MONTANA STATE PRISON
OPERATIONAL PROCEDURE

Procedure:	**MSP HS B-02.0 INFECTIOUS DISEASE PREVENTION AND CONTROL**
Effective Date:	04/08/2013 Page 1 of 4
Revision Date(s):	10/01/2020; 06/30/2026
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I. PURPOSE

Track the incidence of infectious and communicable disease among inmates through monitoring and surveillance; promote a safe and healthy environment; prevent the incidence and spread of disease; ensure that infected inmates receive prompt care and treatment; and assure the completion and filing of all applicable reports consistent with local, state, and federal laws and regulations.

II. DEFINITIONS (see Glossary)

III. REQUIREMENTS

A. General Requirements

1. Health care staff will provide prompt care and treatment to inmates afflicted with infectious or communicable diseases, including providing information about disease transmission and methods to prevent future infection of self or others.
2. The designated Infection Prevention RN is responsible for monitoring, surveillance, and appropriate reporting of infectious and communicable diseases in an effort to minimize their occurrence in accordance with state and federal guidelines.
3. Health care staff will:
   a. use Standard Precautions when providing inmate health care in accordance with current CDC guidelines.
   b. use Personal Protective Equipment that must be readily available for routine and emergency care; and
   c. follow requirements to account for equipment and attend annual in-service training on equipment use coordinated by the Infection Prevention RN.

B. Infection Control Program

1. The designated Infection Prevention RN is responsible for the Infection Prevention Program at MSP and will work with the Department Infection Prevention Manager to arrange training, develop processes, and ensure compliance.
2. Health care staff assigned to the Martz Diagnostic and Intake Unit will screen inmates for tuberculosis and acute infectious disease according to guidelines established by the Department Medical Director in accordance with NCCHC guidelines and *MSP HS B-02.4 Disease Prevention – TB Control Plan*.

3. Health care staff will make immunizations available to inmates:
   a. without adequate immunizations; and/or
   b. whose medical conditions would be severely compromised if they are infected with vaccine-preventable diseases.

4. Health care staff will offer an influenza vaccine program to inmates identified at risk for complications of influenza.
   a. If adequate vaccine is available, the vaccine will be offered to the remaining inmate population.

5. Health care staff will provide HIV and Hepatitis C counseling, education, and testing to all inmates.
   a. Testing will be done with rapid HIV and rapid HCV according to manufacturer instructions.
   b. Testing is conducted as part of the intake process, and every inmate will be offered HIV and Hepatitis C testing.
   c. Risk factors (for example, IV drug use, multiple sex partners) will be determined as part of the intake assessment and H&P.
   d. All inmates will be strongly encouraged to participate in the HIV and Hepatitis C testing.
      1) The general consent for medical care is sufficient for HIV and Hepatitis C testing.
      2) Testing is “opt-out testing,” and in the event of a refusal the inmate is not required to submit a refusal form at time of testing.
         a) Those who refuse are sent education by the Chronic Care Nurse and provided guidance about the importance of testing; if they change their decision, they can submit a health care request to get tested.
      3) No inmate will be tested without prior knowledge that the test will be conducted.
      4) Oral testing for HIV and finger sticks for Hepatitis C will be the testing method of choice unless contraindicated.
      5) In the event of a body fluid exposure to staff or another inmate, the source of the exposure must consent to be tested.
      6) Patients with positive rapid test results will be scheduled for an appointment with a provider to discuss results in a private setting.
         a) Blood test confirmation will be drawn automatically.
      7) All inmates who test positive for HIV and/or Hepatitis C will be managed by the health service providers at MSP, who will follow the current guidelines for standards of care.
         a) Complicated cases and those co-infected with Hepatitis C will be referred to an Infectious Disease Consultant for treatment plan development and follow up as indicated.
         b) All inmates who test positive for HIV or Hepatitis C will be enrolled in chronic care.
      8) New HIV patients will be referred to Chronic Care Nurse for extensive education.
      9) Testing will not be utilized to screen for blood and tissue donors.
      10) Inmates will be informed by written notice of the results of the negative HIV and Hepatitis C test in a timely and confidential manner.
      11) Infection Prevention RN will complete all required paperwork for positive results to send to DPHHS.

6. Health care staff will provide a two-part Hepatitis A and a two-part Hepatitis B vaccination (not Twinrix).
   a. All inmates will be offered Hepatitis A and B vaccinations at intake.
      1) If the inmate wants to be vaccinated, an appointment will be scheduled in the Electronic Health Report (EHR) for the Vaccination Nurse.
   b. The inmate will have the option of:
      1) opting out at intake; and
      2) submitting a health care request later if they change their decision.

c. First dose to be given at intake as part of the intake process to every inmate by the nurse who completes the inmate's intake.
   1) The Hepatitis A and B vaccine consent will need to be completed by the offender indicating acceptance or declination of the vaccines in the EHR by selecting informed consent, indication of receipt of VIS, and imMTrax consent.
d. Health care staff will be provided education on Hepatitis A and Hepatitis B approved by the Department Infection Prevention Manager.

