COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF CORRECTION - HEALTH SERVICES DIVISION

103 DOC 631 - COMMUNICABLE DISEASE

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MASSACHUSETTS DEPARTMENT OF CORRECTION	DIVISION: HEALTH SERVICES
TITLE: COMMUNICABLE DISEASE	NUMBER: 103 DOC 631

PURPOSE: The purpose is to establish Department policy regarding communicable diseases and exposures of concern.

REFERENCES: MGL c124, § 1(a), (b), (q); and MGL c127, § 33; MGL c 111, §111C
ACA Standard: 3-4363,3-4365,3-4366,3-4377
NCCHC Standard: P-08, P-14, P-20, P-22, P-46, P-62

APPLICABILITY: Staff **PUBLIC ACCESS:** Yes

LOCATION: DOC Central Policy File
Facility Policy File
Health Services Division Policy File
Inmate Library

RESPONSIBLE STAFF FOR IMPLEMENTATION AND MONITORING OF POLICY:
Director of Health Services
Superintendents

PROMULGATION DATE: 03/03/2005 **EFFECTIVE DATE:** 04/03/2005

CANCELLATION: This policy cancels all previous Department policy statements, bulletins, directives, orders, notices, rules, and regulations regarding communicable disease which are inconsistent with this policy.

SEVERABILITY CLAUSE: If any part of this policy is for any reason held to be in excess of the authority of the Commissioner, such decision will not affect any other part of this policy.

631.01 General Policy

It is the purpose of the Department of Correction (DOC) to establish written policies and procedures for the prevention and control of infection.

1. Through the contractual provider, the Director of Health Services shall ensure that all inmates receive screening and treatment for specific communicable diseases, including isolation if medically indicated.

2. Staff shall be instructed through written policies and procedures on specific techniques for the care and treatment of these inmates and the proper handling and/or disposal of infectious materials. All staff and inmates will receive education regarding communicable diseases, as appropriate.

3. The contractual medical provider will process all reusable patient care items according to guidelines in their infection control manual to insure proper disinfection or sterilization.

631.02 Communicable Diseases/Handling of Inmates

Communicable diseases, dangerous to the public health, are:

a. airborne diseases: infectious tuberculosis, measles, mumps, rubella, and chicken pox;
b. blood borne diseases: Hepatitis B and C and HIV; and
c. uncommon or rare diseases: diphtheria, meningococcal disease, plague, hemorrhagic fevers, viruses yet to be identified and rabies.

1. Transmission of infectious diseases dangerous to the public health on the job is a rare occurrence, however, the potential for exposure incident to communicable diseases by DOC personnel is always present. It is for this reason that we practice **standard** precautions, which are to be taken at all times.

2. When an inmate is suspected of having a communicable disease, all staff having direct contact with the inmate should be notified of any specific precautions necessary.

3. All inmates with communicable diseases shall be handled with proper medical procedure and with precautions as specified in the Department of Public Health (DPH) Fact Sheets (see Attachment A) or as clinically indicated.

4. Inmates with suspected communicable disease capable of being transmitted by casual contact shall not be transported with other inmates unless medically indicated.

5. Within the framework of this policy, communicable disease procedures, and in conference with the Director of Health Services; Superintendents shall determine the necessity for and make available for use personal protective equipment (PPE).

631.03 Exposure Incident

An exposure incident means a specific eye, mouth or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

1. Staff involved in exposure incidences, during the performance of their duties, shall document the exposure incident by filing an incident report with his/her Superintendent. At facilities fully utilizing IMS, the incident report shall be entered into the database utilizing the codes "Exposure of Concern". A description of injuries sustained and treatment rendered will be noted in the incident report. Additionally, all witnesses to the exposure incident must file incident reports with the Superintendent.

   The Superintendent or designee will report the exposure to and forward a copy of the incident reports to the Director of Health Services. During non-business hours, exposure incidents are

to be reported to the Health Services Duty Officer (HSDO).

2. All staff involved in an exposure incident in the course of the performance of their job duties, shall be provided with emergency first aid treatment by on site contractual medical staff and/or shall be released from duty to an outside facility. If follow up medical care is indicated, it shall be provided by the employee's health care provider(~~,~~, a local emergency room or a nearby Occupational Health Program (OHP) Clinic.) Industrial accident claims will be filed in accordance with established policy.

   In addition, any staff involved in an exposure incident is to have access to the facility infection control nurse for counseling.

