

	<b>DEPARTMENT OF PUBLIC SAFETY</b>	<b>EFFECTIVE DATE:</b> October 20, 2015	<b>POLICY NO.:</b> COR.10.1B.01
	<b>CORRECTIONS ADMINISTRATION</b> <b>POLICY AND PROCEDURES</b>	<b>SUPERSEDES (Policy No. &amp; Date):</b> (COR.10.1B.01 12/29/08)	
	<b>SUBJECT:</b> <b>INFECTION CONTROL PROGRAM</b>	Page 1 of 14	

## 1.0 PURPOSE

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

## 2.0 REFERENCES AND DEFINITIONS

### .1 References

- a. Center for Disease Control (CDC), Guide to Infection Control for Outpatient Settings (2014).
- b. Center for Disease Control (CDC), Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, 2007.
- c. Department of Public Safety (PSD), Policy and Procedures (P&P), ADM.04.03, Bloodborne Pathogens Training and Immunization.
- d. Hawaii Administrative Rules (HAR), Dept. of Health, Title II, Chapter 156, Communicable Diseases.
- e. Hawaii Revised Statutes (HRS), Chapter 325, Infectious and Communicable Disease.
- f. HRS Section 26-14.6, Department of Public Safety; and Section 353C-2, Director of Public Safety, Powers and Duties.
- g. National Commission on Correctional Health Care, Standards for Health Services in Prisons and Jails, (2014).
- h. PSD, Policy and Procedures Manual (P&P), ADM.04.02, Pulmonary Tuberculosis Clearance and Training.
- i. PSD, P&P, ADM.07.01. Management of Accidental Exposures to Blood or Body Fluids.

**NOT-CONFIDENTIAL**

COR  P & PM	<b>SUBJECT:</b>  <b>INFECTION CONTROL PROGRAM</b>	<b>POLICY NO.:</b> <b>COR.10.1B.01</b>
		<b>EFFECTIVE DATE:</b> <b>October 20, 2015</b>
		<b>Page 2 of 14</b>

.2 Definitions

- a. Ectoparasites: Parasites that live on the skin. They are communicable and may lead to secondary infections such as pediculosis and scabies
- b. Exposure Control Plan: A plan or policy that describes staff actions that will eliminate or minimize exposures to pathogens.
- c. Health Practitioners: Any person working in the provision of health care services such as nurses, physicians, dentists, mid-level practitioners, PMAs.
- d. Injection Safety: Includes practices intended to prevent transmission of infectious disease between one patient to another, or between a patient and a healthcare provider.
- 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. Personal Protective Equipment (PPE): refers to wearable equipment that is intended to protect health care providers from exposure to or contact with infectious agents and include gloves, gowns, face masks, goggles and face shields.
- g. Respiratory Hygiene/Cough Etiquette: Terms used to describe infection prevention measures to decrease the transmission of respiratory illness that include covering your mouth and nose when you cough, coughing and sneezing into your upper sleeve rather than into your hands, washing hands after coughing and notifying health care providers of cold or flu symptoms when arriving at a clinic.
- h. Standard Precautions: The basic level of infection control precautions which are to be used, as a minimum, in the care of all patients. The precautions are comprised of hand hygiene, use of personal protective equipment and respiratory hygiene/cough etiquette.

**3.0 POLICY**

- .1 There shall be an exposure control plan that is reviewed annually, updated if necessary, and approved by the Medical Director.

**NOT-CONFIDENTIAL**

<b>COR</b>  <b>P &amp; PM</b>	<b>SUBJECT:</b>  <b>INFECTION CONTROL PROGRAM</b>	<b>POLICY NO.:</b> <b>COR.10.1B.01</b>
		<b>EFFECTIVE DATE:</b> <b>October 20, 2015</b>
		<b>Page 3 of 14</b>

