

	<b>DEPARTMENT OF PUBLIC SAFETY</b>  <b>CORRECTIONS ADMINISTRATION</b> <b>POLICY AND PROCEDURES</b>	<b>EFFECTIVE DATE:</b> 12/29/08	<b>POLICY NO.:</b> COR.10.1B.01
		<b>SUPERSEDES (Policy No. &amp; Date):</b> COR.10.1B.01 (4/21/2005) COR.10.1B.02 (4/21/2005) COR.10.1B.04 (4/21/2005) COR.10D.25 (2/3/1999)	
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## 1.0 PURPOSE

The purpose of this policy is to establish guidelines to prevent air and blood borne pathogen exposure to staff and patients and to minimize the incidence of infectious or communicable diseases and establish procedures for the treatment and control of skin infestations.

## 2.0 REFERENCES AND DEFINITIONS

### .1 References

- a. Hawaii Revised Statutes; Section 26-14.6, Department of Public Safety; and Section 353C-2, Director of Public Safety, Powers and Duties.
- b. National Commission on Correctional Health Care, Standards for Health Services in Prisons and Jails, (2008).
- c. Center for Disease Control (CDC), Guidelines for Standard Precautions (1996).

### .2 Definitions

- a. Standard Precautions: In 1996, the Centers for Disease Control and Prevention (CDC) revised the definition and recommendations for universal precautions under the new term "standard precautions." Standard Precautions are the primary strategy to reduce the risk of transmission of air and blood borne pathogens.
- b. Exposure Control Plan: A plan or policy that describes staff actions to be taken to eliminate or minimize exposures to pathogens.
- c. Broad Spectrum: For this policy, the term "broad spectrum" means a germicide that kills bacteria, viruses, fungus and mold.
- d. Medical Isolation: The temporary separation of a patient(s) who is actively infectious, either alone or with others with the same pathogens, from other inmates.

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- e. Negative Air Pressure: A design that does not allow air, once it has entered a room, to vent back to the area the air came from. A fan that pulls the air out of the room and vents the air to the outside is the usual method used to accomplish this.
- f. Skin Infestation: Parasitic skin infections. The most typical are scabies, a mite that burrows under the skin, and lice that invade hair bearing skin areas, including crabs in the pubic area.

### 3.0 POLICY

- .1 The exposure control plan shall be based on the principle of standard precautions. There shall be a facility specific policy and procedures for an exposure control plan that is reviewed annually, updated if necessary, and approved by the Medical Director.
- .2 Treatment and control of spread of skin infestations (e.g., scabies, lice) at the facilities shall involve a coordinated effort between medical and housing staff.
- .3 All inmates who receive treatment by medical staff for skin infestations shall receive clean clothes and sheets.

### 4.0 PROCEDURES

- .1 Standard Precautions reduce the risk of disease transmission even when the source of infection is not known. Health practitioners shall always use the following standard precautions to minimize the risk of exposure and spread of communicable disease:
  - a. Wash hands or change gloves between patient contacts
  - b. Wash hands immediately with soap and water after any contact with blood, body fluids, contaminated or suspected contaminated items whether or not gloves were worn. Soap containing an anti-microbial agent is recommended.
  - c. Wear clean gloves anytime there is contact with blood, body fluids, mucous membrane, and broken skin. Change gloves between tasks or procedures on the same patient. To avoid cross-contamination remove gloves promptly, wash hands immediately, and then put on new gloves before treating another patient.
  - d. Wear a mask, gloves, shield guard, protective eyewear and gown during any patient-care activity where splashes or sprays of body fluids are anticipated or

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likely. Such as performing nasopharyngeal swaps. Remove the soiled items as soon as possible and wash hands.

