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PURPOSE – Language updated. PROCESS – I. – Language updated. II. – Language updated.
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XI. – Language updated. XIV. – Language updated. XVII. – Language updated.
XVIII.B.3. – Language updated. XVIII.B.4. – Language updated. XVIII.B.5. – Section Deleted.
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PURPOSE

To provide policy and outline health information regarding serious infectious diseases at Nebraska Department of Correctional Services (NDCS. NDCS team members should refer to Policy 112.35 *Team Member Medical Monitoring Surveillance Program*, for additional infection control information.

It is the policy of NDCS to maintain a facility environment that is safe and healthy for patients, team members and visitors. This will be done by ensuring that all appropriate and necessary precautions are taken to prevent or control the transmission of infectious diseases within NDCS. Policy, procedures, and practices shall be updated as new information for best practice becomes available and will be reviewed on an annual basis. This policy is applicable to patients housed within NDCS facilities.

DEFINITIONS

For all health services definitions, see Policy 115.50 *Health Services Definitions*.

PROCESS (ACI-6A-12, ACRS-4C-09)

I. PREVENTION


In the facilities, appropriate precautions will be taken to prevent the spread of infectious diseases. Health care workers will refer to health services policies, procedures and protocols regarding identification of infectious diseases and care of patients with infectious diseases.

II. EDUCATION

Education regarding infectious disease is critical to preventing transmission of the micro-organisms. Health services will provide current educational material on common infections in corrections to all new patients upon admission to NDCS and to the population as needed.

III. IDENTIFICATION

- A. The management of infections includes procedures for the identification, surveillance, immunizations, treatment, and isolation (when indicated).
- B. Human Immunodeficiency Virus (HIV)/Hepatitis (ACI-6A-15, ACI-6A-16, ACRS-4C-10)
 1. At the time of entry into NDCS, all patients will be informed of and tested by NDCS medical team members for the presence of HIV or chronic Hepatitis B or C. All positive tests will be confirmed by an outside laboratory.
 2. Patients may request voluntary HIV or Hepatitis B or C testing subject to the approval of the facility health care provider.
 3. Patients may be required to undergo HIV or Hepatitis testing by the facility medical team members when the specific patient is identified as a source of a significant exposure of blood or body fluids to another patient or team members. Refer to Policy 115.04 *Health Education and Access to Health Services*, Section 14, "Informed Consent".

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4. The facility health care coordinator/designee may require a patient to undergo HIV or Hepatitis testing when deemed medically appropriate. Refer to Policy 115.04 *Health Education and Access to Health Services*, Section 14, "Informed Consent".

C. Tuberculosis (ACI-6A-14)


1. At the time of entry into NDCS, all patients shall be tested by facility medical team members for TB unless there is documentation of a previous positive test result. All positive tests will undergo chest x-ray.
2. Patients may be required to undergo testing for TB when the patient is identified as a potential contact to a patient or team member who is or was actively infected with TB. Refer to Policy 115.04 *Health Education and Access to Health Services* Section 14, "Informed Consent".
3. The facility health care coordinator/designee may test a patient for tuberculin infection when deemed medically appropriate. Refer to Policy 115.04 *Health Education and Access to Health Services*, Section 14, "Informed Consent".
4. Annual TB screening will be conducted on all patients in NDCS facilities.
5. A positive tuberculin skin test does not constitute a diagnosis of active TB, but indicates exposure to tuberculosis infection and that one may or may not be infectious to others. In such instances, follow-up testing will be initiated.

D. Influenza Viral Infections

1. Influenza vaccines are offered to patients at NDCS. Influenza is a contagious disease that spreads most commonly between October through May.
2. The vaccine does not cause the flu.
3. Influenza vaccine may be given at the same time as other vaccines.
4. Medical health care providers need to be aware if the person getting the vaccine:
 - a. Has had an allergic reaction after a previous dose of influenza vaccine, or has any severe, life-threatening allergies.
 - b. Has ever had Guillain-Barre Syndrome
5. It takes 2 weeks for protection to develop after the vaccination.

E. Coronavirus

1. Coronavirus disease (COVID-19) is an infectious disease caused by a coronavirus also called SARS-CoV-2.
2. COVID-19 is spread mainly from person to person, mainly through droplets, touching infected surfaces, or close contact.

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3. NDCS team members and incarcerated individuals will follow the NDCS recommendations for quarantine and medical isolation for individuals with confirmed COVID–19 positive laboratory test. Recommendations will be directed by the executive team and medical director.

