STATE OF OHIO

DEPARTMENT OF REHABILITATION AND CORRECTION

SUBJECT: **Infection Control Activities**	PAGE 1 OF 8.
	NUMBER: 68-MED-18
RULE/CODE REFERENCE: OAC 3701-3-02; 3701-3-05; 3701-3-12 ORC 4167.28; AR 5129-08[B][5]; ORC 5120.163; Title 29 of the Code of Federal Regulations 1910.1030	SUPERSEDES: 68-MED-18 dated 09/06/2013
RELATED ACA STANDARDS: 4-4354; 4-4354-1; 4-4356; 4-4357; 4-4387	EFFECTIVE DATE: December 5, 2014
	APPROVED:

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 establish guidelines for the management of infectious diseases through control and prevention of their transmission.

III. APPLICABILITY

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

IV. DEFINITIONS

Advanced Level Provider - A medical professional who is approved to practice as a Physician, an Advanced Practice Nurse under Ohio Revised Code section 4723.43, or a Physician's Assistant under Ohio Revised Code section 4730.

Exposure Incident – A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Infection Control Manager – The clinical authority within the Office of Correctional Health Care (OCHC) who, under the supervision of the State Medical Director, is responsible for the administration of the infectious diseases programming for the Department of Rehabilitation and Correction.

Other Potentially Infectious Materials – (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2)Any unfixes tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV-or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Pathogen – An organism that causes disease.

Sharps – Objects used when providing health care services that reasonably can be expected to puncture the skin and result in an exposure injury. Such objects may include, but are not limited to, needle devices, scalpels, and lancets.

Universal Precautions – Protective medical procedures that apply to blood, other body fluids containing visible blood, semen and vaginal secretions. They may also apply to other potentially infectious materials.

V. POLICY

It is the policy of the Ohio Department of Rehabilitation and Correction (DRC) to utilize prevention, education, identification, surveillance, immunization and isolation, when necessary, to manage and control infectious and communicable diseases. Infectious diseases are reported to applicable local, state and federal agencies as mandated.

VI. PROCEDURE:

A. Agency Infection Control Plan

The DRC Infection Control Plan consists of this policy, as well as the following policies and protocols:

1. Department Policy 10-SAF-16, Staff Exposure to Bloodborne Pathogens;
2. Department Policy 10-SAF-13, Infectious Waste Management;
3. Department Policy 68-MED-04, Infectious Disease Policy
4. Department Policy 31-SEM-09, Employee Tuberculosis Screening
5. C-1, Staff Blood Exposure;
6. C-2, Reception Inmates Infectious Disease Education;
7. C-3, Tuberculosis Screening Guidelines;
8. C-5, Testing and Treatment Guidelines for Chronic Hepatitis C;
9. C-6, Vaccine Administration;
10. C-7, Guidelines for Treatment of Ectoparasite Infestations;
11. C-8, Clinical Practice Guidelines for the Management of Methicillin-Resistant Staphylococcus Aureus (MRSA) Infections; and
12. C-11, Pandemic Influenza Procedures.

B. Universal Precautions

1. The prevention of the spread of communicable diseases through the use of Universal Precautions is a shared responsibility of all institutional staff.

2. Frequent, thorough hand washing is the most effective way to reduce the spread of communicable disease.

   a. It is the responsibility of staff to wash their hands using soap and water, even though gloves were used, before and after each patient contact.

   b. If there is no water available, staff may use a hand sanitizer as a temporary means of cleaning hands. Hands should be washed thoroughly as soon as soap and water are available.

3. Staff shall wear personal protective equipment (i.e. gloves) when:

   a. There may be contact with body fluids;

   b. Handling items or equipment that is contaminated or potentially contaminated with body fluids;

   c. The employee has an open wound or abrasion (open wounds should always be covered).

   d. Face masks, eye protection or face shields are required for everyone whose job entails potential exposure to blood via a splash to the face, mouth, nose or eyes. Disposable equipment shall be discarded in biohazard bags; non-disposable equipment shall be cleaned as outlined in Section B-8 of this policy.

4. If cotton gloves are worn when working with evidence from a crime scene, then the cotton gloves must be worn over protective disposable gloves when exposure to blood may occur.

5. While wearing gloves avoid handling personal items such as combs and pens that could be contaminated or soiled by contaminates on the gloves.