- e. Disposable infectious waste (e.g., gloves) shall be contained separately from other non-infectious waste material prior to disposal. Infectious waste containers shall have an attached cover that operates with a foot pedal and shall be labeled, "Caution. Infectious Material." The container shall be lined with disposable red biohazard plastic bags. Infectious waste containers shall be located in the medical sections and in other locations in the facility as necessary. Full bags shall be bound and can be disposed of with other facility waste.
- f. The handling of contaminated needles and sharp instruments shall be minimized. Caution shall be used when handling needles and other sharp instruments. Do not recap needles. Retractable needles shall be used if at all possible. Dispose of non-reusable needles, syringes, and other sharp medical instruments in puncture-resistant containers. Non-disposable contaminated instruments and equipment shall be properly cleaned, disinfected, and sterilized.
- g. Non-medical or institutional sharps or tools (handcuffs, sharp cutting tools, razor blades, etc.) are not covered in the OSHA or CDC guidelines. For the added protection of the institution, it is recommended that non-disposable institutional sharps and tools be decontaminated with a germicidal product if the instrument is contaminated by blood or body fluids. Gloves shall be worn during the decontamination process. Razors that are still a part of the handle can be disposed of without caution. Razors that have become separated from the handle should be managed in the same way as a medical sharp and should be placed in a puncture proof container. Any strong metal, plastic or rubberized container, such as a coffee can, will suffice for this purpose so long as it is under the supervision of a correctional employee pending disposal. Once the container is disposed of, no other precautions are necessary.
- h. Routinely clean and disinfect frequently touched surfaces including beds, bed rails, patient examination tables, bedside tables, stair railings, other furniture and floors. Cells, showers, toilets and common areas should regularly be cleaned with a germicidal solution.
- i. Linen and clothing that are soiled with blood or other bodily secretions shall be placed in a hazard bag at the site of the spill and transported to the laundry. Laundry workers shall avoid direct contact with the areas of the material soiled with blood and body fluids. The items shall be washed in the hot water laundry cycle with bleach to disinfect the material.

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- j. Janitorial staff may routinely use a biohazard liner in the receptacle of inmate and staff female restrooms. Sanitary napkins are considered "household" waste by OSHA and CDC and are not addressed in infectious waste management. The biohazard liner in a female restroom is an added protection for the institution. Once the receptacle is full, the biohazard bag may be disposed of with other facility waste, incinerated, or sterilized. Please note that special biohazard disposal is not required.
- k. Use plastic mattresses or plastic mattress covers with patients whose body fluids are likely to contaminate surfaces.
- l. Blood and body secretion spills shall be promptly cleaned. Gloves shall be worn. A protective gown and goggles shall also be worn if splashing is anticipated. Items required in a spill kit shall be described in the facility policy as part of the exposure control plan. To avoid special receptacles throughout the facility, a spill kit shall include biohazard bags. Contaminated disposable material and protective clothing shall be bagged at the site of the spill and the bag shall be promptly removed.
- m. To clean a biohazard spill:
  1. Small spills shall be soaked up with paper towels and the area disinfected with a germicide agent. Hands shall be scrubbed clean after the gloves are removed.
  2. Dyke large spills with paper towels to contain the fluid if necessary. If dripping is anticipated from paper towels soaked with blood or body fluid, place the biohazard bag on newspapers. Lay the newspapers on the floor up to the outer edge of the dyke. This will avoid contamination of other areas.

Visible material shall be removed with paper towels that shall be disposed of immediately in a red biohazard bag. Once all the visible material has been removed, the area shall then be decontaminated with broad spectrum, biodegradable germicide. It is a violation of federal laws to use a product in a manner inconsistent with its labeling. The germicide label shall be referred to in order to ensure the appropriate solution and application. Bleach or germicidal solutions shall not be made up in advance and stored.

Discard all newspaper and disposable clothing or gloves in the biohazard bag before leaving the clean up site. A light mist of the germicidal solution may be lightly sprayed over the area. Rinsing is not required and the area should be left to dry naturally.

