

OREGON DEPARTMENT OF CORRECTIONS
Operations Division
Health Services Section Policy and Procedure #P-B-01

SUBJECT: INFECTION CONTROL PROGRAM

POLICY: The Health Services Section will maintain an effective Infection Control Program, which will assure a safe and healthy environment for both inmates and staff. The incidence of infectious and communicable diseases will be minimized utilizing a quality improvement process utilizing ongoing monitoring and education. Inmates diagnosed with infectious or communicable diseases will receive prompt care and treatment as outlined by accepted standards and guidelines.

REFERENCE: NCCHC Standard P-B-01
DOC Policy 20.6.7 Bloodborne Pathogens
ORS 433
OAR 333, Divisions 12, 17, 18, 19
OAR 437, Division 2/Z 1910.1030
OAR 291-124-0065
CDC publication "Controlling TB in Correctional Facilities"
CDC Guidelines for Infection Control in Health Care Personnel 1998
Health Services Section TB Protocol

PROCEDURE:

- A. Inmates admitted to the Oregon Department of Corrections (ODOC) are screened on admission for tuberculosis and acute infectious diseases. An immunization history for measles, mumps, rubella and tetanus is obtained and recorded on the Medical History form.
1. Those who are at risk, who have a past history of STD or pregnant inmates, are screened for syphilis.
 2. Female inmates are also screened for gonorrhea and chlamydia.
 3. Pregnant inmates are screened for HbsAg. HIV counseling and testing is recommended.
- B. Immunizations are made available to those individuals without adequate immunizations and those whose medical conditions would be severely compromised if they were infected with vaccine preventable diseases.
- C. An influenza vaccine program is offered each fall to those individuals identified as being at risk for complications of influenza.
- D. HIV counseling, education and testing is available to all inmates upon request.

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- E. Inmates are screened annually by date of admission for tuberculosis as outlined by the Health Services Section TB Screening Protocol. As part of the tuberculosis control plan, inmates who are suspected of having active tuberculosis are isolated in negative pressure isolation rooms. Negative pressure isolation rooms are available at CCCF, EOIC, TRCI, and SRCI.
- F. Inmate workers identified as being at risk of exposure to biohazardous materials in the course of their job responsibilities are trained in appropriate methods for handling and disposing of biohazardous materials and spills. As part of the training, Hepatitis B vaccinations are provided as outlined by the Health Services Section Protocol, Hepatitis B Vaccination for Inmate Workers.
- G. Inmates presenting with acute or chronic infectious or communicable diseases are treated in accordance with the American Public Health Association guidelines and are provided information about transmission and methods to prevent future infection of self or others.
- H. When isolation is required as part of the treatment, Health Services Section Policy and Procedure #P-B-01.1, Isolation Control Precautions will be followed.
- I. An integral component of the Infection Control Program is the prevention of occurrence and spread of infectious and communicable diseases:
 - 1. Ongoing education regarding communicable disease prevention will be provided to staff and inmates as part of the health education program.
 - 2. The publication "Investigative Guidelines for Notifiable Diseases" from the Oregon Health Division will be utilized in preventing the spread of infectious diseases.
 - 3. Ongoing communication between the ODOC Health Services Section and the respective County Health Departments, as well as the Oregon Health Division, is essential.
- J. Infectious and communicable diseases are to be reported to the Oregon Health Division and to the institution's Infection Control Committee.
 - 1. Reportable diseases and conditions are covered by OAR, Chapter 333, Division 18.
 - 2. Guidelines for reporting are found in the Oregon Health Division's publication "Investigative Guidelines for Notifiable Diseases."
- K. The ODOC Health Services Section maintains a written exposure control plan, Policy and Procedure #P-B-01.2, Exposure Control Plan, which describes methods utilized by health service staff to eliminate or minimize exposure to pathogens. The plan is approved by the Medical Director and is reviewed and updated annually.

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- L. Employees providing care to inmates are required to use "Standard Precautions." Each institution is to have personal protective equipment readily available for use during routine and emergency care.
 - 1. It is the responsibility of each staff member to know the location of the equipment and to verify its presence at the beginning of each shift.
 - 2. Yearly in-service training is provided to all ODOC staff by the Training Department as stipulated by DOC Policy 20.6.7.
- M. Body fluid exposure incidents are to be handled and treated as outlined by DOC Policy 20.6.7, Blood Borne Pathogens.
- N. Body fluid exposure incidents involving inmates are to be handled and treated according to the Health Services Blood and Body Fluid Post-Exposure protocol.
- O. Each institution with an average daily population of 500 or more will have an Infection Control Committee, which oversees infection control practices and meets at least quarterly. This committee is composed of the Chief Medical Officer, Health Services Manager, a representative from dental, a minimum of one (1) staff nurse, a representative from Prison Administration and may include other personnel who are involved in sanitation. The Pharmacy Manager will be notified of scheduled meetings to give pharmacy staff the opportunity to participate.
- P. Institutions with average daily populations of less than 500 may combine their infection control activities with the Infection Control Committees at larger institutions in the same geographic area.
- Q. Notes of the Infection Control Committee meetings are to be kept and maintained on file. Functions of this committee include, but are not limited to:
 - 1. Tracking of infectious and communicable diseases through Health Services and/or safety and sanitation reports.
 - 2. Analysis of epidemiological data and trends.
 - 3. Submission of proposals to decrease incidence of these diseases.
 - 4. Surveillance of the facility's application of standard precautions, cleaning and disinfectant techniques, and the disposal of medical sharps and biohazardous waste. This is best accomplished using a CQI approach.
- R. Each institution's Infection Control Committee provides a quarterly report to the Health Services Medical Director. This report is to contain the incidence of reportable infectious and communicable diseases and significant occurrences related to infection control. The quarterly reports are due in October (July through September), January (October through December), April (January through March), and July (April through June).

