f. Dry hands completely with disposable towels;
 - g. Turn faucet off with the disposable towel.
2. **Gloves:** Gloves should be worn for touching blood, body fluids, mucous membranes or non-intact skin of all offenders; for handling items or surfaces potentially contaminated with blood or body fluids; and for performing venipuncture and other vascular access procedures. Gloves should be discarded after contamination with blood and/or body fluids and a new pair used. Hands should be washed immediately after gloves are removed.
3. **Masks, Eye Protection and Face Shield:** Masks and protective eye wear or face shields should be worn during procedures that are likely to generate droplets of blood or other body fluids to prevent contamination of mucous membranes of the mouth, nose and eyes.
4. **Gowns and Other Outer Covering:** Gowns, aprons, or coveralls should be worn during procedures that are likely to generate splashes of blood or other bodily fluids.

5. **Emergency Resuscitation Services:** Ventilation devices should be available in strategic areas for use to minimize the need for emergency mouth-to-mouth resuscitation, i.e. mouth pieces, pocket masks and resuscitation bags.
6. **Needles and Sharps Care/Disposal:** Precautions must be exercised to prevent injuries caused by needles, scalpels, razors and other sharp devices. To prevent needle stick injuries, needles should not be recapped, purposely bent, or broken by hand. All sharp items should be placed in puncture-resistant containers.
7. **Single Cell:** A single cell is indicated for offenders with poor hygiene and those whose documented clinical status indicates a significant potential for contaminating their environment with blood, body fluids or tissues.
8. **Spills:** Blood, body fluid or tissue spills should be cleaned up promptly with a solution of 5.25 percent (5.25%) sodium hypochlorite (bleach) diluted 1:10 with water. 3M HB Quat Disinfectant Cleaner; #25H may be substituted for the bleach and water solution.
9. **Laboratory Specimens:** Laboratory specimens are to be placed in a well structured container with a secure lid, labeled and placed in a plastic bag before transporting to the laboratory. All persons processing blood or body fluid specimens must wear gloves. Masks and protective eyewear should be worn if mucous membrane contact with blood or body fluids is anticipated. Gloves should be changed and hands washed after completion of specimen processing.
10. **Soiled Linen:** Soiled linen should be handled as little as possible and with a minimum of agitation to prevent contamination of the air and person handling the linen. Soiled linen with infected material must be bagged and labeled as "CONTAMINATED" before being sent to the laundry. Gloves are to be worn when collecting any dirty linen.
11. **Dishes:** Dishes require no special precautions unless they are visibly contaminated with infected material. These dishes should be placed in a plastic bag and labeled "CONTAMINATED" before sending them back to the dietary department. Food Service personnel who handle these dishes should wear gloves and should wash their hands before and after handling other clean dishes.
12. **Dressings:** All dressings, tissues and other disposable items soiled with potential infected material (blood, respiratory oral or wound secretions) must be bagged in plastic and discarded.
13. **Urine and Feces:** Urine and feces can be flushed down the toilet. Urinals and bedpans are to be cleaned thoroughly after each use with a chemical disinfectant, i.e. Septisol, Liquid Detergent Sanitizer, 3M HB Quat Disinfectant Cleaner #25H or other approved South Dakota DOC disinfectant.
14. **Contaminated Equipment/Articles:** Contaminated equipment/articles with infected material should be bagged and labeled "CONTAMINATED" before being sent for decontamination and reprocessing.
15. **Visitors:** Visitors must be instructed on the appropriate use of gowns, masks, gloves or other special precautions before visiting an offender who has an infectious disease condition requiring these barrier precautions.
16. **Cleaning and Disinfecting Cells/Rooms:** Routine daily cleaning and disinfecting of offender cells/rooms should be done consistent with institutional housekeeping policies and operational memorandums. Offenders with an active infectious disease are to have any special cleaning or disinfecting needs addressed.

17. **Transport Personnel:** Transport personnel are to be informed of appropriate barriers to use when transporting an offender who is infected or colonized. Personnel in the area the inmate is to be taken should be notified of the appropriate barriers to be utilized. Offenders should be informed as to how they can assist in maintaining a barrier against transmission of their infection to others.
18. **Autopsy Personnel:** Autopsy personnel should be notified about the offender's disease condition so the appropriate barrier precautions may be maintained during and after the autopsy

Reference:

"CDC" Guidelines for Isolating Precautions in Hospitals," U.S. Department of Health and Human Services, Atlanta, 1983. HHS Publication No. 83-8314.

MMWR, "CDC" Recommendations for Prevention of HIV/AIDS Transmission in the Health Care Setting," August 21, 1987.

MMWR, "Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Health-Care and Public Safety workers," U.S. department of Human Services Center, Atlanta, June 23, 1989. HHS Publication No. (CDC) 89-8017