7. Tuberculosis will be handled as follows:
   a. the Infection Prevention RN will coordinate tuberculosis screening of inmates annually as outlined by the *HS B-02.4 Disease Prevention – TB Control Plan;* and
   b. health care staff will address all issues relating to tuberculosis in accordance with *HS B-02.4 Disease Prevention – TB Control Plan*.

8. MSP health care providers will follow the treatment guidelines established by the Department Medical Director in *DOC 4.5.11A Hepatitis C Virus (HCV) Treatment.*

9. All inmates will also be tested for Hepatitis A, Hepatitis B, syphilis, gonorrhea, and chlamydia at intake. All inmates will be given the option to opt out of testing.
   a. The Infection Prevention RN will:
      1) meet with inmates who test positive to complete state paperwork;
      2) offer treatment per the Medical Director Standing Orders; and
      3) provide information to inmates about disease transmission and methods to prevent future infection of self or others.
   b. Health care providers will treat inmates presenting with acute or chronic infectious or communicable diseases in accordance with the current CDC Sexually Transmitted Diseases Treatment Guidelines.

10. When a physician orders an inmate to be isolated for an infectious disease:
    a. health care staff will follow:
       1) the Centers for Disease control current guidelines; and
       2) the manufacturer recommendations for the PAPR; and
    b. if negative pressure rooms at the infirmary are non-functioning, inmates will be transferred to a facility with a negative pressure room.

11. An integral component of the infection control program is prevention of the occurrence and spread of infectious and communicable diseases.
    a. The Infection Prevention RN will ensure health care staff proceed as follows:
       1) offer ongoing education on communicable disease prevention to facility staff and inmates as part of the health education program;
       2) maintain essential ongoing communication with the respective County Health Department and MT DPHHS; and
       3) instruct facility employees on measures to prevent disease transmission, including additional precautions that may be necessary during transport, hospital supervision, or while in Infirmary.

12. The Infection Prevention RN will:
    a. monitor sick call and urgent and emergent appointments for trends and monitor for increase in influenza-like illness, skin infections, scabies, lice, shingles, and chickenpox;
    b. ensure that continuity of care is established with appropriate community resources prior to releasing inmates who are diagnosed with communicable or infectious disease; and
    c. ensure staff report infectious and communicable diseases to the MT DPHHS and the Department's Medical Director.

13. When providing inmate care, health care staff will ensure employees use standard blood and body fluid precautions and handle and treat body fluid exposure incidents.

14. Health care staff will dispose of medical sharps and biohazardous waste using methods and materials compliant with Environmental Protection Agency standards.

15. Inmate workers who are required to assist with disposal of biohazardous waste will be properly trained by Correctional Health Service Technicians (CHST) and/or designated nurses with the oversight of the Infection Prevention RN as stipulated in the inmate worker assignment description.

16. The Infection RN will coordinate with the MSP warehouse for the proper disposal of biohazardous Prevention waste utilizing resources available in local communities.

17. The Infection Prevention RN will ensure that contaminated non-disposable medical equipment is decontaminated using appropriate methods as specified by:
    a. the manufacturer;
    b. OSHA guidelines; and
    c. *HS B-02.5 Decontamination of Medical Equipment*.

18. CHSTs will ensure the infirmary kitchen and food storage area is kept clean and sanitary for preparing and serving meals.
    a. Food handlers will follow hygienic practices and must be medically cleared to avoid contamination of others in accordance with *HS B-02.7 Infirmary Food Service Sanitation*.

19. The MSP Continuous Quality Improvement committee will function as the Infection Prevention Committee.

20. The Infection Prevention RN will:
    a. report to the MSP Continuous Quality Improvement committee any issues to be addressed at meetings;
    b. report facility-wide infection control issues at the monthly MSP Safety Committee meeting; and
    c. keep and maintain on file all committee meeting notes.

IV. CLOSING

Questions about this procedure should be directed to the MSP Health Services Manager.

V. REFERENCES

A. *NCCHC Standards for Health Services in Prison*
B. *Center for Disease Control Guidelines*
C. *OSHA and Environmental Protection Agency Standards*
D. *DOC 4.5.11A Hepatitis C Virus (HCV) Treatment; HS B-02.2 Bloodborne Pathogens; HS B-02.4 Disease Prevention – TB Control Plan; HS B-02.5 Decontamination of Medical Equipment; HS B-02.7 Infirmary Food Service Sanitation*