F. Methicillin Resistant Staphylococcus Aureus (MRSA) (ACI-6A-13)

The program for MRSA management shall include procedures for:

1. Evaluating and treating infected incarcerated individuals in accordance with an approved practice guideline and follow up care
2. Medical isolation, when indicated
3. Cases shall not be confirmed as MRSA unless culture and sensitivity data is provided to the infection control nurse. Suspicion of MRSA will not be documented as a confirmed case.

G. Other Serious and/or Infectious Diseases

Other serious and/or infectious diseases will be handled in a similar manner under the supervision of the facility health care coordinator/designee and in collaboration with the NDCS infection control nurse.

IV. **SURVEILLANCE**

- A. Exit screening for HIV, and hepatitis B and C (unless previously documented positive for these diseases) will be offered for patients discharged or paroled from NDCS. STI testing will also be offered.
- B. Testing for TB, hepatitis and HIV may be additionally performed when a patient is identified as a potential contact to a patient or team member who is or was actively infected with an infectious disease.

V. **IMMUNIZATIONS**


Available immunizations (when applicable) will be offered to patients with HIV, hepatitis or tuberculosis per current Center for Disease Control (CDC) recommendations.

VI. **TREATMENT**

Treatment and referral of patients with infectious diseases or patients with a documented significant exposure to an infectious disease will be handled in accordance with community, local public health department, State and CDC standards of care.

VII. **FOLLOW-UP**

Incarcerated persons with chronic infectious diseases will be enrolled in a chronic care clinic for that disease and followed at intervals determined by the provider and applicable medical protocols.

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VIII. ISOLATION

In general, patients suffering from serious infectious diseases will be housed in general population, unless otherwise medically contraindicated. Housing and/or work assignments may be modified at the discretion and coordination of the facility health care coordinator/designee in consultation, with the warden, infection control nurse, and medical director. Contraindications will include, but not be limited to, significant risk of transmission of the infectious diseases to other patients or team members.

IX. CASE REPORTING

- A. The NDCS medical team members will abide by all state and federal regulations pertaining to the reporting of infectious diseases.
- B. Outside laboratory services automatically report required diseases to DHHS.
- C. If an outbreak status is determined in a facility, the infection control nurse will follow DHHS requirements for reporting and recording.

X. COUNSELING

Patients with a positive test for infectious diseases will receive counseling and education from the medical team members about the disease and, when indicated, referral will be made to the facility mental health department and/or appropriate community resources.

XI. CONFIDENTIALITY

Patients have the right to privacy and individual human dignity; therefore, special care will be taken to preserve the confidentiality of persons with serious infectious disease. Refer to Policy 115.03 *Health Care Records*. Communication within the correctional facilities shall respect the right of privacy to include the patient's diagnosis, medical status, sexual orientation and/or personal habits.

The warden and transfer coordinator at each facility will have access to a confidential registry of patients who have special housing needs due to being in an active status of a serious infectious disease. The transfer coordinator or NDCS infection control nurse may be consulted to provide a list of patients with whom the patient with special housing needs may be housed. The transfer coordinator should also refer to the medical level of care if addressed.

Patients will not be assigned, when other housing is available, to facilities or housing units with communal restrooms or assigned to dormitory style housing units during the active state of hepatitis B disease due to the infectious nature of the disease.

The infection control nurse will be responsible for maintaining the registry in confidential folders for each facility. This information shall include all active hepatitis B and HIV positive patients. The infection control nurse will also be responsible for notifying the facility health authority when a patient who is in an active state of the disease converts to an inactive health status.

XII. LAUNDRY SERVICES

Normal laundry procedures involving hot water, detergent, and the heat setting in automatic clothes dryers are adequate for dealing with infectious diseases.

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In situations where a large amount of pourable/squeezable blood or body fluids have contaminated patient clothing, the laundry shall be placed initially in a clear melt away plastic bag which will dissolve in the washing machine. These dissolvable bags will be placed in plastic bags which note, "Infectious Material." These bags will be handled by the laundry in accordance with the NDCS *Infection/Exposure Control Plan*.

XIII. HOUSEKEEPING

All blood or body fluid spills or equipment contaminated with blood or body fluid of any person will be promptly cleaned using a 1:10 solution of household bleach and water and/or using TEC/CIDE. If any cleaning materials or supplies become contaminated with blood or body fluids, they will be disposed of in accordance with Policy 115.18 *Management of Medical Control Items and Disposal of Infectious Waste*. Proper disposable containers noting "Infectious Material" are in each clinic/hospital area.

XIV. EQUIPMENT

NDCS will provide equipment for use by patients and team members in the event of blood or body fluid incidents and CPR administration. CPR masks, which prevent air and saliva transmission, are available (along with the accompanying first aid kit) at strategic locations in each facility. Appropriate personal protective equipment (PPE) shall be available to all uniformed correctional team members in our facilities who have direct contact with patients. Gloves are to be used for any exposure incidents to blood or body fluids. First aid equipment can be obtained from the facility medical clinic. In case of massive blood or body fluid contamination, face masks, eye wear, head cover, coveralls, shoe covers, and gloves are available at designated locations in each facility as specified by the Safety Specialist.