- .2 The PSD Infection Control Program encompasses the policies and procedures of this policy and those associated with P&P ADM.07, P&P ADM.04.02,. and ADM. 04.02.
- .3 All health practitioners shall adhere to the use of standard precautions when interacting with patients.
- .4 Health care personnel shall receive job-specific training on infection prevention policies and procedures upon hire and annually thereafter. Competency and compliance shall be documented through an annual evaluation.
- .5 All health care clinics shall display Respiratory Hygiene/Cough Etiquette educational posters in patient view.
- .6 All health care staff shall be offered influenza vaccine at no cost.
- .7 All facilities shall maintain an adequate supply of personal protective equipment.
- .8 All patients shall be interviewed at intake relative to the presence of any infectious disease symptoms, skin wound or rashes. All such conditions shall be assessed by a registered nurse for determination of any necessary treatment.
- .9 Patients presenting at the clinic with potential communicable conditions shall not be charged a sick call visit copay. Patient's with possible communicable conditions shall be encouraged to visit the clinic for evaluation.
- .10 Treatment and control of the spread of skin infestations (e.g., scabies, lice) at the facilities shall involve a coordinated effort between medical and housing staff.
- .11 All inmates who receive treatment by medical staff for skin infestations shall receive clean clothes and sheets.
- .12 All reportable diseases as specified by the Department of Health (DOH) shall be reported using the DOH Communicable Disease Report. Available online at [health.hawaii.gov/docd/files/2013/05/Communicable-Disease-Report-Form-Fillable.pdf](http://health.hawaii.gov/docd/files/2013/05/Communicable-Disease-Report-Form-Fillable.pdf).

#### **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:

**NOT-CONFIDENTIAL**

<b>COR</b>  <b>P &amp; PM</b>	<b>SUBJECT:</b>  <b>INFECTION CONTROL PROGRAM</b>	<b>POLICY NO.:</b> <b>COR.10.1B.01</b>
		<b>EFFECTIVE DATE:</b> <b>October 20, 2015</b>
		<b>Page 4 of 14</b>

Proper Hand Hygiene shall be performed:

- a. After contact with blood, bodily fluids or excretions, and wound dressings.
- b. After glove removal.
- c. Before exiting the patient's care area after touching the patient or the patient's immediate environment.
- d. Before touching a patient, even if wearing gloves.
- e. Prior to performing an aseptic task such as wound care.
- f. If hands will be moving from a contaminated body site to a clean body site during patient care.
- g. Use soap and water when hands are visibly soiled or after caring for patients with known or suspected infectious diarrhea. Otherwise the preferred method of hand decontamination is with an alcohol based hand rub per the CDC and World Health Organization.

.2 Personal Protective Equipment:

The selection of PPE shall be based on the nature of the patient interaction and potential exposure to blood, body fluids and infectious agents.

- a. Facilities shall assure that sufficient and appropriate PPE is available and readily accessible to health care staff.
- b. Health Care staff shall be educated regarding the proper selection and use of PPE.
- c. PPE shall be removed and discarded before leaving the patient's room or area.
- d. Gloves shall be worn whenever there is a potential for contact with blood, body fluids, mucous membranes, and non-intact skin or contaminated equipment.
  - i. The same pair of gloves shall NOT be used for the care of more than one patient.
  - ii. Gloves shall NOT be washed for reuse.

**NOT-CONFIDENTIAL**

<b>COR</b>  <b>P &amp; PM</b>	<b>SUBJECT:</b>  <b>INFECTION CONTROL PROGRAM</b>	<b>POLICY NO.:</b> <b>COR.10.1B.01</b>
		<b>EFFECTIVE DATE:</b> <b>October 20, 2015</b>
		<b>Page 5 of 14</b>

- iii. Hand hygiene shall immediately be performed after removing gloves.
  - e. Gowns shall be worn to protect skin and clothing during procedures or activities where contact with blood or body fluids is anticipated.
    - i. The same gown shall NOT be used for the care of more than one patient.
  - f. Mouth, nose and eye protection shall be worn during procedures that are likely to generate splashes or sprays of blood or other body fluids.
- .3 During preparation and administration of parenteral medications.

In addition to this policy, adherence to P&P ADM. 07.01 or ADM.04.03 Exposure Control Plan which shall increase the protection of the health care providers from blood exposure and sharps injuries the following additional practices.

