

**STATE OF LOUISIANA
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
CORRECTIONS SERVICES**

Health Care Policy
No. HCP21



08 July 2011

INSTITUTIONAL SERVICES / HEALTH CARE POLICIES

Health Care Policy – Infection Control

Communicable and Infectious Diseases Infection Control Program

1. **OBJECTIVE:** To ensure that offenders and staff live and work in an environment which maintains infection control practices to monitor, evaluate, treat and contain the spread of communicable and infectious diseases.
2. **REFERENCES:** ACA Standards 4-4354, 4-4354-1 and 4-4358 (Adult Correctional Institutions); La. R.S. 15:574.4 and 15:739; State of Louisiana Sanitary Code-Chapter XXVII "Management of Refuse, Infectious Waste, Medical Waste and Potentially Infectious Biomedical Waste" and Department Regulation No. [AM-C-7](#) "Indigent Offenders."
3. **POLICY:** It is the Secretary's policy that there shall be a written plan to address the management of communicable and infectious diseases which shall include:
 - Prevention to include immunizations, when applicable;
 - Surveillance (identification and monitoring);
 - Offender and staff education and training;
 - Treatment to include medical isolation, when indicated;
 - Follow-up care;
 - Reporting requirements to applicable local, state and federal agencies;
 - Confidentiality/protected health information;
 - Appropriate safeguards for offenders and staff;
 - Post-exposure management protocols particularly for HIV and viral hepatitis infection;
 - Methicillin Resistant Staphylococcus Aureus (MRSA) management which shall include: evaluating and treating infected offenders; medical isolation, when indicated; follow-up care, including arrangements with appropriate health care authorities for continuity of care if an offender is transferred prior to the completion of therapy.
4. **APPLICABILITY:** Deputy Secretary, Undersecretary, Assistant Secretary, Chief of Operations, Department's Medical/Mental Health Director, Regional Wardens, Wardens, Director of Probation and Parole and Director of Prison Enterprises. Each Unit Head is responsible for ensuring that appropriate unit written policy and procedures are in place to comply with the provisions of this policy.

5. **DEFINITIONS:** For the purpose of this policy, the following definitions apply:
- A. **High Risk Bodily Fluids (HRBF):** The fluid known to transmit HIV and Hepatitis B and C viruses, e.g. blood and other bodily fluids containing visible blood, semen and vaginal secretions.
 - B. **Low Risk Bodily Fluids (LRBF):**
 - Feces;
 - Urine;
 - Vomit;
 - Nasal secretions;
 - Saliva;
 - Sputum;
 - Sweat;
 - Tears;
 - Considered HRBF if they contain visible blood.
 - C. **Personal Protective Equipment:** Protective equipment includes gloves, gowns, masks and eyewear worn by health care workers to reduce the risk of exposure to potentially infectious materials.
 - D. **Universal Precautions:** Refers to the infection control practices to prevent exposure to bodily fluids or waste by utilizing personal protective equipment appropriate to the task.
 - E. **Amniotic Fluid:** The fluid surrounding the unborn baby in the womb.
 - F. **Cerebrospinal Fluid:** Fluid found around the brain and the spinal cord.
 - G. **Communicable/Infectious:** Spread by direct or indirect contact.
 - H. **Contamination:** The presence of HRBF or LRBF on a surface or piece of clothing.
 - I. **Disinfectant Solution:** A 1:10 solution of bleach (one part bleach mixed with nine equal parts of water or any other chemical used for disinfection) that is effective in killing pathologic bacteria and viruses.
 - J. **Hepatitis A, B & C:** An infectious disease of the liver which is caused by a virus which has been designated as the Hepatitis Virus.

