



**STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
POLICY DIRECTIVE**

Policy No. DOC 4.5.11	Subject: INFECTIOUS DISEASE PREVENTION AND CONTROL	
Chapter 4: FACILITY/PROGRAM SERVICES	Page 1 of 6	
Section 5: Clinical Services	Effective Date: May 1, 1998	
Department Director Signature: /s/ Brian Gootkin	Revised: 4/19/2021	
Medical Director Signature: /s/ Dr. Paul Rees		
Clinical Services Division Administrator Signature: /s/ Connie Winner		

I. POLICY

The Department of Corrections will ensure that the health care services in each facility provide an infection control program that assists in maintaining a safe and healthy environment for offenders and staff which includes surveillance, prevention and control of communicable diseases in accordance with state and federal guidelines.

II. APPLICABILITY

All secure facilities Department of Corrections owned and contracted, as specified in the contract.

III. DEFINITIONS

Center for Disease Control and Prevention – A U.S. federal government agency whose mission is to protect public health by preventing and controlling disease, injury, and disability and is part of the U.S. Public Health Service of the Department of Health and Human Services (DHHS).

Exposure Control Plan – Staff actions taken to eliminate or minimize exposures to pathogens.

Health Care Unit – The full complement of facility health care services that range from infirmary care to sick call and include appropriate referrals.

Medical Director – The physician(s) designated by the Clinical Services Division administrator to oversee clinical practice decisions requiring medical judgments for offenders under Department jurisdiction.

Medical Isolation – Housing in a separate room with a separate toilet, handwashing facility, soap, and single-use towels, and with appropriate accommodations for showering.

NCCHC – National Commission on Correctional Health Care

Standard Precautions – Combines the major features of universal precautions (designed to reduce the risk of transmission of bloodborne pathogens) and body secretion substance isolation (designed to reduce the transmission of pathogens from moist body substances) and apply them to all patients receiving care, regardless of their diagnosis or presumed infection status and are based on the principle that all blood, bodily fluids, secretions, excretions except sweat, non-intact skin, and mucous membranes may contain transmissible infectious agents. Standard precautions include hand hygiene, use of gloves, gown, mask, eye protection, or face shield depending on the anticipated exposure and safe injection practices.

IV. DEPARTMENT DIRECTIVES

A. General Requirements

1. Facility health care units must have a written exposure control plan that is approved by the responsible physician. The plan is reviewed and updated annually, if needed.
2. The Department will provide prompt care and treatment to offenders afflicted with infectious or communicable diseases.
3. Each health care unit will implement a program to minimize the incidence of infectious and communicable diseases (e.g., tuberculosis [TB], skin infections, lice, scabies) among inmates. Inmates receive health care in a clean, safe, and healthy environment. Infectious and communicable diseases in an effort to minimize their occurrence in accordance with state and federal guidelines.
4. Health care providers will:
 - a. use standard precautions when providing offender health care;
 - b. use personal protective equipment that must be readily available for routine and emergency care;
 - c. have procedures in place to account for equipment; and
 - d. provide annual in-service training on its use.
5. Mental health staff that have contact with offenders will be trained on standard precautions and utilize them to minimize risk of exposure to blood and body fluids of infected offenders.
6. The responsible mental health authority ensures compliance with the approved written exposure control plan.
7. All sanitation workers must be trained in appropriate methods for handling and disposing of biohazardous materials and spills.

B. Infectious Disease Screening

1. Each facility and residential program health care unit will screen offenders on admission for tuberculosis and acute infectious diseases according to guidelines established by the medical director in accordance with Centers for Disease Control (CDC) and NCCHC guidelines.
2. Each youth facility health care unit will ensure that a current immunization history for measles, mumps, rubella and tetanus is obtained and recorded on the offender's medical history form.

C. Immunizations

1. Each facility health care unit will make immunizations available to individuals without adequate immunizations or whose medical conditions would be severely compromised if they are infected with vaccine preventable diseases.

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1. Each fall, facility health care units will offer an influenza vaccine program to individuals identified at risk for complications of influenza.

E. HIV

1. Each facility health care unit will offer HIV counseling, education, and testing to all offenders.

G. Hepatitis C

1. Each facility health care unit will offer Hepatitis C counseling, education and screening to all offenders.
2. Facility health care staff will follow *CSD Procedure 4.5.11A Hepatitis C Treatment* for screening, diagnosis and treatment of Hepatitis C.

H. Tuberculosis

1. Each facility health care unit will follow a Tuberculosis control plan that is consistent with current guidelines from the CDC and Montana Public Health Tuberculosis Prevention to screen offenders for tuberculosis annually
2. The Department requires that all employees who work in residential facilities or programs be screened for tuberculosis upon employment and annually thereafter.

I. Hepatitis B

1. Each facility health care unit will offer a Hepatitis B vaccine program to offenders diagnosed with Hepatitis C virus (HCV) as recommended by the CDC.

