

STATE OF OHIO



DEPARTMENT OF REHABILITATION  
AND CORRECTION

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| SUBJECT:<br><b>Infectious Diseases</b> | PAGE <u> 1 </u> OF <u> 5 </u>  |
|  | NUMBER: 68-MED-04  |
| RULE/CODE REFERENCE:                   | SUPERSEDES:<br>68-MED-04 dated 07/01/07  |
| RELATED ACA STANDARDS:                 | EFFECTIVE DATE:<br>December 1, 2013  |
|  | APPROVED:<br> |

**I. AUTHORITY**

This policy is issued in compliance with Ohio Revised Code 5120.01 which delegates to the Director of the Department of Rehabilitation and Correction the authority to manage and direct the total operations of the Department and to establish such rules and regulations as the Director prescribes.

**II. PURPOSE**

The purpose of this policy is to provide guidelines for the management of infectious and communicable diseases within the Department of Rehabilitation and Correction.

**III. APPLICABILITY**

This policy applies to all persons employed by or under contract with, the Department of Rehabilitation and Correction and to all inmates confined to institutions within the Department.

**IV. DEFINITIONS**

**Food Poisoning** - Disease resulting from ingestion of food contaminated with a toxin produced by a microorganism.

**Infection Control Manager** - The clinical authority within the Bureau of Medical Services who, under the direction of the Department Medical Director, is responsible for the administration of the infectious disease program for the Department of Rehabilitation and Correction.

**Infectious Disease** - Any disease caused by invasion of a pathogen which subsequently grows and multiplies in the body.

**Interferon-Gamma Release Assay (IGRA)** – A blood test to aid in diagnosis of mycobacterium tuberculosis infection. Two IGRAs have FDA approval in the United States: the QuantiFERON Gold Test, or the T-SPOT test.

**V. POLICY**

It is the policy of the Ohio Department of Rehabilitation and Correction to provide written plans that address the management of Tuberculosis, Human Immunodeficiency Virus (HIV), Hepatitis A, B, and C, and other infections and infestations. These plans shall include procedures for identification, surveillance, applicable immunization and treatment and isolation, when indicated.

**VI. PROCEDURES****A. Human Immunodeficiency Virus (HIV) Testing And Treatment**

1. All inmates entering a reception center shall undergo HIV testing as outlined in Department Policy 52-RCP-06, Reception Intake Medical Screening.
2. Due to the high prevalence of co-infection of HIV and Hepatitis C infections and the high morbidity associated with this co-infection, all inmates who have tested positive for HIV infection shall also be tested for possible Hepatitis C infection.
3. Procedures for identification, surveillance, immunization, treatment, and follow-up, for HIV infection are fully outlined in Medical Protocol A-1.7, HIV Chronic Care Guidelines.
4. HIV testing may be performed for inmates who request it following sexual activity. An infectious diseases nurse shall counsel the inmate, obtain a thorough medical history and obtain a doctor's order for the test.

**B. Hepatitis A, B and C Infections, Testing and Treatment**

1. All inmates entering a reception center shall be evaluated to identify risk factors related to viral hepatitis during the initial medical history assessment.
2. Those inmates who give information that strongly suggests that the inmate presently has, or has in the past been diagnosed with Hepatitis A, B or C shall be referred to the institution advanced medical provider for evaluation, treatment and follow-up according to accepted guidelines, if indicated. Isolation procedures may be used if indicated and must follow accepted procedures.
3. Surveillance procedures are outlined in Department Policy 68-MED-18, Infection Control Activities.
4. Hepatitis C procedures including identification, immunization, and treatment are outlined in Medical Protocol C-5, Testing & Treatment Guidelines for Chronic Hepatitis C.

**C. Other Sexually Transmitted Diseases (STDs)**

## 1. Gonorrhea and Chlamydia:

- a. All females entering reception shall have a test done using either Enzyme Immuno Assay (EIA) or DNA Probe Technology for Gonorrhea and Chlamydia.
- b. All males shall be tested in reception for both Gonorrhea and Chlamydia, if signs or symptoms of infection are present.

