



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

Policy No. DOC 4.5.11	Subject: INFECTION CONTROL PROGRAM
Chapter 4: FACILITY/PROGRAM SERVICES	Page 1 of 4
Section 5: Health Care	Effective Date: May 1, 1998
Signature: /s/ Mike Ferriter, Director	Revised: 08/08/07; 08/18/09

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.

II. APPLICABILITY

The secure care facilities that include Riverside and Pine Hills Youth Correctional Facilities, Montana State Prison, Montana Women's Prison, and the private and regional facilities contracted to the Department of Corrections.

III. DEFINITIONS

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

Infection Control Committee – A committee that typically includes nursing, maintenance, laundry workers, and other staff as deemed appropriate by the facility.

Medical Director – The physician designated by the Department director to oversee the health care of all adult and youth offenders under Department jurisdiction.

NCCHC – National Commission on Correctional Health Care

IV. DEPARTMENT DIRECTIVES

A. General Requirements

1. Facility health care units will provide prompt care and treatment to offenders afflicted with infectious or communicable diseases.
2. Each health care unit will monitor infectious and communicable diseases in an effort to minimize their occurrence in accordance with state and federal guidelines.
3. Health care providers will:
 - a. use universal 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.

Subject: INFECTION CONTROL PROGRAM**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 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

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.

D. Flu Vaccine

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

E. HIV

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

F. Tuberculosis

1. Each facility health care unit will screen offenders for tuberculosis annually as outlined by the Health Services TB Screening Protocol.
2. The Department requires that all employees who work in residential facilities or programs receive TB skin testing (Mantoux) upon employment and annually thereafter.

G. Hepatitis B

Facility health care providers, in conjunction with Human Resources staff, will ensure that Department employees are offered Hepatitis B vaccinations in accordance with *DOC 1.3.35, Bloodborne Pathogens Exposure Control Plan & Hepatitis B Immunization*.

H. Treating Offenders

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

I. Isolating Offenders

When medical staff orders an offender to be isolated for an infectious disease, health care providers will follow the Center for Disease Control publication "Guidelines for the Prevention and Control of Nosocomial Infections."

Subject: INFECTION CONTROL PROGRAM**J. 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 ongoing education on communicable disease prevention to facility staff and 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 community resources prior to releasing offenders who are diagnosed with communicable or infectious disease.

K. Reporting

Each facility health care unit must report infectious and communicable diseases to the Montana Department of Public Health and Human Services and the Department's health services bureau chief.

L. Bodily Fluid Exposure

Facilities will handle and treat bodily fluid exposure incidents and ensure employees use universal blood and body fluid precautions when providing offender care in accordance with DOC 1.3.35, *Bloodborne Pathogens Exposure Control Plan & Hepatitis B Immunization*

M. Infection Control Committee

1. Each Department facility housing more than 500 offenders will:
 - a. establish an infection control committee that meets at least quarterly;
 - b. require committee meeting notes to be kept and maintained on file;
 - c. provide a quarterly report to the facility administrator; and
 - c. 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 universal precautions, cleaning and disinfectant techniques, and the disposal of medical and biohazardous waste.

N. 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.

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2. The facility will arrange for proper waste disposal based on resources available in their respective communities.

O. Decontamination

The facility will ensure that contaminated non-disposable medical equipment is decontaminated using appropriate methods as specified by the manufacturer and OSHA guidelines.

V. CLOSING

Questions concerning this policy should be directed to the Department's health services bureau chief.

VI. REFERENCES

- A. *53-1-203, MCA (2007) Powers and Duties of Department of Corrections*
- B. *National Commission on Correctional Health Care Standards, 2008*
- C. *DOC Policy 1.3.35, Bloodborne Pathogens Exposure Control Plan and Hepatitis B Immunization*
- D. *OSHA and Environmental Protection Agency standards*
- E. *Center for Disease Control Guidelines*

VII. ATTACHMENTS

None.