- K. **HIV (Human Immunodeficiency Virus):** The virus that causes immunosuppression resulting in any number of opportunistic infections and/or diseases and detected through blood tests. Blood, vaginal fluid and semen are usual modes of transmission of this virus.
- L. **Infectious Disease:** Any disease caused by the presence of bacteria, protozoa, viruses or other parasites in the body. The disease may or may not be communicable/infectious (i.e. transmitted from person to person.)
- M. **Lesion:** A break in the skin, a cut or a scrape.
- N. **Mucosal:** Pertaining to the mucous membrane.
- O. **Mucous Membrane:** The smooth, moist skin found lining the inside of the mouth, nose, vagina, eye socket etc.
- P. **Perinatal:** Pertaining to or occurring in the period shortly before and after birth.
- Q. **Peritoneal Fluid:** Fluid from the abdomen.
- R. **Pleural Fluid:** Fluid in the chest surrounding the lungs.
- S. **Red Biohazard Plastic Bag:** Disposable red bags that are in compliance with the State of Louisiana Sanitary Code-Chapter XXVII "Management of Refuse, Infectious Waste, Medical Waste and Potentially Infectious Biomedical Waste" used in the safe containment and disposal of infectious waste.
- T. **Saliva:** Spit.
- U. **Semen:** The fluid which is discharged from the penis during ejaculation.
- V. **Sputum:** Fluid that is coughed up from the lungs.
- W. **Synovial Fluid:** Fluid in any joint.
- X. **Vaginal Secretions:** Fluid normally found in the vagina that is secreted by vaginal glands.
- Y. **Venipuncture:** Introduction of a needle into a vein.
- Z. **Medical Isolation:** Refers to the precautions that are taken to prevent the spread of an infectious agent from an infected or colonized patient to susceptible persons.

6. **GENERAL PREVENTION GUIDELINES AND PROCEDURES:** Communicable disease and infection control activities shall be discussed and reviewed at least quarterly by a multidisciplinary team that includes clinical, security and administrative representatives. Each institution shall have a plan for the management of biohazardous waste and for the decontamination of medical and dental equipment.
- A. Appropriate protective supplies shall be available at each institution for use as needed. Hand washing and personal hygiene shall be promoted. Offenders and staff shall be taught and continually reminded of the importance of hand washing. Adequate hand washing facilities and soap shall be available for staff and offenders.
 - B. All offenders shall practice good personal hygiene. Offenders shall avoid touching wounds and shall wash their hands as soon as possible after touching wounds or contaminated dressings or clothing. The practice of hand washing items of clothing in common sinks is prohibited.
 - C. All offender living areas shall be cleaned on a regular basis with a disinfectant solution. This cleaning shall be documented as to frequency, areas cleaned and chemicals used. Individual living spaces, i.e. cells or beds, shall be cleaned when the offender occupying the space changes.
 - D. Minimum temperatures shall be monitored on all clothes washing machines. Institutions shall follow the laundry product manufacturer's recommendations regarding required temperature and wash cycle duration to ensure adequate disinfection. These requirements shall be adhered to with the exception of institutions that have been equipped with an Ozone Generation System. A disinfectant (detergent and/or powdered bleach on colored clothes and a liquid bleach on whites) shall be used as part of the wash or rinse cycle.
 - E. Kitchen areas shall be cleaned with an approved disinfectant. Garbage bins shall be covered. Head covers shall be worn during food service and gloves shall be worn to handle food during direct food contact. Hand washing shall be diligently mandated for all kitchen workers. Dish washer temperature shall be at least 180°F for the rinse cycle or at a temperature in accordance with the manufacturer's guidelines if a sanitizer is used during the rinse cycle.
 - F. Equipment shall be cleaned on a routine basis with disinfectant. Equipment that is used on an offender shall be cleaned with a disinfectant between uses.