6. Sharps Control

   a. Pursuant to Ohio Revised Code Sect. 4167.28 and bargaining unit agreement, all DRC medical departments shall utilize both engineering controls and work practices that promote safety and decrease the possibility of sharps injury (i.e. needleless systems or engineered sharps injury protection).

      i. The Office of Correctional Health Care shall accept input from bargaining unit employees regarding the choice of needles with appropriate engineering devices on an annual basis.

ii. After a product (or a range of products) is selected, the institutional Health Care Administrator shall ensure these needles are available to health care staff for use during their duties.

b. Contaminated needles and other contaminated sharps will not be bent, recapped, or removed. Shearing or breaking of contaminated needles is prohibited.

c. Each medical department shall maintain, in sufficient supply, puncture resistant sharps disposal containers.

i. Sharps containers shall be easily accessible to personnel and located as close as possible to the immediate area where sharps are used.

ii. Non-reusable sharps containers shall not be opened, emptied, or cleaned in any manner that exposes employees to injury.

d. Contaminated reusable sharps shall be placed in closable, puncture resistant containers immediately or as soon as possible after use and shall not be stored or processed in a manner that requires employees to reach by hand into the storage containers.

e. Dental staff routinely recap dental needles using either a one-handed scoop technique or a shield that protects the hand.

7. Clothing

a. Uniformed health care staff shall be responsible for keeping a change of scrub uniforms secured at the work site to change into if necessary.

i. Clothing that has become contaminated must be changed immediately, placed in a water soluble, “melt away” bag, and washed in normal laundry cycles according to the washer and manufacturer’s recommendations. No visibly contaminated clothing shall be taken home for laundering.

ii. Clothes that cannot be washed shall be dry-cleaned.

b. Protective clothing, such as overalls, aprons, boots, or protective shoe covers shall be worn where large amounts of blood are present.

c. The employer shall provide non-permeable protective garments, such as lab coats and gown, to employees who are likely to be exposed to significant blood or body fluid spills.

d. After use, all disposable items shall be discarded in biohazard bags in a manner consistent with the OSHA Bloodborne Pathogen standard.

e. Items that need laundering shall be handled in the same manner as uniforms.

f. Nonabsorbent boots and other equipment that cannot be laundered shall be cleaned with bleach solution or disinfectant.

8. Cleaning

a. Facilities shall adhere to Department Policy 10-SAF-13, Infectious Waste Management, and the local spill containment and clean-up procedures regarding containment and cleaning of infectious waste spills.

b. Latex (or latex alternative) gloves shall be worn when in contact with body fluids or when handling equipment or items that have become contaminated with blood or body fluids. Likewise, inmate porters shall be provided with protective gloves when engaged in activity that may result in contact with body fluids.

c. When cleaning equipment contaminated with body fluids, the following precautions shall be used:

i. Use a bleach solution consisting of one part bleach to ten parts water as a disinfectant. This solution shall be changed, at minimum, every twenty-four hours, or shall be mixed at the time of use. An alcohol-based disinfectant may be used for areas not suitable to contact with a bleach solution.

ii. While processing a crime scene, personnel shall be alert for the presence of sharp objects such as hypodermic needles, knives, razors, broken glass, nails and other sharp objects, as well as for blood and other body fluids.

iii. Protective containers shall be used for all contaminated evidence. Sharp items shall be placed in puncture-proof containers. Other items shall be placed in plastic bags and sealed to prevent leakage and clearly marked as hazardous.

9. Isolation

a. Isolation procedures shall be used when indicated to contain the spread of infectious diseases. Such isolation procedures shall follow established guidelines for specific infectious diseases and minimally include:

i. Enteric (gastrointestinal) – Protective eyewear and latex (or latex alternative) gloves
ii. Respiratory

a) Surgical mask – Surgical masks may be utilized for protection against organisms spread via droplet transmission. This may include, but is not limited to, seasonal flu and other flu variations.

b) N-95 mask - Use of a mask with an N-95 rating is only necessary for diseases that are spread by aerosolization or for medical procedures that may aerosolize an infectious organism. Tuberculosis is an example of a disease spread via aerosolization. Examples of medical procedures that may aerosolize an infectious organism include, but are not limited to,

administration of nebulized medications, intubation, ventilation with ambu bags, positive pressure airway devices for respiratory support, and suctioning.

iii. Wound and skin – Latex (or latex alternative) gloves

iv. Blood and body fluid – Latex (or latex alternative) gloves and protective gowns as needed.

b. A physician or other Advanced Level Provider must order isolation procedures.

