


Idaho Department of Correction  	<b>Standard          Operating          Procedure</b>	Title: <b>Infection and Ectoparasite Control</b>		<b>Page:</b> 1 of 8
		Control Number: <b>401.06.03.014</b>	Version: <b>4.0</b>	<b>Adopted:</b> 11-12-1998

Pat Donaldson, chief of the Management Services division, approved this document on  
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Open to the general public:  Yes

**SCOPE**

This standard operating procedure (SOP) applies to all Idaho Department of Correction (IDOC) health care services staff, offenders, contract medical providers, subcontractors, volunteers, and visitors.

<b>Revision History</b>
Revision date (07/30/2015) version 4.0: Removed restriction for HIV/AIDS infected offender food service workers to reflect current practice. Previous revision date (10/31/2013) version 3.0

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**BOARD OF CORRECTION IDAPA RULE NUMBER 401**

Medical Care

**POLICY CONTROL NUMBER 401**

Hospitalization, Institutional Clinical Services, and Treatment

**PURPOSE**

The purpose of this standard operating procedure (SOP) is to: (1) establish procedures for ensuring there is an effective infection control program in place for minimizing infectious and communicable disease incidents amongst offenders; (2) establish procedures for effectively controlling ectoparasites by treating infected offenders and disinfecting bedding and clothing; and (3) ensure that an offender diagnosed with an infectious or communicable disease receives prompt care and treatment.

**RESPONSIBILITY**

***Health Authority***

The health authority is responsible for:

- Monitoring and overseeing all aspects of health care services; and
- The implementation and continued practice of the provisions provided in this SOP.

When health care services are privatized, he will also be responsible for:

- Reviewing and approving (prior to implementation) all applicable contract medical provider policy, procedure, and forms; and
- Monitoring the contract medical provider’s performance, to include but not limited to reviewing processes, procedures, forms, and protocols employed by the contract medical provider to ensure compliance with all health care-related requirements provided in respective contractual agreements, this SOP, and in *National Commission on Correctional Health Care (NCCHC) standard P-B-01, Infection Control Program*. (See section seven of this SOP.)

***Contract Medical Provider***

When health care services are privatized, the contract medical provider is responsible for:

- Implementing and practicing all provisions of this SOP, unless specifically exempted by written contractual agreements;
- Ensuring that all aspects of this SOP and *NCCHC standard P-B-01* are addressed by applicable contract medical provider policy and procedure;

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- Ensuring facility health authorities utilize all applicable contract medical provider policy, procedure, forms, and educational information to fulfill all health care-related requirements provided in this SOP, *NCCHC standard P-B-01*, or as indicated in their respective contractual agreement(s); and
- Ensuring all applicable contract medical provider policy, procedure, and forms are submitted to the health authority for review and approval prior to implementation.

Nothing in this SOP shall be construed to relieve the contract medical provider(s) of any obligation and/or responsibility stipulated in respective contractual agreements.

#### ***Facility Medical Director***

The facility medical director and facility health authority (or designees) will be jointly responsible for:

- Ensuring that an exposure control plan is addressed by applicable contract medical provider policy and procedure, and submitted to the health authority for review and approval prior to implementation; and
- Ensuring the presence of an adequate number of appropriately trained staff and materials are available to meet the requirements of this SOP.

#### ***Facility Health Authority***

The facility health authority will be responsible for establishing and monitoring applicable contract medical provider policy and procedure to ensure that all elements of this SOP and *NCCHC standard P-B-01* are accomplished as required.

In addition, the facility health authority and facility medical director (or designees) will be jointly responsible for:

- Ensuring that an exposure control plan is addressed by applicable contract medical provider policy and procedure, and submitted to the health authority for review and approval prior to implementation; and
- Ensuring the presence of an adequate number of appropriately trained staff and materials are available to meet the requirements of this SOP.

#### ***Facility Head***

The facility head will be responsible for:

- Appointing a facility administrative staff member to be responsible for the sanitation and housekeeping;
- Appointing a facility administrative staff member to serve on the infection control committee; and
- Ensuring the administrative staff member's attendance at monthly infection control committee meetings.