(Effective 01 August 2012 and supersedes Page Four dated 08 July 2011)

7. GENERAL INFECTION CONTROL GUIDELINES FOR ALL STAFF:

- A. Universal precautions shall always be practiced with any bodily fluids.
- B. Spills and contaminated surfaces shall be cleaned as soon as possible with a disinfectant solution. Staff cleaning up spills or handling contaminated items shall wash their hands after such activities upon removal of their gloves.
- C. Items soaked with bodily fluids that are disposable shall be placed in a red biohazard plastic bag and sealed. Disposal of the bag shall be in compliance with the State Sanitary Code.
- D. Contaminated clothing and linens shall be placed in an appropriate bag marked "Contaminated Laundry" and laundered. All persons handling contaminated clothing and linens shall wear gloves.
- E. Staff whose clothing has been contaminated shall be provided a change of clothing and an opportunity to wash as soon as possible.
- F. Staff shall cover all open wounds or cuts.

8. GENERAL INFECTION CONTROL GUIDELINES FOR HEALTH CARE WORKERS:

- A. Gloves shall be worn when anticipating potential contact with any bodily fluid.
- B. Gloves shall be changed after contact with each patient.
- C. Masks and protective eyewear or face shields shall be worn during procedures that are likely to generate contact with bodily fluids to prevent exposure of mucous membranes of the mouth, nose and eyes.
- D. Gowns or aprons shall be worn during procedures that are likely to generate splashes of any bodily fluid.
- E. All health care workers shall take precautions to prevent injuries caused by needles, scalpels and other sharp instruments or devices including but not limited to the following:
 - 1) Needles shall not be recapped;
 - 2) Needles shall not be purposely bent, broken by hand, removed from disposable syringes or otherwise manipulated by hand;

- 3) Disposable syringes and needles, scalped blades and other sharp items shall be placed in puncture-resistant containers for disposal after use. The puncture-resistant containers shall be readily accessible and disposed of in compliance with the State Sanitary Code;
- 4) If exposure has occurred, staff shall be promptly evaluated by health care staff.

9. GENERAL INFECTION CONTROL GUIDELINES FOR SECURITY STAFF:

A. Searches

- 1) Staff shall ensure all open wounds and skin breaks are covered to prevent possible exposure to bodily fluids.
- 2) Staff shall wear personal protective equipment when there is a potential for possible exposure to any bodily fluid including bodily fluids on offenders, clothing, linen or any other potentially contaminated object.
- 3) Staff shall avoid needle sticks or punctures with any sharp objects (e.g. knives or razors that may be contaminated with bodily fluids.)
- 4) Staff shall never blindly place hands in areas where there may be sharp objects that could cut or puncture the skin and shall be particularly alert for such objects during searches.

B. Use of Force

- 1) Staff shall wear appropriate personal protective equipment based on the anticipated potential exposure to bodily fluids.
- 2) When a situation warrants immediate action (i.e. breaking up a fight) and there is no time to don personal protective equipment, staff shall handle the emergency and then immediately:
 - a. Thoroughly wash hands and all areas of the body that were exposed to contamination;
 - b. Remove contaminated clothing and place in an appropriate bag marked "Contaminated Laundry";
 - c. Be promptly evaluated by health care staff if exposure has occurred.

C. Training

- 1) All new staff shall receive training and introduction to communicable and infectious diseases during orientation. Documentation that staff received the orientation shall be retained in the staff member's personnel and/or training file.
- 2) Counseling shall be available to all staff who request such services regarding their concerns about communicable and infectious/diseases, including ways to prevent the spread of the diseases to others.

D. Surveillance

- 1) The Secretary or designee may authorize the testing of an employee for communicable or infectious diseases at the Department's expense when such testing is in the best interest of the Department.
- 2) Any person who is involved in or witnesses an incident that could have resulted in a potential exposure to communicable and infectious diseases shall notify their immediate supervisor that an incident has occurred.

E. Identification and Treatment

- 1) Staff shall report all needle stick accidents or bodily fluid exposures immediately to their supervisor and follow the Unusual Occurrence Report procedures.
- 2) The employee shall be evaluated as soon as possible by health care staff for post-exposure evaluation and prophylactic treatment if indicated.