3. When an exposure incident, capable of transmitting an infectious disease dangerous to the public health occurs, relevant clinical information will be provided to the health care provider of the person sustaining the exposure incident as soon as possible after the occurrence of the exposure.

   This information will be communicated physician to physician, with the source contact’s consent and without disclosing the identity of the source contact. Medical information about the source contact is strictly confidential and, even if known or suspected, further disclosures are prohibited and are a violation of M.G.L. c.111 §.70E (b).

4. If, in the course of subsequent follow-up care, the employee's health care provider judges that the exposure incident was significant and knowledge of the infectious disease <u>status</u> of the clinical source is required, the employee's health care provider may contact the Director of Health Services. Upon receiving this request for information, the director will notify the contractual medical director, who will then contact the employee's health care provider. During non-business hours, requests for

information will be made to the HSDO, who will in turn notify the contractual medical director.

a. In the event that relevant communicable disease information is available to the contractual medical director, the information will be communicated to the employee's health care provider by the contractual medical director as outlined in 631.03 § 3 above. The contractual medical director will document steps taken (i.e., telephone conversations, staff contacted, etc.) in a report to the Director of Health Services.

b. (1) Should communicable disease information on the source contact not be readily available, the source contact will be medically assessed, by contractual health service personal and at the direction of the contractual medical director, to determine the risk for communicable disease. The assessment shall be done as soon as possible following the request by the employee's health care provider. The encounter between medical staff and the source contact will be documented in the medical record.

(2) If the assessment suggests the possibility of communicable disease issues, the source contact will be asked to consent to communicable disease testing. HIV testing shall not be performed without the source’s consent.

(3) Relevant communicable disease information and the results of any laboratory tests performed, as a result of the assessment, will be communicated to the employee's health care provider by the contractual medical director as outlined in 631.03 § 3 above.

The employee's personal health care provider is responsible for informing the employee of all pertinent clinical data.

5. Employees involved in an exposure incident may be counseled regarding communicable disease issues by the facility infection control nurse, DOC stress program, and/or the health services division designated infection control officer.

   In addition to these counseling resources, the following organizations provide counseling for communicable diseases in general, and AIDS in particular:

   - Center of Disease Control (CDC) AIDS Hotline(English),800-342-AIDS(2437);(Spanish), 800-344-7432;
   - Massachusetts Department of Public Health (DPH) Communicable Disease, 617-983-6800; DPH main office 617-983-6200
   - MA DPH AIDS Office, 617-983-6560;
   - AIDS Information Hotline, 800-590-2437;
   - AIDS Action Committee, 800-235- 2331;
   - AIDS Project Worcester, 508-755-3773.

631.04 Testing of Employees and Inmates

1. Inmates shall be tested for communicable diseases as recommended by DPH or as medically indicated by the attending physician. On site HIV testing of inmates will be done by the contractual provider as directed by written policies and procedures developed by the contractual medical provider and approved by the Director of Health Services.

2. Employees shall not be normally tested for communicable diseases unless medically indicated. Individual requests for HIV testing as a result of a documented exposure incident shall be accommodated by referral to the individual's personal physician, or by advising them of other alternative testing sites.

631.05 Confidentiality

The release of inmate medical records and/or medical information shall be in accordance with 103 DOC 607 Health Records Policy.

631.06 Housing Assignments

Inmates shall not be housed in the general population of a facility if the inmate has been diagnosed as having an infectious communicable disease and if separate housing is medically indicated.

631.07 Work Assignments

Inmate work assignments shall be determined according to the provisions of 103 DOC 450, Institution Work Assignments, 103 DOC 620, Special Health Care Practices, and 103 DOC 760, Food Services. Inmates diagnosed as having a communicable disease capable of being transmitted by casual contact whether in the infectious or remission stage, shall not be assigned to food services or health services assignments.

631.08 Staff Development

1. The Department's health services division, in collaboration with the contractual medical provider and the Department's training manager, shall provide a staff-training program on the subject of communicable diseases. Each employee shall receive this training upon commencement of employment and through on-going in-service training.

2. As part of this training, information regarding Hepatitis B vaccine will be provided.

   Hepatitis B is a serious disease caused by a virus that attacks the liver. The virus, which is called Hepatitis B Virus (HBV), can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure and death. Hepatitis B can affect anyone.

   Hepatitis B is preventable, however there is no cure for Hepatitis B. That is why prevention is

so important. Hepatitis B vaccine is the best form of protection against HBV. Three doses of the vaccine are needed for complete protection.