**Safe Injection Practice:**

- a. Aseptic techniques shall be used when preparing and administering medications.
- b. The access diaphragm of medication vials shall be cleaned with 70% alcohol prior to inserting a device into the vial.
- c. Medications for single dose or single use vials, ampoules, or bags or bottles of intravenous solution shall never be administered to more than one patient.
- d. Do not reuse a syringe to enter a medication vial or solution.
- e. Safety engineered needles and syringes shall be used by health care staff.
- f. Fluid infusion or administration sets shall not be used for more than one patient.
- g. Multi-dose vials shall be dedicated to a single patient, whenever possible. If multi-dose vials will be used for more than one patient, they shall be restricted to a centralized medication area and shall not enter the immediate patient treatment area.

**NOT-CONFIDENTIAL**

COR  P & PM	<b>SUBJECT:</b>  <b>INFECTION CONTROL PROGRAM</b>	<b>POLICY NO.:</b> <b>COR.10.1B.01</b>
		<b>EFFECTIVE DATE:</b> <b>October 20, 2015</b>
		<b>Page 6 of 14</b>

- h. Used syringes and needles shall be disposed of at the point of use in a sharps container that is closable, puncture –resistant, and leak proof.
- .4 Environmental Cleaning – facilities shall establish policies and procedures for routine cleaning and disinfections of environmental surfaces and the handling and removal of biohazardous waste as part of the infection prevention plan. Cleaning refers to the removal of visible soil and organic contamination from a device or environmental surface using the physical action of scrubbing with a surfactant or detergent and water, and/or energy based processes such as an ultrasonic cleaner with appropriate chemical agents.

Emphasis for cleaning and disinfection should be placed on surfaces that are most likely to become contaminated with pathogens including those in close proximity to the patient, such as the bed, hand rails and frequently touched surfaces in the patient care environment.

- a. Use EPA registered disinfectants or detergents/disinfectants with label claims for use in healthcare settings.
- b. 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, "Biohazardous 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 securely stored until removed for biohazard waste disposal.
- c. 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.
- d. 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.

**NOT-CONFIDENTIAL**

COR  P & PM	<b>SUBJECT:</b>  <b>INFECTION CONTROL PROGRAM</b>	<b>POLICY NO.:</b> <b>COR.10.1B.01</b>
		<b>EFFECTIVE DATE:</b> <b>October 20, 2015</b>
		<b>Page 7 of 14</b>

- e. Non-medical or institutional sharps or tools (handcuffs, sharp cutting tools, razor blades, etc.) are not covered by 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.
  
- f. 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. Every facility shall have all in one blood spill kits to clean up blood spills. 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.
  
- g. To clean a biohazard spill:
  - i. 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.
  
  - ii. Dike 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.
  
  - iii. 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.

**NOT-CONFIDENTIAL**

<b>COR</b>  <b>P &amp; PM</b>	<b>SUBJECT:</b>  <b>INFECTION CONTROL PROGRAM</b>	<b>POLICY NO.:</b> <b>COR.10.1B.01</b>
		<b>EFFECTIVE DATE:</b> <b>October 20, 2015</b>
		<b>Page 8 of 14</b>

- iv. 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.
  
- .5 Medical Equipment Cleaning- is labeled by the manufacturer to be either reusable or single use. Reusable medical equipment should be accompanied by instructions for cleaning and disinfection or sterilization, as appropriate. All reusable medical equipment shall be cleaned and maintained according to the manufacturer's instruction to prevent patient to patient transmission of infectious agents.
  - a. All reusable medical equipment that has contact with non-intact skin or mucus membranes such a blood glucose meters, nebulizers, infusion pumps etc., shall be cleaned between patient use.
  - b. Copies of the manufacturer's instructions for the cleaning and reprocessing of equipment in use at the facility shall be maintained and followed.
  - c. Periodic observation of procedures shall be performed to evaluate the competencies of health care providers in the proper reprocessing of equipment.
  - d. Health care staff shall wear appropriate PPE when handing and reprocessing contaminated patient equipment.
  
- .6 Appropriate medical, dental, and laboratory equipment and instruments are decontaminated.
  
- .7 Respiratory Hygiene/Cough Etiquette – is an element of standard precautions that is targeted primarily at patients with undiagnosed transmissible respiratory infections, and applies to any person with signs of illness including cough, congestion, rhinorrhea, or increased production of respiratory secretions when entering the clinic.
  - a. Signs shall be posted at the entrances of the clinic with instructions to patients with respiratory infection to:
    - i. Cover their mouths/noses when coughing or sneezing using the crux of the elbow or upper sleeve.
    - ii. Access to hand hygiene shall be provider for patients.