XV. TRANSPORTATION


Transportation of infected patients will be according to normal procedures, unless the facility health care coordinator in consultation with the warden specifies that precautionary measures must be taken.

XVI. MEDIA INQUIRIES

The director of strategic communications will coordinate responses to media inquiries relative to infectious disease issues with the medical director.

XVII. SEXUAL ASSAULT VICTIM NOTIFICATION

Per Neb. Rev. Stat. §29-2290, NDCS will test both the victim and the alleged assault perpetrator for the presence of the HIV, Hepatitis C (HCV), Hepatitis B (HBV) and Syphilis upon order of the presiding judge. The results of the test shall be reported to the NDCS infection control nurse, who will work with local health departments, courts issuing the order for testing and victim's attorney in the release of tests results to the victim.

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XVIII. PRECAUTIONS FOR PATIENTS

A. Introduction

If a patient has reason to believe that they may have been exposed to an infectious disease through contact with blood, body fluids, etc. of another patient or team member, an investigation will be conducted as is done for health care workers, correctional officers and other team members.

B. Procedure to be Followed

1. If a patient is exposed to blood or body fluids of another patient or team member, they should immediately take the following hygienic measures: The affected skin should be washed thoroughly with soap and water and/or the mouth, nose, eyes rinsed with clear water.
2. The exposed patient should then report promptly to medical, giving details of the exposure and the identity of the source of blood or body fluids to which they were exposed.
3. The facility health care team members will then decide the risk of exposure to an infectious disease and will institute appropriate medical treatment. This may include diagnostic tests, medical care, and psychological counseling, not only for the victim but for the alleged perpetrator.
4. The exposed patient may be advised to have repeat post exposure testing.

XIX. PATIENT HIGH RISK BEHAVIOR IDENTIFICATION AND EDUCATION


A. Identification – High Risk Behavior

High-risk behavior is where bodily fluids are, or are suspected of, being exchanged. This includes, but is not limited to, sexual activities, use of needles (i.e., tattoo, drug activities), physical altercations and other activities (i.e., sports) in which a patient with a blood borne infectious disease could spread the infection to others.

When the warden suspects a patient's behavior and/or activity jeopardizes the security of the facility and could potentiate the spread of serious infectious diseases, the facility health care coordinator/designee may be asked to review the patient's medical file to confirm the presence or absence of serious infectious diseases. At the discretion of the medical professional, a medical examination and/or laboratory testing may be performed. The warden in consultation with the facility health care coordinator/designee will determine what action is necessary to maintain the safety of patients and team members, and the control of the facility. (ACRS-4C-08)

B. Procedure to be Followed

In the event a patient is placed in restrictive housing due to high-risk behavior which could spread their serious infectious diseases, health services and unit management team members will work in coordination to provide the patient the following:

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1. Education regarding specific high-risk behavior and the potential for infecting others with a serious infectious disease. This information may be provided in writing, videotapes, audio recordings, etc.
2. A mental health evaluation when indicated.
3. Personal interview between patient and the facility health care coordinator/designee to address any questions and determine patient's ability to understand and accept responsibility.

C. Accountability

1. Upon completion of the education and counseling sessions the facility health care coordinator/designee will document compliance or non-compliance and make recommendations on need for additional education, counseling, etc.
2. This information will be provided to the warden for use in evaluating appropriate patient placement, etc.

REFERENCE

I. STATUTORY REFERENCE AND OTHER AUTHORITY

- A. Neb. Rev. Stat. §29-2290

II. NDCS POLICIES

- A. Policy 112.35 *Team Member Medical Monitoring Surveillance Program*
- B. Policy 115.50 *Health Services Definitions*
- C. Policy 115.03 *Health Care Records*
- D. Policy 115.04 *Health Education and Access to Health Services*
- E. Policy 115.18 *Management of Medical Control Items and Disposal of Infectious Waste*

III. ATTACHMENTS – None noted

IV. AMERICAN CORRECTIONAL ASSOCIATION (ACA)

- A. Expected Practices for Adult Correctional Institutions (ACI) (5th edition): 5-ACI-6A-12, 5-ACI-6A-13, 5-ACI-6A-14, 5-ACI-6A-15, 5-ACI-6A-16
- B. Standards for Adult Community Residential Services (ACRS) (4th edition): 4-ACRS-4C-08, 4-ACRS-4C-09, 4-ACRS-4C-10