All employees will be offered Hepatitis B vaccine at no cost to the employee. Employees may decline the vaccine when offered and may reserve the right to receive the vaccine at a later date if so desired.

631.09 Inmate Education

Inmates shall receive health education as part of their orientation upon admission to any state correctional facility. Additional education and programs shall be developed and implemented by the contractual medical provider as directed by health services.

631.10 Record Keeping

1. Each Superintendent shall keep a record of all documented exposure incident reports received by his/her office.

2. The Director of Health Services, through the contractual provider, shall develop a procedure to monitor inmates diagnosed as having a communicable disease.

3. The health services division shall, through the contractual medical provider, insure that appropriate medical information regarding an inmate with a communicable disease, or other outstanding health issue which may affect his/her classification, housing or program status is communicated to the Superintendent or designee.

4. Employees will sign for receipt of the information packet regarding Hepatitis B disease and vaccine.

Attachment A: DPH Handout has been forwarded to the facility separately from the Policy. Please see the facility Policy Coordinator for copies.

What Will Happen to Me After An Exposure?

Treat the site of injury IMMEDIATELY:

- Seek medical attention at the Health Service Unit on site or at a local Emergency Department.
- Exposure through a needle stick or cut: allow to bleed for a few seconds and wash with soap and water;
- Splash of blood or potential infectious material to mucous membranes: rinse with water
- Direct contact of blood or potentially infectious material to non-intact skin: wash with soap and water

Medical personnel to determine type and extent of exposure.
Report incident to DOC Shift Commander.
Medical personnel to acquire source information.
Medical personnel to recommend employee seek MEDICAL EVALUATION with your personal physician or at a nearby hospital:

- You may require further wound care or first aid.
- You may require a Tetanus Toxoid injection, especially if it has been greater than ten years since your last immunization.
- You may have your blood drawn, with your consent, for baseline, HIV/HBV/HCV testing.
- You may be given drug prophylaxis for HIV/HBV/HCV. Drug prophylaxis for HIV, if indicated, should be initiated within 1-2 hours.
- You may require further laboratory testing for the drug prophylaxis (for example, pregnancy testing, blood counts, kidney and liver function tests).
- Your health care provider will explain your plan of care with you.

- Your Provider will acquire source information, if and when available, from the source's Provider. Source Information is always communicated from Provider to Provider, regardless of whether the source is an inmate or an employee.
- If you have difficulty filling a prescription, you can return to your site where a medication starter kit can be given to you. You will still need to fill your original prescription to complete the full course of medications.
- After your initial visit to the Health Care Professional, you may be instructed to report back for follow-up evaluation. The following therapy may be provided:

    - Counseling regarding the results of the blood tests performed on you and on the source of your exposure.
    - Completion of drug prophylaxis when indicated.
    - Counseling regarding decision to continue on HIV drug prophylaxis.
    - Follow-up blood testing. This may include:

      HIV testing at – 6 weeks, 12 weeks, 6 months and 1 year
      HBV testing at – 6 months
      HCV testing at – 6 months

Attachment C

POST EXPOSURE OF CONCERN FOLLOW-UP

Occupational Health Programs

Post Exposure of Concern follow-up can take place at any hospital emergency department and/or a recognized Occupational Health Program (OHP). The Occupational Health Programs operate during normal business hours (8 a.m. – 4 p.m.). During non-business hours the hospital emergency department should be used and emergency department personnel will coordinate follow up care. The following Occupational Health Programs are located near DOC facilities and are capable of providing appropriate follow-up care.

DOC Facilities	Recommended OHP
Boston Pre-Release LSH Correctional Unit	Occupational Environmental Medicine Boston Medical Center 88 E. Newton St. Boston, MA 02118-2399 Emergency Department (off Hours) 617-638-6099
MASAC Bridgewater State Hospital Old Colony CC MCI Plymouth	Occupational Health Services Morton Hospital 2007 Bay Street Taunton, MA 02780 508-824-0243 Emergency Department (off hours) 88 Washington St., Taunton, MA
MCI Cedar Junction MCI Norfolk Pondville CC Bay State CC	Norwood Hospital Emergency Dept 800 Washington Street Norwood, MA 02062 781-769-4000
MCI Framingham South Middlesex CC	Metro West Medical Center Framingham Union Hospital 85 Lincoln Street Framingham, MA 01701 Emergency Department (off hours) 508-383-1000
MCI Concord Northeastern CC	Emerson Hospital Emergency Dept. Old Road to Nine Acre Corner Concord, MA 01742 978-369-1400

