COMMUNICABLE DISEASE, INFECTION PREVENTION, AND IMMUNIZATION PROGRAM

REVIEW/REVISION HISTORY:

Effective: 8/30/06
Revised: 1/14/08
Revised: 8/17/09
Revised: 1/10/11
Revised: 3/1/12
Revised: 5/1/15

SUMMARY OF REVISION/REVIEW:

Changed Infection Control to Infection Prevention throughout, including policy title
I.G.1. - Added that immunizations will be provided per the Pharmaceutical Management and
Formulary Manual
Added I.I. on requirements for Health Services assignments
Added I.J. on requirements for blood/body fluid or other potentially infectious material cleanup
assignments
IV.E.6 - Added form usage

APPROVED:

Signature on file 3/11/15

G. STEVEN HAMMOND, PhD, MD, MHA
Chief Medical Officer

Signature on file 3/11/15

KEVIN BOVENKAMP
Assistant Secretary for Health Services

Signature on file 3/12/15

BERNARD WARNER, Secretary
Department of Corrections

Date Signed
POLICY

REFERENCES:

DOC 100.100 is hereby incorporated into this policy; RCW 70.02; WAC 246-100-211; WAC 246-101; WAC 246-170; ACA 4-4354; ACA 4-4355; ACA 4-4356; ACA 4-4358; ACA 4C-08; ACA 4C-09; DOC 610.010 Offender Consent for Health Care; DOC 610.040 Health Screenings, Appraisals, and Status; DOC 610.300 Health Care for Work Release Offenders; DOC 670.020 HIV Infection and AIDS; DOC 890.090 Respirator Program; DOC 890.130 Hazard Assessments and Personal Protective Equipment; DOC 890.600 Bloodborne Pathogen (BBP) Protection and Exposure Response; Association for Professionals in Infection Control and Epidemiology (APIC) Guidelines; Centers for Disease Control and Prevention Vaccine Information Statements; DOC-DOH Health, Environmental, & Safety Standards; DOC Safety and Exposure Control Guide; LTBI Treatment and Monitoring Protocol; Offender Health Plan; Pharmaceutical Management and Formulary Manual; Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC, MMWR 2006, 55 (RR09); Tuberculosis Screening Protocol and Management of TB Disease; Washington Industrial Safety and Health Act Regional Directive 11.36

POLICY:

I. [4-4354] [4-4355] [4C-09] The Department has established a Communicable Disease and Infection Prevention Program to ensure a safe and healthy environment for employees, contract staff, volunteers, and offenders. Communicable and infectious diseases are minimized by providing prevention, education, identification through examination of employees and offenders suspected of having a communicable disease, surveillance, immunization, treatment, follow-up, isolation, and reporting.

II. [4C-08] Health services employees/contract staff will consult with the state and respective county health departments in the prevention and management of communicable and infectious disease, when indicated.

DIRECTIVE: [4-4354]

I. Prevention [4C-09]

A. The Department will maintain a written exposure control plan in the DOC Safety and Exposure Control Guide, which describes methods for use by all employees and contract staff to eliminate or minimize exposure to pathogens.

1. All employees and contract staff will use standard precautions as necessary per the DOC Safety and Exposure Control Guide, unless instructed by health services or public health employees/contract staff to use additional precautions.
**POLICY**

B. Employees and contract staff will use personal protective equipment per DOC 890.600 Bloodborne Pathogen (BBP) Protection and Exposure Response. Each facility will have personal protective equipment readily available for use per DOC 890.130 Hazard Assessments and Personal Protective Equipment.

C. Each facility will provide the equipment and supplies necessary to meet the requirements outlined in DOC-DOH Health, Environmental, & Safety Standards for environmental safety and sanitation and DOC 890.600 Bloodborne Pathogen (BBP) Protection and Exposure Response for cleanup of blood or body fluid spills.

D. Employees will be provided training in communicable diseases and infection prevention in new employee training and on an annual basis.
   1. For protection from potential exposure to airborne diseases and to ensure appropriate offender care, health services employees/contract staff involved in direct offender care will be qualified in N95 mask and/or Powered Air Purifying Respirator (PAPR) use per DOC 890.090 Respirator Program.
      a. PAPRs may be used as an alternative for health services employees/contract staff who cannot wear N95 masks because of medical conditions or facial hair.