**NOT-CONFIDENTIAL**



<b>COR</b>  <b>P &amp; PM</b>	<b>SUBJECT:</b>  <b>INFECTION CONTROL PROGRAM</b>	<b>POLICY NO.:</b> <b>COR.10.1B.01</b>
		<b>EFFECTIVE DATE:</b> <b>October 20, 2015</b>
		<b>Page 9 of 14</b>

- iii. Masks shall be offered to patients entering clinic with respiratory infections and they shall be seated away from other patients.
- .8 Transmission Based Precautions - requires three elements: a source of infectious agents, a susceptible host with a portal of entry receptive to the infectious agent, and a mode of transmission for the agent.

Several classes of pathogens can cause infection, including bacteria, viruses, fungi, parasites, and prions. The modes of transmission vary by type of organism and some infectious agents may be transmitted by more than one route: some are transmitted primarily by direct or indirect contact, (e.g., Herpes simplex or Staphylococcus aureus), others by the droplet, (e.g., influenza virus) or airborne routes (e.g., M. tuberculosis). And other infectious agents are bloodborne viruses (e.g., hepatitis and HIV).

There are three categories of Transmission-Based Precautions: Airborne Precautions, Contact Precautions, and Droplet Precautions. Transmission-Based Precautions shall be used when the route(s) of transmission is (are) not completely covered by using Standard Precautions alone. For diseases having multiple routes of transmission (e.g., measles), more than one Transmission-Based Precautions category shall be used. When used either singly or in combination, they shall always be used in addition to Standard Precautions.

- a. Airborne Precautions- prevent transmission of infectious agents that remain infectious over long distances when suspended in the air.

Use the following airborne precautions in addition to standard precautions to minimize the risk of airborne transmission:

- i. 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.
- ii. 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.

**NOT-CONFIDENTIAL**

<b>COR</b>  <b>P &amp; PM</b>	<b>SUBJECT:</b>  <b>INFECTION CONTROL PROGRAM</b>	<b>POLICY NO.:</b> <b>COR.10.1B.01</b>
		<b>EFFECTIVE DATE:</b> <b>October 20, 2015</b>
		<b>Page 10 of 14</b>

- iii. 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.
    - iv. Limit movement of the patient from the room to other areas. Place a surgical mask on the patient who must be moved.
    - v. Patients requiring airborne precautions shall not be transferred to other facilities without the approval of the Health Care.
  - b. Droplet Precautions - prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions. As these pathogens do not remain infectious over long distances, special air handling and ventilation are not required to prevent droplet transmission.
 

Use the following in addition to standard precautions to minimize the risk of droplet transmission:

    - i. Separate the patient (a negative air pressure is not required.)
    - ii. If unable to separate patient use spatial separation of at least 3 feet with separation by a curtain.
    - iii. Wear a mask and gloves when working with the patient.
    - iv. Dispose of personal protective equipment in a properly marked infectious waste container. There shall be one container for disposable wear and a separate container for non-disposable wear.
    - v. Limit movement of the patient from the room to other areas. If the patient must be moved, place a surgical mask on the patient.
    - vi. Use disposable utensils, plates and cups.
    - vii. Designate equipment for each patient. If this is not possible, equipment shall be disinfected before use by another patient.
  - c. Contact Precautions - are intended to prevent transmission of infectious agents, which are spread by direct or indirect contact with the patient or the patient's environment. Contact Precautions also apply where the presence of excessive wound drainage, fecal incontinence, or other discharges from

**NOT-CONFIDENTIAL**

<b>COR</b>  <b>P &amp; PM</b>	<b>SUBJECT:</b>  <b>INFECTION CONTROL PROGRAM</b>	<b>POLICY NO.:</b> <b>COR.10.1B.01</b>
		<b>EFFECTIVE DATE:</b> <b>October 20, 2015</b>
		<b>Page 11 of 14</b>

the body suggest an increased potential for extensive environmental contamination and risk of transmission.

