

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

SUBJECT: INFECTION PREVENTION AND CONTROL PROGRAM

POLICY: The Health Services Section will maintain an effective Infection Prevention and 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. Males screened if symptom 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.

- E. Inmates are screened annually by date of admission for tuberculosis as outlined by the Health Services Section TB Screening Protocol. If an inmate/patient fails to submit to annual screening or treatment of Latent Tuberculosis Infection, the inmate/patient will then be placed on TB Symptom Observation as detailed in attachment #5.
- F. 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.
- G. Inmate workers identified as being at risk of exposure to bio-hazardous materials in the course of their job responsibilities are trained in appropriate methods for handling and disposing of bio-hazardous materials and spills. As part of the training, Hepatitis A and B vaccinations are provided as outlined by the Health Services Section Protocol, Hepatitis A and B Vaccination for Inmates.
- H. 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.
- I. 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.
- J. 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.
  - 4. Ectoparasite infestations are to be treated by health care staff on an individual basis promptly and thoroughly. Policy and Procedure #P-B-01.4 Ectoparasite Control will be followed.
- K. 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."
- L. 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 medical staff to eliminate or minimize exposure to pathogens. The plan is approved by the Medical Director and is reviewed and updated annually.
- M. 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.
- N. Body fluid exposure incidents are to be handled and treated as outlined by DOC Policy 20.6.7, Blood Borne Pathogens.
- O. Body fluid exposure incidents involving inmates are to be handled and treated according to the Health Services Blood and Body Fluid Post-Exposure protocol.
- P. 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 should be composed of the Chief Medical Officer, Medical 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.
- Q. 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.
- R. 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.
  5. Review of monthly environmental inspections of areas where health services are provided, see Attachment 4. Review will verify that:
    - a. Equipment is inspected and maintained
    - b. Units are clean and sanitary
    - c. Measures are taken to ensure the units are occupationally and environmentally safe.
- S. Each institution's Infection Control Committee provides a quarterly report to the Medical Services Manager. 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).
- T. 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.
- U. 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.
- V. 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 Medical Services Manager is responsible for making arrangements for proper disposal based on what is available in their respective communities.
- W. 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: \_\_\_\_\_  
Review date: August 2014  
Supersedes P&P dated: April 2014

## **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, Medical Services Manager, dentist, staff nurse, and representative from prison administration. Optional are representatives from pharmacy, Mental Health Infirmarium (MHI), kitchen, laundry, and infirmarium):

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. Mental Health Infirmery infection control issues (review of trends, review of safety and sanitation issues in MHI area).
  
6. Pharmacy infection control issues (review of trends, review of safety and sanitation issues in pharmacy area).
  
7. Infirmery infection control issues (review of trends, review of safety and sanitation issues in infirmery 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.

OREGON DEPARTMENT OF CORRECTIONS  
HEALTH SERVICES  
ENVIRONMENTAL INSPECTION

Institution \_\_\_\_\_ Location \_\_\_\_\_

This is a monthly inspection/report. Above designated health clinic area will be inspected by the assigned staff member and his/her legible signature in the appropriate boxes. This form will be forwarded to the Health Services Manager or designee at the end of the quarter.

Any security, safety, or sanitation problems discovered will be corrected immediately and reported to the supervisor. When applicable, a work order will be prepared and forwarded to the appropriate supervisor.

**The designated health services area will be inspected for:**

**Equipment:** All equipment utilized in the provision of health care is inspected for safety, sanitation, and up-to-date maintenance.

**Safety:** Presence of evacuation charts, exit signs, and fire extinguishers. Medications properly stored. Chemicals and cleaning agents properly stored. Emergency lighting is operational. Industrial safety regulations adhered to. Emergency response equipment is in designated location.

**Sanitation:** Floors, furniture, fixtures, medical equipment, counters, cupboards, walls, windows, receptacles, vents, handrails toilets, and sinks clean. No noxious odors. All maintained in a neat and clean condition.

Month:			
Equipment			
Safety			
Sanitation			

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

## **GUIDELINES FOR TUBERCULOSIS TESTING/TREATMENT COMPLIANCE**

**PURPOSE:** Written guidelines developed to assist staff in knowing how to handle those inmates that initially refuse to comply with screening and/or treatment for tuberculosis infection or disease.