E. [4-4358] Medical sharps, lab specimens, and other biohazardous and infectious wastes will be disposed of per Environmental Protection Agency (EPA) standards.
   1. Each Superintendent/CCS will designate employees/contract staff responsible for arranging proper disposal based on the nature of the waste.

F. Medical and dental equipment will be decontaminated in a manner consistent with the Association for Professionals in Infection Control and Epidemiology (APIC) Guidelines and any instructions specific to the equipment. [4-4358]

G. [4-4356] Immunizations will be provided to offenders per the Offender Health Plan and the Pharmaceutical Management and Formulary Manual.
   1. An immunization history will be obtained and documented at the Washington Corrections Center or Washington Corrections Center for Women Reception Diagnostic Center during the history and physical examination. [4-4356]
2. Before an immunization is administered, the offender will be provided information regarding possible adverse reactions, including the current version of the Centers for Disease Control and Prevention’s Vaccine Information Statements.

   a. Administration of the vaccination and publication date of the Vaccine Information Statement provided to the offender will be documented on DOC 13-480 TB/Immunization Record.

3. If an offender refuses an immunization which has been specifically recommended, health services employees/contract staff will document the refusal per DOC 610.010 Offender Consent for Health Care.

H. Before being assigned to work in Food Services, offenders must pass a screening, which typically takes place at the time of the initial physical examination done at the Reception Diagnostic Centers per DOC 610.040 Health Screenings, Appraisals, and Status.

   1. Offenders working in Prisons or Rap House/Lincoln Park Work Release Food Services who report or are observed to have an illness, infection, or skin lesion(s) will be removed from work until evaluated by Health Services. Work Release offenders may be seen by a community health provider.

I. Before being assigned to work in Health Services, offenders must complete:

   1. The hepatitis B series of immunizations or have a positive test for the hepatitis B surface antibody (HBsAb), and

   2. Influenza immunization appropriate for the upcoming influenza season, which will be required annually thereafter.

J. Before being assigned to blood/body fluid or other potentially infectious material cleanup, offenders must complete:

   1. The hepatitis B series of immunizations or have a positive test for the hepatitis B surface antibody (HBsAb), and

   2. Training and certification consistent with Occupational Safety and Health Administration (OSHA) bloodborne pathogens training standards for blood/body fluid cleanup.

   a. Training will be recorded on the Offender Certificate screen in Offender Management Network Information (OMNI) Programs and
a comment will be added to the “Bio Waste” program referral. A list of offenders certified in cleanup can be generated from OMNI.

II. Education [4C-09]

A. Offender workers identified as being at risk of exposure to biohazardous materials in the course of their job responsibilities are trained in appropriate methods for handling and disposing of biohazardous materials and spills.

B. HIV counseling and education is available to all offenders per DOC 670.020 HIV Infection and AIDS.

C. Information on bloodborne pathogens and how to reduce transmission among offenders are available in the DOC Safety and Exposure Control Guide.

III. Identification [4C-09]

A. Offenders will be screened for infectious diseases per DOC 610.040 Health Screenings, Appraisals, and Status.

B. [4-4355] Offenders will be screened routinely for tuberculosis and as required per the Tuberculosis Screening Protocol and Management of TB Disease.

C. HIV, hepatitis B, and hepatitis C testing will be conducted for all incoming offenders, unless refused, at the Reception Diagnostic Centers.

D. Screening for other infectious diseases will be available to all offenders per the Offender Health Plan.

IV. Treatment [4C-09]

A. Offenders diagnosed with communicable diseases will receive prompt care, treatment, and medical isolation as outlined in the Offender Health Plan, Department policy, and other recognized standards and guidelines.

B. [4-4356] Except as specified by Department policy or protocol, offenders with acute or chronic infectious or communicable diseases will be treated in accordance with current infection prevention standards and will be provided information about transmission and methods to prevent future infection of self or others.

C. [4-4355] Offenders will be evaluated and provided treatment for Latent Tuberculosis Infection (LTBI), when medically indicated per the LTBI Treatment and Monitoring Protocol.
D. The plan for evaluation, treatment, and follow up of offenders with HIV disease is described in DOC 670.020 HIV Infection and AIDS.

