

INFECTIOUS DISEASE PREVENTION AND CONTROL

Standard

There is a comprehensive institutional program that includes surveillance, prevention, and control of communicable disease.

Compliance Indicators

1. The facility has a written *exposure control plan* that is approved by the responsible physician. The plan is reviewed and updated annually.
2. The responsible health authority ensures that:
 - a. Medical, dental, and laboratory equipment and instruments are appropriately cleaned, decontaminated, and sterilized per applicable recommendations and/or regulations
 - b. Sharps and biohazardous wastes are disposed of properly
 - c. Surveillance to detect inmates with infectious and communicable disease is effective
 - d. Inmates with contagious diseases are identified and, if indicated, *medically isolated* in a timely fashion
 - e. Infected patients receive medically indicated care
3. *Standard precautions* are always used by health staff to minimize the risk of exposure to blood and body fluids.
4. Inmate workers, if used, are trained in appropriate methods for handling and disposing of biohazardous materials and spills.
5. Patients requiring respiratory isolation are housed in a functional negative pressure room.
6. Inmates who are released with communicable or infectious diseases have documented community referrals, as medically indicated.
7. The facility completes and files all reports as required by local, state, and federal laws and regulations.
8. Effective *ectoparasite* control procedures are used to treat infected inmates and to disinfect bedding and clothing.
 - a. Inmates, bedding, and clothing infected with ectoparasites are disinfected.
 - b. Prescribed treatment considers all conditions (such as pregnancy, open sores, or rashes) and is ordered only by *providers*.
 - c. If the facility routinely delouses inmates, only over-the-counter medications, such as those containing pyrethrins, are used.
9. An environmental inspection of health services areas is conducted monthly to verify that:
 - a. Equipment is inspected and maintained
 - b. The unit is clean and sanitary
 - c. Measures are taken to ensure the unit is occupationally and environmentally safe
10. All aspects of the standard are addressed by written policy and defined procedures.

Definitions

An *exposure control plan* describes staff actions to be taken to eliminate or minimize exposures to pathogens.

Medical isolation means housing in a separate room with a separate toilet, hand-washing facility, soap, and single-use towels, and with appropriate accommodations for showering.

Standard precautions combine the major features of universal precautions (designed to reduce the risk of transmission of bloodborne pathogens) and body secretion isolation (designed to reduce the transmission of pathogens from moist body substances) and apply them to all patients receiving care, regardless of their diagnosis or presumed infection status.

Ectoparasites such as pediculosis and scabies are parasites that live on the skin. They are communicable and may lead to secondary infections.

Provider: See C-01 Credentials for the definition.

Discussion

The RHA implements a program to minimize the incidence of infectious and communicable diseases (e.g., tuberculosis [TB], skin infections, lice, scabies) among inmates. Inmates receive health care in a clean, safe, and healthy environment.

Isolation practices include, but are not limited to:

- a. Hand washing upon entering and exiting the patient's room
- b. Proper handling and disposal of infectious materials
- c. Proper isolation methods
- d. Instructions to the patient and to visitors
- e. Proper handling of food, utensils, and dishes
- f. Proper handling of patient care equipment
- g. Cleaning and disinfecting isolation and general housing areas

When disinfecting bedding, caution should be used when administering aerosolized treatments that may adversely affect inmates with chronic respiratory diseases. Guidelines on ventilation, respiratory infection programs, and other infection control measures are available from the federal Centers for Disease Control and Prevention (CDC), the National Institute for Occupational Safety and Health, and the Occupational Safety and Health Administration (OSHA). Information about bloodborne exposure plans for infection control is also available from OSHA.

Screening for ectoparasites generally occurs at admission (see E-02 Receiving Screening) and any time an outbreak occurs among inmates who share living and

bathroom facilities with an infected inmate. The use of a Wood's light can help to identify those infected with ectoparasites and can help to avoid the questionable practice of routinely delousing all inmates.

Facilities should develop a committee (e.g., quality improvement, infection control) to oversee infection control practices. This committee should have representation from the facility's administration, the responsible physician or designee, nursing and dental services, other appropriate personnel involved in sanitation or disease control, and, if appropriate, the individual responsible for facility livestock or other on-site animal training or programming use.

The facility should follow a TB control plan that is consistent with current guidelines from the CDC.

Active TB patients are housed in designated airborne infection isolation rooms until a provider determines that they pose no risk to public health. The negative air pressure room must be properly checked on a regular basis and daily when it houses respiratory isolation patients. This public health risk is determined by estimating the patient's infectiousness based on factors that include, but are not limited to, the following: confirmation or exclusion of TB diagnosis, possibility of multidrug-resistant TB, sputum smear results, initiation of standard multidrug anti-TB treatment, and clinical response of the patient.