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## STANDARD PROCEDURES

### 1. Screening

- Offenders admitted to the IDOC are screened on admission for tuberculosis (TB), human immunodeficiency virus (HIV), syphilis, and acute infectious diseases. TB testing for newly admitted offenders shall be by the two (2)-step Mantoux tuberculin skin test (TST) method (see SOP 401.06.03.076, *Tuberculosis*).
- Each offender shall be questioned and observed during receiving health screening by health care services staff for evidence of ectoparasite infection. (See SOP 401.06.03.032, *Receiving Screening*, and SOP 401.06.03.034, *Health Assessment*.)
- Offenders are screened annually for TB, and when diagnosed or when sufficient suspicion is present that indicates the possibility of TB, shall be isolated in accordance with SOP 401.06.03.076.
- Female offenders shall also be screened for gonorrhea and chlamydia (see SOP 401.06.03.034, *Health Assessment*).
- Offenders who identify themselves or who are identified by correctional staff as having an infestation shall be referred to the facility's health services unit, where health care services staff shall evaluate the condition and determine if treatment is necessary.

### 2. Immunization and Treatment

- An immunization history for measles, mumps, rubella and tetanus shall be obtained and recorded in the health care record.
- Immunizations shall be made available to those offenders without adequate immunizations and those offenders whose medical conditions would be severely compromised if they were infected with vaccine-preventable diseases.
- An influenza vaccine program shall be offered each fall to those offenders identified as being at risk for complications of influenza.
- Hepatitis B vaccinations shall be offered to offenders such as barbers, janitors assigned to health care units, and regulated waste cleanup teams who are at risk of exposure to regulated waste in the course of their job responsibilities.
- Due to security and medical staffs' risk of exposure to blood and other body fluids the hepatitis A and B vaccine shall be offered by the medical contractor at POST for new security staff and thereafter the contractor shall announce dates, times and locations of vaccination clinics to be held quarterly at each facility.
- Offenders presenting acute or chronic infectious or communicable diseases shall be treated in accordance with the American Public Health Association guidelines and shall be provided information about transmission and methods to prevent future infection of self and others.
- Ectoparasite infestations shall be treated by health care services staff on an individual basis promptly and thoroughly to prevent the infestation from spreading within the facility. Routine delousing for all offenders admitted to IDOC custody is not indicated.

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- Offenders who are in close proximity to or at risk of infestation shall be treated according to the nursing protocol for the condition. When providing treatment for ectoparasite control, the nurse shall review the contraindications listed within the nursing protocol.

### 3. Infection Control Committee

Each facility shall have an infection control committee which meets monthly and oversees infection control practices in accordance with NCCHC standard.

Membership on the infection control committee shall include, at a minimum, the facility medical director, facility health authority, a member of dental staff, a staff nurse, and a facility administrative staff member who has responsibility for sanitation and safety.

Functions of the infection control committee include, but are not limited to:

- Tracking of infectious and communicable diseases through health services and/or safety and sanitation reports;
- Analysis of epidemiological data and trends;
- Submission of proposals to decrease incidence of these diseases;
- Surveillance of the facility's application of standard precautions, cleaning and disinfectant techniques, and the disposal of contaminated sharps and regulated waste; and
- Preparation of a monthly report containing the incidence of reportable infectious and communicable diseases and significant occurrences related to infection control (see SOP 401.06.03.088, *Health Services Reports*).

Infection control committee meeting minutes shall be kept and maintained on file, and included in monthly health services reports (see SOP 401.06.03.088).

### 4. Reporting Requirements

- Infectious and communicable diseases shall be reported by the contract medical staff to the Central District Health Department and to the facility's infection control committee. Ongoing communication between the facility's health care services unit and the respective district health department is essential.
- Any ectoparasite infestation trends identified prior to or during the infection control meetings shall be forwarded to the facility head.

### 5. Safety and Training

- Offender workers such as barbers, janitors assigned to health care units, and regulated waste cleanup teams identified as being at risk of exposure to regulated waste in the course of their job responsibilities shall be trained in appropriate methods for handling and disposing of regulated waste and spills.
- Contaminated disposable sharps and regulated waste shall be disposed of utilizing methods and materials that are in compliance with Environmental Protection Agency (EPA) standards. Facility health authorities shall be responsible for making arrangements for proper disposal based on availability in their respective

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communities. Individuals needing access to the facility for disposal purposes shall be provided access in accordance with SOP 510.02.01.001, *Facility Access*.