E. [4-4356] The plan for evaluation, treatment, and follow up of offenders with hepatitis C will be directed by the Hepatitis C Virus Committee and incorporated in the following:

1. DOC 13-356 Hepatitis C Treatment Naïve - Genotype 2,
2. DOC 13-357 Hepatitis C Treatment Consent,
3. DOC 13-358 Hepatitis C Treatment Eligibility Evaluation,
4. DOC 13-359 Hepatitis C Treatment - Sofosbuvir,
5. DOC 13-362 Hepatitis C Treatment Side Effect Management, and
6. DOC 13-456 Hepatitis C Treatment History and Physical.

F. [4-4356] If an offender has been diagnosed with a serious communicable disease, health services employees/contract staff will instruct correctional employees/contract staff on measures to prevent transmission, if measures beyond standard precautions are necessary.

1. Work Release offenders may be transferred to a Prison for care per DOC 610.300 Health Care for Work Release Offenders.

G. Body fluid exposure incidents are handled per DOC 890.600 Bloodborne Pathogen (BBP) Protection and Exposure Response.

H. [4-4356] If an offender who is due to be released into the community from a Prison or Rap House/Lincoln Park Work Release has a communicable or infectious disease, health services employees/contract staff will ensure that continuity of care, with available appropriate community resources, is established before release.

V. Reporting [4C-09]

A. Communicable and infectious diseases are reported to the Washington Department of Health per WAC 246-101. Prisons or Rap House/Lincoln Park Work Release will also notify the facility's Infection Prevention Committee.

1. Diseases and conditions that require reporting per WAC 246-101 are identified on the Department of Health Notifiable Conditions Reporting list.

2. The Infection Prevention Nurse or treating practitioner will notify the local health jurisdiction in the county where the offender is housed of any reportable condition.
3. Disease reporting telephone numbers are available on the Department of Health Contact Numbers list. If no one can be reached at the local health jurisdiction and a condition requires immediate reporting, the Infection Prevention Nurse or treating practitioner will call the 24-hour reporting line at 1-877-539-4344.

4. Work Release employees/contract staff will work with Headquarters health services employees/contract staff as necessary to ensure proper reporting.

VI. Infection Prevention Committee for Prisons and Rap House/Lincoln Park Work Release

A. Each facility will have an Infection Prevention Committee to oversee communicable disease and infection prevention practices. This committee will meet at least quarterly.

1. Members of the committee will include:
   a. Facility Medical Director or clinical designee,
   b. Infection Prevention Nurse or clinical designee,
   c. Health Authority or administrative designee, and
   d. Representative from custody.

2. Regular membership and participation will also be sought from each clinical discipline, food service, lab, safety, physical plant, and facility administration.

B. Functions of the Infection Prevention Committee include, but are not limited to:

1. Tracking of communicable and infectious diseases, including conditions that require reporting, and identifying trends,

2. Submission of proposals to decrease incidence of these diseases, and

3. Evaluation of the facility’s application of standard precautions, cleaning and disinfecting techniques, and the disposal of medical sharps and biohazardous waste.

C. Minutes of the Infection Prevention meetings will be taken and submitted to the Health Authority/designee. Meeting agenda topics include:

1. Review of selected communicable disease statistics for the past quarter,

2. Review of other reportable disease incidence per WAC 246-101 for the past quarter,
### POLICY

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<td>3.</td>
<td>Review of ectoparasite reports for the past quarter,</td>
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<td>4.</td>
<td>Discussion of outbreaks or other unusual infection incidents, and</td>
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<td>5.</td>
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### DEFINITIONS:

The following words/terms are important to this policy and are defined in the glossary section of the Policy Manual: Tuberculosis (TB). Other words/terms appearing in this policy may also be defined in the glossary.

### ATTACHMENTS:

None

### DOC FORMS:

- DOC 13-356 Hepatitis C Treatment Naïve - Genotype 2
- DOC 13-357 Hepatitis C Treatment Consent
- DOC 13-358 Hepatitis C Treatment Eligibility Evaluation
- DOC 13-359 Hepatitis C Treatment - Sofosbuvir
- DOC 13-362 Hepatitis C Treatment Side Effect Management
- DOC 13-456 Hepatitis C Treatment History and Physical
- DOC 13-480 TB/Immunization Record