10. GENERAL INFECTION CONTROL GUIDELINES FOR ALL OFFENDERS:

- A. Universal precautions shall always be practiced with any bodily fluids.
- B. Spills shall be cleaned up as soon as possible with a disinfectant solution.
- C. Items soaked with bodily fluids that are disposable shall be placed in a red biohazard plastic bag and sealed. Disposal of the bag shall be in compliance with the State Sanitary Code.
- D. Offenders cleaning up spills or handling contaminated items shall wash their hands after such activities upon removal of their gloves

- E. Contaminated clothes and linens shall be placed in an appropriate bag marked "Contaminated Laundry" and laundered. All persons handling contaminated clothing and linens shall wear gloves while doing so.
- F. Offenders whose clothes have been contaminated shall be provided a change of clothes and an opportunity to wash as soon as possible.
- G. Offenders shall cover all open wounds or cuts.
- H. Education/Counseling
 - 1) All new offenders entering the system shall receive orientation focused on communicable and infectious diseases.
 - 2) Documentation that the offender received this orientation shall be placed and maintained in each offender's record.
 - 3) Continuing education regarding blood borne infectious diseases and other communicable and infectious diseases shall be conducted as deemed necessary by the responsible Health Authority at each institution.
 - 4) Counseling shall be available to all offenders who request such services regarding their concerns about communicable and infectious diseases, including ways to prevent the spread of the diseases to others.
- I. Surveillance
 - 1) An offender shall be tested for a communicable and infectious disease if the offender has been in an altercation and there is reason to believe that an exchange of body fluids between the offender and another person has taken place.
 - 2) Any offender who is involved in an incident in which another person is potentially exposed to an infectious disease by the throwing of feces, urine, blood, saliva, human bite or any form of human waste or bodily fluid on the other person shall be tested to determine whether the aggressive offender is infected with a contagious and infectious disease in compliance with applicable state and federal laws. The costs associated with this testing shall be paid by the offender in accordance with Department Regulation No. AM-C-7 "Indigent Offenders."
- J. Identification and Treatment

Offenders that have had an exposure (e.g. splashing into the eye, mouth or an open lesion, puncture with a contaminated item or a human bite, etc.) shall be evaluated by health care staff regarding the exposure and potential post-exposure prophylactic treatment and follow-up recommendations.

11. CONTAMINATED EQUIPMENT OR SPILLS:

- A. All equipment contaminated with bodily fluids shall be initially cleaned with soap and water followed by a wiping of all exposed surfaces with a disinfectant solution.
- B. Security equipment (i.e. handcuffs) that potentially has been contaminated with bodily fluids shall be similarly washed and then disinfected.
- C. Each work area within the institution shall be provided with disposable gloves for use by staff members and offenders when it is necessary to handle or cleanup HRBF or LRBF. They can be disposed of in the normal trash unless they are contaminated with HRBF or LRBF. They then shall be disposed of according to the institution's infection control procedures, along with all other materials used in the cleanup process.

12. PRE-PAROLE TESTING AND FOLLOW-UP:

- A. Infectious disease testing shall be conducted on all offenders after the Parole Board grants parole. In the case of IMPACT trainees, testing shall be conducted when the offender reaches the advanced platoon.
- B. Internal procedures shall be established at each institution for referral of the offender to the medical department for pre-testing counseling and the appropriate testing prior to the offender's transfer or release from custody.
- C. The following tests shall be performed, unless the offender's current status for a particular illness is already documented in the medical record: Rapid Plasma Reagin (RPR) test for syphilis; HIV; Hepatitis A antibody, Hepatitis B surface antigen and Hepatitis C antibody. Previous positive results do not require retesting for verification, but negative test results should be current within six months.
- D. Infectious Disease Testing Prior to Parole (Form HCP21-a) shall be completed for each offender who has been granted parole, specifying which tests are required and what follow-up the offender may need, based on lab results.
- E. The offender shall be responsible for the cost of the tests:

- 1) Test results and any unpaid testing fee balances shall be sent by the institution's medical department in a confidential manner to the Probation and Parole District Office responsible for parole supervision of the offender. Test results for those offenders who shall reside out of state shall be sent to Probation and Parole Headquarters. All results shall be handled in accordance with Probation and Parole Policy No. 617 "Infectious Disease Testing for Parolees."
- 2) Infectious Disease Status and Testing Prior to Release on Parole (Form [HCP21-b](#)) shall be used to track test results. Each institution shall complete this form on a quarterly basis and forward to the Director of Nursing at Dixon Correctional Institute (DCI) within five working days after the end of the quarter. The nursing staff at DCI shall be responsible for compiling the data and reporting the information to the Department's Medical/Mental Health Director on a quarterly basis.

13. METHICILLIN RESISTANT STAPHYLOCCUS AUREUS (MRSA) MANAGEMENT:

- A. Offenders with any open, draining wound shall not be transferred from one institution to another in most situations.
- B. If the offender has any open draining wounds, they shall be treated at the facility where they reside and then transferred at a later date when there is no longer any drainage.
- C. Exceptions shall not be allowed without the approval of the Department's Medical/Mental Health Director or designee, and such approval shall not be given absent the need for emergency transfer due to mental health, medical, custody or other urgent considerations.

s/James M. Le Blanc
Secretary

Forms: [HCP21-a Infectious Disease Testing Prior to Parole](#)
[HCP21-b Infectious Disease Status and Testing Prior to Release on Parole](#)

This Health Care Policy supersedes Health Care Policy No. HC-09 dated 29 August 2003.

INFECTIOUS DISEASE TESTING PRIOR TO PAROLE

Institution

Offender's Name & DOC Number

Probation & Parole District Office

I hereby consent to have blood drawn for the following tests (check all that apply):

- Syphilis \$ _____ HIV \$ _____ Hep A \$ _____
 Hep B \$ _____ Hep C \$ _____ Testing Not Required

TOTAL COST:\$ _____

I also give my consent for the results of these tests, including any previously documented test results and health information, to be forwarded to the Probation & Parole District Administrator who shall be responsible for my parole supervision. Positive HIV results shall also be released to the Louisiana Department of Health & Hospitals, Office of Public Health. I understand I am financially responsible for the cost of these tests and that the Division of Probation & Parole shall seek to collect any unpaid testing fee balances. Pursuant to R.S. 15:574.4.2, I understand that following my release on parole I must seek advice and counseling from the appropriate health care and support services for the diseases selected below. I understand that failure to seek or follow that advice may result in the revocation of my parole. I understand the above-mentioned information and agree to abide by these conditions.

Witness Signature

Offender Signature

Date

Upon completion of this section:

Pink copy to offender

Canary copy to Business Office (Contact Person: _____)

The above-mentioned offender has tested positive and has received infectious disease discharge planning for the following diseases (check all that apply):

- Syphilis HIV Hep A Hep B Hep C None

BALANCE OWED \$ _____

Medical Department Contact Person

Date

Upon completion of this document:

White copy to Offender Medical Record

Goldenrod copy to Probation & Parole District Administrator

Forward a copy to the Board of Pardons Committee on Parole, Parole Program Manager
(serves as certification by releasing facility re: compliance with R.S. 15:574.4.2)

INFECTIOUS DISEASE STATUS AND TESTING PRIOR TO RELEASE ON PAROLE

Unit	THIS QUARTER		SYPHILIS			HIV			HEPATITIS A			HEPATITIS B			HEPATITIS C			
	# Released on Parole	# Refused Testing	Known Positive	Tested		Known Converter	Known Positive	Tested		Known Converter	Known Positive	Tested		Known Converter	Known Positive	Tested		Known Converter
				+	-			+	-			+	-			+	-	
AVC																		
JLDCC																		
DCI*																		
DWCC																		
EHCC																		
FWCC																		
LCIW																		
LSP																		
PCC																		
RCC																		
ALC																		
WNC																		
TOTAL																		

* Includes State Police Barracks