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- S. If an inmate has been identified with a serious communicable disease, Health Service employees will instruct correctional employees on measures to prevent transmission if additional measures, beyond "Standard Precautions," are necessary during transport.
- T. If an inmate due to be released into the community has a communicable or infectious disease, health service staff will assure that continuity of care with appropriate community resources is established prior to release.
- U. Medical sharps and biohazardous wastes are to be disposed of utilizing methods and materials that are in compliance with Environmental Protection Agency (EPA) Standards. The Health Services Manager is responsible for making arrangements for proper disposal based on what is available in their respective communities.
- V. Contaminated non-disposable medical, dental, and laboratory instruments and equipment is to be decontaminated using the appropriate method as specified by the manufacturer and OSHA guidelines.

Effective Date: _____

Revision date: February 2007

Supersedes P&P dated: January 2006

SOURCES OF INFORMATION

- ORS 433 Disease Control
- ODOC Health Services Section TB Protocol
- ODOC Safety and Sanitation training module
- American Public Health Association Guidelines contained in the publication: "Control of Communicable Diseases in Man"
- Oregon Health Division "Investigative Guidelines for Notifiable Diseases"
- CDC Federal Register Vol. 59, No. 208 1994 "Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Facilities"
- CDC publication "Control of TB in Correctional Facilities"
- OR-OSHA publication "Questions and Answers for Occupational Exposure to Blood borne Pathogens"
- NIOSH publication "Guidelines for Protecting the Safety and Health of Health Care Workers"
- EPA Guide for Infectious Waste Management
- NIOSH Alert "Preventing Needlestick Injuries in Health Care Settings"
- Health Service Blood and Body Fluid Post-Exposure Protocol
- ODOC Nursing Protocol Hepatitis B Vaccination for Inmate Workers

Institution _____
Quarter _____

**ODOC HEALTH SERVICES SECTION
INFECTION CONTROL COMMITTEE
MEETING AGENDA AND MINUTES**

Members in attendance:

(Required by P&P are Chief Medical Officer, Health Service Manager, dentist, staff nurse, and representative from prison administration. Optional are representatives from pharmacy, SMU, kitchen, laundry, and infirmary):

1. Review minutes of previous meeting and old business.

2.
 - A. Review of selected communicable disease statistics for past quarter.

 - B. Review of other reportable disease incidence per Oregon Health Division Directory for past quarter.

 - C. Review of Ectoparasite reports for past quarter.

3. Discussion of unusual infection control incidents (i.e., clusters of infections and/or communicable diseases, inmates sent to infirmaries for infectious diseases, use of isolation precautions).

4. Dental infection control issues (review of trends, review of safety and sanitation issues in dental area).

5. Special Management Unit infection control issues (review of trends, review of safety and sanitation issues in SMU area).

6. Pharmacy infection control issues (review of trends, review of safety and sanitation issues in pharmacy area).

7. Infirmary infection control issues (review of trends, review of safety and sanitation issues in infirmary area).

8. Safety and sanitation reports, progress from past quarters and review of current reports.

9. Summation of required action plans from this meeting, any noted trends indicating CQI follow-up.

10. New Business

*Please include monthly Communicable Disease Statistical Forms with this report.

OSP: Medical Sharps and Biohazardous Wastes

OSP Health Services maintains that medical sharps and biohazardous wastes are to be disposed of utilizing methods and materials that are in compliance with the Environmental Protection Agency (EPA) Standards as well as assures security minded accountability and control within the correctional environment.

Medical Sharps:

- 1) All needles / syringes will be immediately placed in biohazards sharps containers after use.
- 2) The biohazard sharps container once full will be closed prior to removal or replacement to prevent spillage. The closed biohazard sharps container will be placed into the appropriately supplied biohazardous storage boxes lined with a large red bag. This will be kept locked in Room 314 (Pharmacy Technician Room) until it is time to remove them from the premises.
- 3) At the time the biohazardous waste is removed from Health Services, the box will be transported by staff to Master Control where a box will be sealed in the presence of Master Control Security Staff. The box will then be transported by staff to Residence One Garage where the sealed biohazard boxes will await pick up by the prearranged contracted disposal service within the community.

Biohazardous Waste:

- 1) Biohazardous waste generated and disposed of into red bags throughout the OSP Medical Department will be gathered as needed and closed off in order to prevent spillage or protrusion of contents during handling and storage.
- 2) Closed red bags will then be placed in the appropriately provided biohazardous storage boxes lined with a large red bag.
- 3) Once the biohazardous storage box is deemed full, staff will secure it in the locked unlabeled room to the left of Room 321.
- 4) At the time the biohazardous waste is removed from Health Services, the box will be transported by staff to Master Control where the box will be sealed in the presence of Master Control Security Staff. The box will then be transported by staff to Residence One Garage where the sealed biohazard boxes will await pick up by the prearranged contracted disposal service within the community.

Disposal of all regulated waste shall be in accordance with all federal, state, local regulations and as outlined by ODOC Policy 20-6-07.