North Central CC/Gardner MCI Shirley Souza Baranowski CC	Take Charge UMASS Memorial Health Alliance Leominster Campus 60 Hospital Road, 2nd Floor South Leominster, MA 01453 978-466-2060

Other Occupational Health Programs are available to employees who live in the following communities:

Clinton, MA	Occupational Health Clinic Clinton Hospital 201 Highland St., Clinton, MA 01510 508-368-3757
Fall River, MA	Work Med, Occupational Health Services Charlton Memorial Hospital 363 Highland Avenue Fall River, MA 02720 508-679-7044
Lawrence, MA	Work Health at Lawrence Gen. Hospital 1 General Street Lawrence, MA 01842 978-683-4000
Marlborough, MA	MedWorks at Marlborough Hospital (Partnership w/UMASS Med Center) 57 Union Street Marlborough, MA 01752 508-481-5000
Stoughton, MA	Good Samaritan Occupational Health Services 99 Central Street Stoughton, MA 02072 508-427-3000

MASSACHUSETTS DEPARTMENT OF CORRECTION
BLOODBORNE PATHOGEN DECONTAMINATION GUIDELINES

I. Personal Contact

A. Any employee having direct unprotected contact with blood or other potentially infectious materials shall immediately, or as soon as feasible, wash the contaminated area with antimicrobial soap and warm running water.

B. If running water is not immediately available, waterless hand wipes or portable hand washes shall be used to clean the exposed area until such time that running water is available.

C. If the exposure is to the eyes or other mucous membranes, the area must be flushed with running water.

D. Hands must be washed after removal of personal protective equipment.

II. Clothing

A. Clothing penetrated by blood or other infectious materials must be removed immediately, or as soon as feasible, and handled as little as possible.

B. Contaminated skin must be washed immediately with antimicrobial soap if blood or other potentially infectious materials have soaked through the clothing.

C. Contaminated personal protective equipment must be removed at the scene and placed in the biohazard disposal bag. Contaminated gloves must be changed prior to handling non-contaminated equipment.

D. Contaminated personal clothing or uniforms must be placed in a biohazard disposal bag prior to transporting to the laundry or dry cleaners. The following procedures shall be adhered to when handling contaminated clothing:

1. Gloves shall be worn when handling contaminated laundry.

2. Contaminated clothing or uniforms shall be kept separate from non-contaminated clothing. Do not remove the contaminated items from the biohazard disposal bag until just prior to cleaning. Dry clean or wash contaminated clothing properly.

3. The Centers for Disease Control in Atlanta, Georgia, and OSHA state that normal hot water laundry procedures, following manufacturer's recommendations, are sufficient to decontaminate personal clothing. No special detergents or disinfectants are required.

4. Normal dry cleaning procedures will also decontaminate clothing.

5. Personal clothing or uniforms contaminated with significant amounts of blood (that is, blood dripping or able to be wrung out of clothing in large amounts or blood covering large areas of clothing) or other infectious materials should be placed in a biohazard disposal bag (as above) and disposed of with other biohazard waste. The superintendent shall designate a staff member to determine if personal clothing or uniforms have been contaminated with significant amounts of blood or other potentially infectious materials, and to determine disposition of those items (launder or dispose).

III. Decontamination of Equipment, Vehicles or Facility Areas

Effective means must be taken to decontaminate equipment exposed to blood or other potentially infectious materials. A solution of one and one-half cups of chlorine bleach mixed with one gallon of water (1:10 ratio) is effective against HBV and HIV for surface decontamination. Other sanitizers currently in use within Department of Correction facilities will very likely also be suitable (e.g., Matar, Wex-Cide, LPH SE). Check manufacturer specifications on the label to ensure suitability of the compound, length of contact time and to determine the appropriate strength of the mixture.

The supervisory staff person must be notified whenever equipment, vehicles or an area within a facility becomes contaminated with blood or other potentially infectious material. The person in charge must ensure that the contaminated equipment, vehicle or area is isolated, cleaned and disinfected prior to returning the equipment or vehicle to service or allowing a contaminated area to be reoccupied.

If the extent of the contamination exceeds the ability to safely clean and disinfect the contaminated area, additional assistance shall be requested.

