



**MONTANA STATE PRISON
HEALTH SERVICES OPERATIONAL PROCEDURE**

Procedure No.: MSP HS B-02.0	Subject: INFECTIOUS DISEASE PREVENTION AND CONTROL PROGRAM
Reference: NCCHC Standards for Health Services in Prison, 2018; Center for Disease Control Guidelines; OSHA and Environmental Protection Agency Standards; HS B-02.2, Bloodborne Pathogens; HS B-02.3, Rapid HIV Testing; 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;	Page 1 of 4 and no attachments
Effective Date: April 8, 2013	Revised: October 1, 2020
Signature / Title: /s/ Paul Rees/ M.D./ Medical Director	
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief	

I. PURPOSE

To 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; assure 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

Blood – human blood, human blood components, and products made from human blood.

CDC – Centers for Disease Control

DPPHS–Department of Public Health and Human Services in Montana

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

Hepatitis A – is a vaccine-preventable, communicable disease of the liver caused by the hepatitis A virus (HAV). It is usually transmitted person to person by the fecal-oral route or through consumption of contaminated food or water. Hepatitis A is a self-limited disease that does not result in chronic infection. Symptoms include fatigue, low appetite, stomach pain, nausea, and jaundice, that usually resolve within 2 months of infection.

Hepatitis B – is a vaccine-preventable, communicable disease of the liver caused by the Hepatitis B virus (HBV), HBV is transmitted when blood, semen, or another body fluid from a person infected with a virus enters the body of someone who is not infected. This can happen through sexual contact; sharing needles, syringes, or other drug-injection equipment; or from mother to baby at birth. For some it is a short-term illness but for others it can become a long-term, chronic infection. Chronic hepatitis B can lead to serious health issues, like cirrhosis or liver cancer.

Hepatitis C – is a liver infection caused by the Hepatitis C virus (HCV). HCV is a blood-borne virus. Most people become infected with the hepatitis C virus by sharing needles or other equipment to inject drugs. For some HCV is a short-term illness but for more than 50% of the people who become infected with the hepatitis C virus, it becomes a long-term chronic infection. There is no vaccine for hepatitis C.

imMTrax – Montana’s Immunization Information System is a free program administered by DPHHS containing immunization records for participating Montanans of all ages. imMTrax brings together multiple immunization records from Montana healthcare providers (public and private) and parental “shot cards” to form one complete electronically preserved record.

Standard Precautions – Designed to reduce the transmission of pathogens from moist body substances by applying them to all patients receiving care, regardless of their diagnosis or presumed infection status.

Medical Isolation – Housing an inmate in a separate room with a separate toilet, hand washing facility, soap, and single-service towels, with appropriate accommodations for showering.

NCCHC – National Commission on Correctional Health Care.

VIS – vaccine information statement is an informational statement that is provided on CDC site that provides current and relevant vaccine information that is required by law to be provided to a person receiving any vaccinations

III. PROCEDURE

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. health care staff will use Personal Protective Equipment that must be readily available for routine and emergency care; and
 - c. health care staff will follow procedures to account for equipment and attend annual in-service training on its use coordinated by the Infection Prevention RN.

B. Infection Control Program

1. The designated Infection Prevention RN will be responsible for the Infection Prevention Program at Montana State Prison and will work with the DOC Infection Prevention Manager to arrange training, developing procedures and ensuring 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 DOC Medical Director in accordance with NCCHC guidelines and *MSP HS B-02.4*.
3. Health care staff will make immunizations available to inmates without adequate immunizations or whose medical conditions would be severely compromised if they are infected with vaccine preventable diseases.