J. Hepatitis A

1. Each facility health care unit will offer Hepatitis A post-exposure prophylaxis in the form of Hepatitis A vaccine to offenders determined to be susceptible contacts to an index case of Hepatitis A (have been exposed to HAV, and who have not been vaccinated previously nor had a history of Hepatitis A nor had a history of a positive total anti-HAV test) as recommended by the CDC.

K. Ectoparasites

1. Each facility will screen offenders for ectoparasites (lice and scabies) at intake and anytime an outbreak occurs among offenders who share living and bathroom facilities with an infected inmate.
2. If offenders are infected, effective ectoparasite control procedures are used to treat by ensuring that:
 - a. infected offenders, bedding, and clothing are disinfected;
 - b. prescribed treatments consider all conditions (e.g. pregnancy, open sores, rashes) and is treated by provider; and

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- c. when treatment is required, CDC and NCCHC standards are used.

L. Inspection

- 1. An environment inspection of health services is conducted monthly to verify that:
 - a. equipment is inspected and maintained;
 - b. the unit is clean and sanitary; and
 - c. measures are taken to ensure the unit is occupationally and environmentally safe.

M. Treating Offenders

- 1. Health care providers will treat offenders presenting with acute or chronic infectious or communicable diseases in accordance with the CDC and NCCHC guidelines and must provide information about disease transmission and methods to prevent future infection of self or others.

N. Isolating Offenders

- 1. When medical staff orders an offender to be isolated for an infectious disease, health care providers will follow the CDC's current guidelines for prevention and control of infections.
- 2. When juvenile offenders are placed in isolation for an infectious disease, on site health care providers will monitor them frequently for changes in physical and mental status, and are accommodated in a separate room with the following:
 - a. hand-washing station;
 - b. soap dispenser;
 - c. single-service towels; and
 - d. separate toilet.

O. Prevention

- 1. An integral component of the infection control program is prevention of the occurrence and spread of infectious and communicable diseases.
- 2. Health care providers will:
 - a. offer education on communicable disease prevention to offenders as part of the health education program;
 - b. maintain essential ongoing communication with the respective County Health Department and the Montana Department of Public Health and Human Services;
 - c. instruct correctional employees on measures to prevent disease transmission, including additional precautions that may be necessary during transport, hospital supervision, or while in an infirmary; and
 - d. assure that continuity of care is established with appropriate documented community resources referrals, as medically indicated, prior to releasing offenders who are diagnosed with communicable or infectious disease.

P. Reporting

- 1. Each facility health care unit must report infectious and communicable diseases to the

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Montana Department of Public Health and Human Services and the Department's health services bureau chief.

Q. Blood Borne Pathogens

1. Facilities will handle and treat bodily fluid exposure incidents, and ensure employees use standard precautions when providing offender care, in accordance with *DOC Policy 1.3.35 Bloodborne Pathogens Exposure Control Plan*.

R. Infection Control Committee

1. Facilities must have an Infection Control Committee to oversee infection control practices within the facility.
2. The committee will:
 - a. meet at least quarterly;
 - b. require committee meetings notes to be kept and maintained on file;
 - c. provide a quarterly report to the facility administrator; and
 - d. ensure committee functions include, but are not limited to:
 - 1) Tracking infectious and communicable diseases through health care units and safety and sanitation reports;
 - 2) Analyzing epidemiological data and trends;
 - 3) Making recommendations to decrease the incidence of disease; and
 - 4) Monitoring the facility's application of standard precautions, cleaning and disinfectant techniques, and the disposal of medical and biohazardous waste.
3. Facility Infection Control Committees must have representation from the facility's administration, the responsible physician or designee, nursing and dental services, other appropriate personnel involved in sanitation or disease control, and, if appropriate, the individual responsible for facility livestock or other on-site animal training or programming use.

S. Medical Sharps and Biohazardous Waste

1. Facility health care units will dispose of medical sharps and biohazardous waste using methods and materials that are in compliance with Environmental Protection Agency standards.
2. Facility health care units will provide sharps with engineered sharps injury protections to prevent occupational exposure incidents.
3. The facility will arrange for proper waste disposal based on resources available in their respective communities.
4. Offender workers are trained in appropriate methods for handling and disposing of biohazardous materials and spills.

T. Decontamination

1. The facility will ensure that contaminated non-disposable medical, dental and laboratory equipment is appropriately cleaned, decontaminated, and sterilized per applicable

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recommendations and/or regulations.

V. CLOSING

Questions concerning this policy should be directed to the Department's Clinical Services Division Administrator.

VI. REFERENCES

- A. *53-I-203, MCA*
- B. *P-B-02, P-B-031; National Commission on Correctional Health Care Standards for Health Services in Prisons, 2018*
- C. *MH-B-01; National Commission on Correctional Mental Health Services in Correctional Facilities, 2015*
- D. *Y-B-01; National Commission on Correctional Health Care Standards for Health Services in Juvenile Detention and Confinement Facilities, 2015*
- E. *DOC Policy 1.3.35 Bloodborne Pathogens Exposure Control Plan*
- F. *CSD Procedure 4.5.11A Hepatitis C Treatment*
- G. *OSHA and Environmental Protection Agency Standards*
- H. *Center for Disease Control*

VII. ATTACHMENTS

None