Use the following in addition to standard precautions to minimize the risk of contact transmission:

- i. Isolate the patient and limit access.
  - ii. If unable to separate patient use spatial separation of at least 3 feet with separation by a curtain.
  - iii. Wear two layers of protective clothing and gloves during direct contact with a patient having infectious body fluids or contaminated items.
  - iv. Wash hands after contact with infectious patients or body fluids.
  - v. Limit movement of the patient from the isolation room to other areas.
  - vi. Designate equipment for the patient. If this is not possible, equipment shall be disinfected before used by another patient.
  - vii. If individual toilet, sink and shower are not available for each patient, they shall be disinfected before next use.
  - viii. Dispose of personal protective equipment in a properly marked infectious waste container. There shall be one container for disposable wear and a separate container for non-disposable wear.
  - ix. Surfaces shall be disinfected between uses.
  - x. If the patient must be moved, a surgical mask shall be placed on the patient, if tolerated.
- .9 The medical measures to be taken relative to a possible communicable disease outbreak shall be determined by the Health Care Division. This may include special housing, additional infection control measures, screenings, education and treatment. These measures shall be communicated to the facility administration in written form.
- .10 Any communicable disease reportable by law and diagnosed by a provider must be reported to the public health authorities. The provider is responsible for completing any required documentation or telephone reports. The provider shall

**NOT-CONFIDENTIAL**

COR  P & PM	<b>SUBJECT:</b>  <b>INFECTION CONTROL PROGRAM</b>	<b>POLICY NO.:</b> <b>COR.10.1B.01</b>
		<b>EFFECTIVE DATE:</b> <b>October 20, 2015</b>
		<b>Page 12 of 14</b>

document this notification in the health record and notify the Medical Director or Health Care Division Administrator.

- .11 Ectoparasite Control - The following ectoparasite control measures are used to identify and treat affected patients and their clothing and bedding:
- a. Any patient discovered to have skin infestations during intake screening shall be treated at the time of discovery. Subsequent complaints by a patient of skin infestation symptoms shall be seen in sick call. The procedure for care of inmates with skin infestation shall be:
    - i. Record medical findings in the patient's medical record.
    - ii. Issue medication per nursing protocol or as ordered by the provider.
    - iii. No pregnant or potentially pregnant woman shall be treated with Lindane (Kwell). Pregnant women shall use permethrine (NIX) for treatment.
    - iv. The use of Lindane (Kwell) and permethrine (NIX) is contraindicated in persons with open sores and skin rashes.
    - v. The patient shall be instructed on the proper use of medication.
    - vi. Nursing shall call the patients' cell mates to the clinic to receive instructions and supplies for treatment.
  - b. Nursing shall issue a memorandum to the housing unit staff to provide the following:
    - i. Allow the patient to shower and apply the medication.
    - ii. Issue the patient a fresh change of linen and clothing.
    - iii. Allow the placement and sealing of all infested clothing and linen in a plastic bag by the patient prior to treatment. The bag shall be properly labeled and delivered to the laundry where the clothing and linen shall be disinfected by normal laundry procedures.
    - iv. At no time shall the infested clothing or linen come into contact with the fresh clothing and linens.

**NOT-CONFIDENTIAL**

COR  P & PM	<b>SUBJECT:</b>  <b>INFECTION CONTROL PROGRAM</b>	<b>POLICY NO.:</b> <b>COR.10.1B.01</b>
		<b>EFFECTIVE DATE:</b> <b>October 20, 2015</b>
		<b>Page 13 of 14</b>

- v. Patient undergoing treatment for parasites infestation must be free of parasites and medically cleared prior to transfer to another facility.
- .12 A monthly environmental inspection shall be conducted and documented 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.
- .13 Occurrences of any communicable disease shall be reported to the Health Care Administration.

**NOT-CONFIDENTIAL**

COR P & PM	SUBJECT:  <b>INFECTION CONTROL PROGRAM</b>	POLICY NO.: <b>COR.10.1B.01</b>
		EFFECTIVE DATE: <b>October 20, 2015</b>
		Page 14 of 14

**5.0 SCOPE**

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

APPROVAL RECOMMENDED:

Gary David Saldaña, MD OCT 19 2015  
Acting Medical Director Date

Walter J. [Signature] OCT 19 2015  
Health Care Division Administrator Date

Al Z. [Signature] 10-20-15  
Deputy Director for Corrections Date

APPROVED:

Nolan P. Espino  
Director

October 20, 2015  
Date