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- .2 Use the following respiratory precautions in addition to standard precautions to minimize the risk of exposure to airborne pathogens:
- a. Isolate the patient, or place the patient with others with the same pathogen in a detached room or housing unit (not attached to the facility's central air supply system) with bars, mesh, windows or other material that allows air to flow freely through the unit and that vents to the outside, or place the patient in a negative air pressure room or isolation room, or transport the patient to a community center or hospital that specializes in air borne diseases. If a patient must be transported through the facility where central air conditioning is in operation in order to reach a negative air pressure or isolation room within the facility, the patient shall wear a surgical mask until the destination is reached.
  - b. Wear the appropriate mask for infectious organism per CDC recommendation such as a standard surgical mask for influenza or a HEPA or other bio-safety mask (N-95) for TB, when working with the patient and in the patient's room.
  - c. Limit movement of the patient from the room to other areas. Place a surgical mask on the patient who must be moved.
- .3 Use the following in addition to standard precautions to minimize the risk of droplet transmission:
- a. Separate the patient (a negative air pressure is not required.)
  - b. Wear a HEPA or other bio-safety mask (N-95) when working with the patient.
  - c. Dispose of gloves, gowns, facemask, etc., in a properly marked infectious waste container. There shall be one container for disposable wear and a separate container for non-disposable wear.
  - d. Limit movement of the patient from the room to other areas. If the patient must be moved, place a surgical mask on the patient.
  - e. Use disposable utensils, plates and cups.
  - f. Designate equipment for each patient. If this is not possible, equipment shall be disinfected before use by another patient.

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- .4 Use the following in addition to standard precautions to minimize the risk of contact transmission:
  - a. Isolate the patient and limit access.
  - b. Wear two layers of protective clothing and gloves during contact with a patient, with infectious body fluids or contaminated items and wash hands after contact with infectious patients or body fluids.
  - c. Limit movement of the patient from the isolation room to other areas.
  - d. Designate equipment for the patient. If this is not possible, equipment shall be disinfected before used by another patient.
  - e. If individual toilet, sink and shower are not available for each patient, surfaces should be disinfected between uses.
- .5 The medical measures to be taken relative to a possible a communicable disease outbreak shall be determined by the Health Care Division including special housing, additional infection control measures, screenings, education and treatment. This shall be communicated to facility administration in written form.
- .6 Any communicable disease reportable by law diagnosed by a provider must be reported public health authorities. The provider is responsible for completing any required documentation or telephone reports. The provider shall document this notification in the health record.
- .7 The following ectoparasite control measures are used to identify and treat affected inmates and their clothing and bedding:
  - a. Medical/Mental Health Admission Screening Form DOC 0498 (Attachment A) shall include a skin check for infestations.
  - b. Any inmate discovered to have skin infestations during the Medical/Mental Health Admission Screening shall be treated at the time of discovery. Any subsequent complaint by an inmate of skin infestation symptoms shall be seen in sick call. The procedure for care of inmates with skin infestation shall be:
    - 1. Record medical findings in the inmate's medical record
    - 2. Issue proper medication per protocol or as ordered by the physician or nurse practitioner.

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3. No pregnant or potentially pregnant woman shall be treated with Lindane (Kwell). She may use permethrine (NIX).
  4. The use of Lindane (Kwell) and permethrine (NIX) is contraindicated in persons with open sores and skin rashes
  5. Instruct inmate on the proper steps in the use of medication
- c. Issue a memorandum to housing unit staff to provide the following:
    1. Allow the inmate to shower and apply the medication; and
    2. Issue the inmate a fresh change of linen and clothing.
  - d. Prior to or concurrent with treatment all infested clothing and linen shall be placed in a plastic bag by the inmate and sealed. The bag shall be properly labeled and delivered to the laundry where the clothing and linen shall be disinfected by normal laundry procedures.
  - e. At no time shall the infested clothing or linen come into contact with the fresh issue of mentioned items.
  - f. Inmates who are infested with parasites must be free of parasites and medically cleared prior to transfer to another facility.
- .8 A monthly environmental inspection is conducted of areas where health services are provided 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.

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5.0 SCOPE

This policy and procedure applies to all correctional facilities and their personnel.

APPROVAL RECOMMENDED:

Kay A. Bauma MD, MPH 12/22/08  
Medical Director Date

[Signature] 12/22/08  
Health Care Division Administrator Date

[Signature] 12/23/08  
Deputy Director for Corrections Date

APPROVED:

[Signature]  
Director  
12/29/08  
Date