## 2. Syphilis:

All inmates entering a reception center shall have a Standard Test for Syphilis (STS) done.

- a. Confirmatory tests shall be performed on all positive screening STS, unless previous positive confirmatory tests are on record.
- b. The Centers of Disease Control and Prevention Sexually Transmitted Treatment Guidelines (2002) indicate Penicillin G, administered parenterally, is the preferred drug for treatment of all stages of syphilis.
  - i. The preparation(s) used (i.e., benzathine, aqueous procaine, or aqueous crystalline), the dosage, and the length of treatment depend on the stage and clinical manifestations of disease
  - ii. STS testing shall be done at one month, six months, and yearly intervals thereafter to confirm treatment effectiveness.
- c. Patients allergic to Penicillin shall be referred to the Infectious Disease Specialist for alternative treatment considerations.

**D. Inmate Tuberculosis (TB) Screening, Surveillance, and Treatment**

## 1. All reception inmates shall be screened for tuberculosis utilizing symptom screening and an Interferon-Gamma Release Assay (IGRA) blood test.

- a. This test shall be performed as part of the routine reception lab panel as outlined in Department Policy 52-RCP-06, Reception Intake Medical Screening.
- b. Symptom screening shall occur for all inmates at reception and annually thereafter in all institutions.
- c. For inmates designated as immuno-compromised, an IGRA blood test shall be repeated annually in all institutions.
- d. Reference Medical Protocol C-3, Tuberculosis Screening Guidelines, for complete direction on TB screening processes.

2. Tuberculosis procedures, including testing for infection, surveillance, treatment, follow-up and isolation when necessary are addressed in Medical Protocol C-3, Tuberculosis Screening Guidelines, and Medical Protocol A-3, Tuberculosis Chronic Care Clinic.

**E. Ectoparasites**

Ectoparasites such as pediculosis (lice) and scabies are communicable skin infestations. Individualized treatment shall follow acceptable medical practice as outlined in Medical Protocol C-7, Treatment of Ectoparasites.

**F. Food Poisoning**

1. Food service personnel shall practice good food handling procedures and sanitation to prevent outbreaks of food poisoning. Institution Health and Safety Officers shall monitor this issue within their institutions as outlined in Department Policy 10-SAF-08, Facility Sanitation and Inspection Practices.
2. Surveillance for suspected cases of food poisoning shall include:
  - a. Collection of stool and/or food samples for examination by CMC or other contract laboratory.
  - b. The laboratory will coordinate submission of such samples with the Ohio Department of Health, in accordance with accepted guidelines.
  - c. Prompt notification to the Bureau of Medical Services.
3. The treatment of individuals with suspected food poisoning will vary with the causative agent, and is prescribed by the attending physician. Enteric isolation precautions should be instituted with outbreaks.

**G. Rabies**

1. Victims of animal bites should immediately report the incident to medical personnel who in turn will notify the institution Health and Safety Officer.
2. Live animals should be immediately quarantined or turned over to the County Animal Control Section.
3. If the animal is deceased, the animal should be handled using universal precautions, sealed in a plastic bag if possible, and sent to the CMC Laboratory for processing. A Laboratory requisition with all pertinent information shall be included. Telephone notification to CMC should be made in advance of the delivery of any such specimen.
4. Follow up telephone notification of the transported specimen should be made. Treatment will be consistent with Centers for Disease Control recommendations.

**H. Confidentiality of Test Results**

All infectious disease test results are confidential. Only those persons with a medical need to know may be informed. Staff designated as having a “Medical Need to Know” is addressed in Department Policy 07-ORD-11, Confidentiality of Inmate Medical Records.

**I. Infection Control Procedures**

Procedures for prevention, education, surveillance, isolation (when indicated) and reporting of infectious diseases are outlined in Department Policy 68-MED-18, Infection Control Activities.