To effectively clean and disinfect contaminated areas, the staff person in charge shall ensure the following procedures are adhered to:

A. All personnel involved in cleaning and decontamination of any equipment, vehicle or area of the facility must wear gloves and other personal protective equipment as needed. Spill clean-up kits will be utilized.

B. Blood or other potentially infectious material must be eliminated prior to decontaminating the surface. The excess blood or other material must be cleaned with disposable paper towels. The blood or other potentially infectious materials, any compounds used to congeal the blood and contaminated paper towels must be placed in the biohazard disposal (red) bag.

C. The contaminated area must then be washed with a mixture of the chemical disinfectant provided in the spill clean-up kit or a bleach solution or germicide. The area should be allowed to air dry.

D. Contaminated personal protective equipment used during the clean up must be disposed of in the biohazard disposal (red) bag.

E. Any water or chemical disinfectant used during the clean up and disinfecting process can be disposed of via a normal sanitary sewer.

F. Hands must be washed immediately after clean up with antimicrobial soap and warm running water.

IV. Contaminated Evidence

A. All evidence shall be handled with standard precautions. All evidence that is considered contaminated with blood or other potentially infectious materials must be stored in a sealable plastic bag or plastic container. The biohazard sticker must be affixed to the evidence container. The biohazard sticker is intended to alert all personnel handling the evidence of the need to take precautions prior to handling.

IMPORTANT: Only that evidence where the blood or other potentially infectious materials has completely dried should be stored in plastic containers. Exception: sexual assault evidence, i.e., semen, shall be stored in a paper bag and refrigerated if retained in excess of 24 hours.

Evidence bearing blood or other potentially infectious materials that is wet or even damp must be handled as follows: If time constraints allow, the evidence must be completely dried before it is sent to the laboratory for analysis. Evidence gathered at the scene should be placed in plastic

containers, taken to the evidence room or another appropriate and secure space, removed from the plastic container, while using appropriate safety precautions and allowed to completely air dry before being repackaged in a sealable plastic container. If "wet" evidence must be sent to the laboratory, it should be placed in a paper container labeled with a biohazard sticker. (Per the State Police Crime Lab, the paper container will allow the evidence to continue to dry while preventing the overgrowth of bacteria and fungus.) Proper barrier precautions should be maintained when transporting these materials.

B. Disposable gloves should be worn whenever handling contaminated evidence. Double glove as appropriate.

C. Hands should be washed immediately after handling contaminated evidence or after removal of protective gloves. Antimicrobial soap should be available for handwashing.

D. All evidence shall be processed in accordance with 103 DOC 506.10 Storage of Contraband/Evidence, 506.12 Crime Scene Search and Investigation, and (Attachment E) "Protection of the Crime Scene" and 103 DOC 520, Inmate Sexual Assault Response Plan.

V. Disposal of hypodermic needles, syringes and other sharps

A. Hypodermic needles, syringes and other sharp items must be considered to be "contaminated" and must be handled in the following manner:

1. Hypodermic needles or syringes must not be recapped, purposely bent or broken by hand, removed from disposable syringes or otherwise manipulated by hand.

2. Hypodermic needles or syringes must be secured in "sharps" containers. If the sharps container is not immediately available, personnel must take the necessary precautions to isolate and secure the hypodermic needle or other sharp item until the proper container can be located.

3. After the placement in the sharps container, the property tag and the "biohazard" warning sticker must be attached to the container.

4. Hypodermic needles, syringes or other "sharps" are considered medical waste and must be discarded according to State regulations. These items may not be discarded in the biohazard trash nor the regular trash.

V. Personal Protection Equipment

The following supplies must be reasonably accessible to be used to clean up blood spills:

Four pairs of disposable gloves (or utility gloves, such as those made of nitril)
Two face masks
Four waterless hand wipes
One small biohazard disposable bag (red)
Two large biohazard disposable bags (red)
One small sharps container (not for inmates)
Sanitizer (bleach or other solution)
Coagulant
Paper towels

In addition, two impervious gowns and two protective goggles or eye shields must be available for infection control purposes. Although not part of the regular blood spill clean up kit, the impervious gowns and eye protection must be available to anyone who may need protection from splattering of blood or other potentially infectious materials.

Personal protection equipment must be accessible to all work sites where there is a need (cell blocks, housing units, food service, gymnasium/recreation areas, factories, farms). A sufficient number of kits must be maintained in stock to replace a kit after it has been used. A periodic inspection should be made to ensure that the kit is available, full stocked and in good repair.