- Contaminated non-disposable sharps (e.g., medical, dental, and laboratory instruments), equipment, and regulated waste shall be decontaminated using the appropriate method specified by the manufacture and United States Department of Labor, Occupational Safety and Health Administration (OSHA) guidelines. (Also see SOP 509.02.01.001, *Tool Control*.)
- Ongoing education regarding communicable disease prevention shall be provided to health care services staff, correctional officers (see NCCHC standard P-C-04), and offenders as part of the health education program presented by health care services staff.
- All employees shall be required to use standard precautions.
- Each facility shall have personal protective equipment, such as gloves and microshields, readily available for employee use during routine and emergency care, and each employee shall be responsible for knowing the location of the equipment and verifying its presence at the beginning of each shift.
- Health care services staff shall inform housing unit supervisors as to what needs to be disinfected, such as bedding and clothing.

## **6. Transport Requirements**

If an offender has been identified with a serious communicable disease, health care services staff will instruct security staff on measures to prevent transmission if additional measures beyond standard precautions are necessary during transport.

## **7. Staff and Offender Testing**

Following exposure to blood or body fluids IDOC staff shall follow the facility exposure control plan. Offenders shall be tested appropriately following an evaluation by health care provider.

## **8. Offender Work Assignments**

Offenders who test positive for hepatitis C may work in a food service area.

Offenders diagnosed with the following diseases shall be restricted from working in a food service area until medically cleared by a health care provider.

- Active hepatitis A
- Active chronic hepatitis B

## **9. Compliance**

Compliance with this SOP and all related approved protocols will be monitored by the health authority (or designee) by using various sources to include: this SOP, clinical practice guidelines, routine reports, program reviews, and record reviews.

The health authority (or designee) must conduct two audits per year, per facility (or more frequently as desired based on prior audit results). The audits must consist of monitoring

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applicable contract medical provider and IDOC policy and procedures, applicable NCCHC standards, and the review a minimum of 15 individual records.

## DEFINITIONS

Standardized Terms and Definitions List

**Contaminated:** The presence or the reasonably anticipated presences of blood or other potentially infectious materials on an item or surface.

**Contract Medical Provider:** A private company or other entity that is under contract with the Idaho Department of Correction (IDOC) to provide comprehensive medical, dental, and/or mental health services to the IDOC's incarcerated offender population.

**Ectoparasites:** Parasites such as pediculosis and scabies that live on the skin, which are communicable and may lead to secondary infections.

**Exposure Control Plan:** A plan that describes actions that staff may take to eliminate or minimize exposure to pathogens.

**Facility Health Authority:** The contract medical provider employee who is primarily responsible for overseeing the delivery of medical services in an Idaho Department of Correction (IDOC) facility.

**Health Authority:** The department employee who is primarily responsible for overseeing or managing the department's medical and mental health services. The health authority is commonly referred to as the health services director.

**Health Care Provider:** Health care practitioners are clinicians trained to diagnose and treat patients.

**Regulated Waste:** Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps (both disposable and non-disposable); and pathological and microbiological wastes containing blood or other potentially infectious materials.

**Sharps:** Any object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wire.

**Standard Precautions:** The process of (1) combining the major features of universal precautions (designed to reduce the risk of transmission of blood-borne pathogens) and body secretion isolation (designed to reduce the transmission of pathogens from moist body substances) and (2) applying them to all offenders receiving care, regardless of their diagnosis or presumed infection status.

## REFERENCES

Code of Federal Regulation, Title 29, Chapter XVII, Part 1910, Section 1910.1030, *Bloodborne Pathogens*

National Commission on Correctional Health Care (NCCHC), *Standards for Health Services in Prisons*, Standard P-B-01, Infection Control Program

National Commission on Correctional Health Care (NCCHC), *Standards for Health Services in Prisons*, Standard P-C-04, Health Training for Correctional Officers

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Standard Operating Procedure [401.06.03.032](#), *Receiving Screening*

Standard Operating Procedure [401.06.03.034](#), *Health Assessment*

Standard Operating Procedure [401.06.03.076](#), *Tuberculosis*

Standard Operating Procedure [401.06.03.077](#), *Hepatitis C*

Standard Operating Procedure [401.06.03.088](#), *Health Services Reports*

Standard Operating Procedure [509.02.01.001](#), *Tool Control*

Standard Operating Procedure [510.02.01.001](#), *Facility Access*

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