C. Reporting and Surveillance Activities

1. Infectious diseases shall be reported in accordance with Ohio Department of Health guidelines. Contracted laboratories shall be responsible to report identified infectious diseases to the Ohio Department of Health as mandated by the Ohio Administrative Code Sections 3701-3-02, 3701-3-05 and 3701-3-12, and shall submit a report of all identified infections to the Bureau of Medical Services Infection Control Manager. Such infections include, but are not limited to:

   a. All sexually transmitted diseases;
   b. HIV infection;
   c. Hepatitis A, B and C;
   d. Methicillin Resistant Staphylococcus Aureus (MRSA) and other drug resistant infections;
   e. Food poisoning.

2. Institution Health Care Administrators (HCA) shall be responsible for prompt reporting of infectious diseases to the Infection Control Manager and their assigned Regional Nurse Administrator (RNA). Additionally, the institution HCA shall be responsible for completing epidemiological reports and sending the reports to the local health departments.

3. The institution HCA shall be responsible for completing and submitting infectious disease monthly reports as required by the OCHC Infection Control Manager.

4. Each institution shall conduct a multidisciplinary team meeting at least quarterly that includes clinical, security and other administrative personnel to discuss communicable disease and infection control activity. This meeting may be held in conjunction with the quarterly medical meeting required by Department Policy 68-MED-01, Medical Services.

D. Prevention and Education Activities

1. Prevention and education activities shall begin when inmates are received at a DRC reception center. Inmates shall be screened for infections as outlined in Department Policy 52-RCP-06, Reception Intake Medical Screening, and shall be given information concerning prevention of infections in the correctional setting as outlined in protocol C-2, Reception Inmate Infectious Disease Education.

2. Each institution medical department shall develop an educational program that disseminates information about prevention of infectious diseases in the correctional setting. The emphasis of such an effective infection prevention program must include, but is not limited to:

   a. Good hand washing as a first line of defense;
   b. Good general hygiene practices;
   c. Not sharing personal items and equipment;
   d. Limiting skin to skin contact;
   e. Risks associated with tattooing;
   f. Cleaning of exercise and other shared equipment between uses;
   g. Covering open wounds;
   h. Notifying medical staff of any reddened, painful, swollen or draining sores.

3. Such a prevention program may include educational posters and flyers, educational brochures, and structured classes.

4. Information concerning prevention of infectious diseases shall additionally be shared with other institution staff, with emphasis on the personal practices of good hand washing and covering of open wounds.

E. Staff Exposure Incidents

Staff exposures to bloodborne pathogens shall be managed according to the guidelines set forth in Department Policy 10-SAF-16, Staff Exposure to Bloodborne Pathogens, and protocol C-1, Staff Blood Exposure.

F. Tests Ordered Through Disciplinary Processes

1. When the hearing officer or Rules Infraction Board (RIB) finds an inmate guilty of a rule infraction that involves exposure to blood or body fluids, the hearing officer or RIB chairperson shall notify the HCA or designee, at the earliest possible time.

2. Based on the report given by the hearing officer or RIB chairperson, the HCA or designee shall make a determination about the significance of the exposure and whether subsequent testing for blood borne pathogens is indicated.

3. Pursuant to ORC 5120.16.3, all source inmates involved in an exposure incident shall undergo testing for HIV, HBV and HCV, as outlined in protocol C-1, Staff Blood Exposure.

4. When the hearing officer or RIB orders testing as a result of a purposeful exposure to blood or body fluids, the hearing officer or RIB shall recommend the cost of the tests be charged to the inmate(s) found guilty.

   a. The hearing officer report or RIB disposition shall specifically include the total cost of the tests to be paid by the inmate.

b. The amount of the actual cost of the tests shall be established by OCHC on a periodic basis for distribution to applicable staff.

5. The hearing officer or RIB may only elect to impose restitution for the cost of testing for HIV, HBV, and HCV for the following rule infractions:

   a. Rule 6 – Throwing, expelling, or otherwise causing a bodily substance to come in contact with another;
   b. Rules 11, 12, and 13 - Non-consensual/consensual sexual conduct/contact;
   c. Rule 39 – IV Drug use;
   d. Rule 57 – Self-mutilation, including tattooing;
   e. Any other purposeful exposure not addressed under the above referenced rule infractions, if prior approval is obtained from Legal Services before imposing the restitution penalty.

6. If inmates found guilty of the above infractions are known to be infected with HIV, HBV or HCV, the institution Managing Officer/designee shall report the incident to the Infection Control Manager and the Ohio State Highway Patrol as a possible crime.

Related Department Forms:

Incident Report	DRC1000
Staff Blood Exposure Report	DRC5206