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4. Health care staff will offer an influenza vaccine program to inmates identified at risk for complication of influenza. In the event adequate vaccine is available, the vaccine will be offered to the remaining inmate population.
5. Health care staff will provide HIV and Hep C counseling, education, and testing to all inmates.
 - a. Testing will be done with rapid HIV and rapid HCV according to manufacture instructions.
 - b. Testing is conducted as part of the intake process, and every inmate will be offered HIV & Hep C testing.
 - c. Risk factors (e.g., 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 & Hep C testing
 - a. The general consent for medical care is sufficient for HIV & Hep C testing.
 - b. Testing is “opt-out testing,” and in the event of a refusal the inmate is not required to submit a refusal form;
 - c. No inmate will be tested without prior knowledge that the test will be conducted;
 - d. Oral testing for HIV and finger stick for Hep C will be the testing method of choice unless contraindicated;
 - e. in the event of a body fluid exposure to staff or another inmate, the source of the exposure must give consent to be tested;
 - f. patients with positive rapid test results will be scheduled for an appointment with a provider to discuss results in a private setting. Blood test confirmation will be drawn automatically.
 - g. all inmates who test positive for HIV and/or Hep C will be managed by the physicians at MSP, and all those following the current guidelines for standards of care. Complicated cases, and those co-infected with Hep C will be referred to an infectious disease consultant for treatment plan development and follow up as indicated. All inmates who test positive for HIV or Hep C will be enrolled in chronic care.
 - h. New HIV patients will be referred to chronic care nurse for extensive education.
 - i. Testing will not be utilized to screen for blood and tissue donors.
 - j. Inmates will be informed by written notice of the results of the negative HIV & Hep C test in a timely and confidential manner
 - k. Infection Prevention RN will complete all required paperwork for positive results to state public health
6. Health care staff will provide a two-part hepatitis A and a two part hepatitis B vaccination (**not twinrix**).
 - a. 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.
 - b. The inmate will have the option of Opting out.
 - c. The second dose of the hepatitis B vaccine will be given in one month and the second dose of hepatitis A will be given 6-12 months after first dose per CDC recommendations.
 - d. The hepatitis A and B vaccine consent will need to be completed by the offender indicating acceptance/declination of the vaccines, indication of receipt of VIS, and imMTrax consent.

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- e. Health care staff will be provided education on Hepatitis A and Hepatitis B approved by Infection Prevention Manager for DOC.
 - f. Inmates who have been started on Twinrix will be continued until complete.
7. Tuberculosis will be handled as follows:
 - a. the Infection Prevention RN will coordinate tuberculosis screening inmates annually as outlined by the *HS B-02.4, Disease Prevention - TB Control Plan*;
 - 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 that have been established by the Department Medical Director in healthcare standard operating procedure, *Hepatitis C Management*.
 9. All inmates will also be tested for syphilis, gonorrhea, and chlamydia at intake. All inmates will be given the option to opt out. The Infection Prevention RN will meet with inmates who test positive to complete state paperwork and offer treatment per the Medical Director Standing Orders. Health care providers will treat inmates presenting with acute or chronic infectious or communicable diseases in accordance with the 2014 CDC Sexually transmitted Diseases Treatment Guidelines. The Infection Prevention RN will provide information to inmates about disease transmission and methods to prevent future infection of self or others.
 10. When a physician orders an inmate to be isolated for an infectious disease, health care staff will follow:
 - a. the Centers for Disease control current guidelines; and
 - b. the [*MAXAIR protocol*](#).
 - c. In the event the 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. The Infection Prevention RN will ensure health care staff will proceed as follows:
 - a. offer ongoing education on communicable disease prevention to facility staff and inmates 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 facility employees on measures to prevent disease transmission, including additional precautions that may be necessary during transport, hospital supervision, or while in an infirmary; and
 12. The Infection Prevention RN will assure that continuity of care is established with appropriate community resources prior to releasing inmates who are diagnosed with communicable or infectious disease. The Infection Prevention RN will ensure staff report infectious and communicable diseases to the Montana Department of Public Health and Human Services and the Department's medical director or designee.
 13. Health care staff will handle and treat bodily fluid exposure incidents and ensure employees use standard blood and body fluid precautions when providing inmate care.

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14. Health care staff will dispose of medical sharps and biohazardous waste using methods and materials that are in compliance 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. The Infection Prevention RN will coordinate with the MSP warehouse for the proper disposal of biohazardous waste utilizing resources available in local communities.
16. The Infection Prevention RN will ensure that contaminated non-disposable medical equipment is decontaminated using appropriate methods as specified by the manufacturer, OSHA guidelines, and *HS B-02.5, Decontamination of Medical Equipment*.
17. The CHSTs will ensure the Infirmary kitchen and food storage area is kept clean and sanitary for preparing and serving meals. 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*.
18. The MSP Continuous Quality Improvement committee will function as the Infection Prevention Committee and will proceed as follows:
 - a. the Infection Prevention RN will report to the committee and issues will be addressed at the meeting;
 - b. the Infection Prevention RN will report facility-wide infection control issues at the monthly MSP Safety Committee meeting; and
 - c. the Infection Prevention RN will keep, and maintain on file, all committee meeting notes.

IV. CLOSING

Questions concerning this operational procedure will be directed to the MSP Clinical Services Manager.

V. ATTACHMENTS

none