**SUBJECT:** Inmate refusal to participate in yearly tuberculosis screening and/or treatment for LTBI or tuberculosis disease.

**PHILOSOPHY:** Tuberculosis is the #1 cause of death from communicable disease in the world. Furthermore, the Centers for Disease Control has determined that Tuberculosis is a health problem in prisons. As stewards of public health, correctional health care professionals have an obligation to screen for and prevent the spread of tuberculosis within the correctional setting.

By refusing to participate in the yearly screening and/or treatment for latent TB infection or tuberculosis disease, these individuals have demonstrated that they are non-compliant and require unique care and attention. Non-compliance indicates that the individual does not have a thorough understanding of the dangers of tuberculosis to themselves and others. The purpose of this special attention is to assure that these individuals are not contagious and in danger of spreading the tuberculosis germ within the correctional environment.

In as much as tuberculosis is highly contagious and easily spread through the air, monitoring of individuals that are non-compliant must be accomplished when health services staff have adequate time to complete the monitoring and when there is the least danger of spreading the disease to other individuals.

### **PROCEDURE:**

- A. All inmates are screened for tuberculosis at intake and yearly as directed by the Oregon Department of Corrections Tuberculosis Protocol. The Tuberculosis Protocol also provides direction for the treatment of both latent TB infection (as indicated by a positive PPD) and tuberculosis disease.
- B. A chest x-ray is not a replacement for symptom screening or PPD testing.

- C. Inmates that refuse yearly tuberculosis screening will be:
1. Scheduled with a tuberculosis coordinator for education and discussion of the refusal.
  2. Should the inmate still choose to refuse to be screened, he/she will be placed on a call-out to be screened and observed for signs and symptoms of tuberculosis and educated about tuberculosis. Screening and observation will consist of the patient answering the TB SYMPTOM OBSERVATION FLOW SHEET questions (Attachment 6), chest auscultation, weekly weight, and direct observation of the patient for any signs and symptoms of active tuberculosis disease.
    - a. A patient that submits to screening/observations as detailed above shall remain in the Medical Services area for 30 minutes (total time including evaluation).
    - b. A patient that is unwilling to submit to screening/observations as detailed above shall remain in the Medical Services area for 60 minutes (total time including evaluation).
  3. Call-outs for general population inmates will occur daily at a time that is at the discretion of the health services staff depending upon individual and health services needs and operations. Call-out times are Institution-specific, and are indicated on the TB SYMPTOMS OBSERVATION FLOW SHEET.
  4. Screening for disciplinary segregated/IMU inmates will occur during daily checks. Additionally, the patient will be scheduled once a week at a time that is at the discretion of the health services staff depending upon individual and health services needs and operations, to have lungs auscultated, weight taken, and to be assessed for signs and symptoms of tuberculosis in the segregation clinic area.
  5. Screening for administratively segregated inmates will occur daily. Additionally, the patient will be scheduled once a week at a time that is at the discretion of the health services staff depending upon individual and health services needs and operations, to have lungs auscultated, weight taken, and to be assessed for signs and symptoms of tuberculosis in the administrative segregation clinic area.
  6. Other Institution-specific information may be attached but may be adjusted for any individual.

D. Inmates that refuse to participate in treatment of latent TB infection will be:

1. Scheduled with a tuberculosis coordinator for education and discussion of the refusal.
2. Should the inmate still choose to refuse to be treated, he/she will be placed on a call-out to be screened and observed for signs and symptoms of tuberculosis and educated about tuberculosis. Screening and observation will consist of the patient answering the TB SYMPTOM OBSERVATION FLOW SHEET questions, chest auscultation, weekly weight, and direct observation of the patient for any signs and symptoms of active tuberculosis disease.
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6. Other Institution-specific information may be attached but may be adjusted for any individual.

- E. Inmates that are non-compliant for either screening or treatment may also be scheduled once a month with the Chief Medical Officer or designee as long as non-compliance continues.
- F. At any point in time that the individual chooses to be screened by administration of a PPD and/or comply with treatment, the special monitoring described above is discontinued and the individual is monitored as directed by the Tuberculosis Protocol.

