

State of Iowa Department of Corrections Policy and Procedures

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Chapter 6: Health Services

Sub Chapter: Infection Control

Related DOC Policies: IO-SE-26

Administrative Code Reference: N/A

Subject: Disease Specific Precautions

ACA Standards: 5-ACI-6A-12, 5-ACI-6A-14

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Authority:

1. PURPOSE

To establish guidelines and precautions when treating patients with specific infectious disease.

2. POLICY

It is the policy of the Iowa Department of Corrections (IDOC) to manage patients with specific infectious diseases, excluding those managed by "Universal Precautions."

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- A. Enteric Protocol
- B. Respiratory Protocol
- C. Strict Isolation Protocol
- D. Tuberculosis Protocol (AFB Isolation)
- E. Infection Control Measures

F. Movement

3. PROCEDURE

In addition to applicable “Universal Precautions” for those conditions described in **HSP-904**, *Universal/Bioterrorism Precautions*, the following protocols recommended for disease specific implementation indicate those precautions usually sufficient to prevent transmission of the disease.

A. Enteric Protocol

Enteric precautions are designed to prevent infections that are transmitted by direct or indirect contact with feces.

1. Specifications

- a. Single cell is preferred.
- b. Masks are not indicated.
- c. Gowns are indicated if soiling is likely.
- d. Gloves are indicated if touching infective material.
- e. Hands must be washed after touching the patient or potentially contaminated articles and before caring for another patient.
- f. Articles contaminated with infective material should be bagged and labeled “CONTAMINATED” before being sent for decontamination and reprocessing.

2. Diseases requiring enteric precautions

- a. Amebic dysentery
- b. Cholera
- c. Coxsackievirus disease
- d. Diarrhea, acute with suspected infectious etiology.
- e. Echovirus disease

- f. Enterocolitis
- g. Enteroviral infections
- h. Gastroenteritis caused by:
 - 1) Campylobacter species
 - 2) Cryptosporidium species
 - 3) Escherichia coli
 - 4) Giardia lamblia
 - 5) Salmonella species
 - 6) Shigella species
 - 7) Yersinia enterocolitica
- i. Hand, foot and mouth disease
- j. Hepatitis, viral, Type A
- k. Meningitis, viral, unless known not to be caused by enterovirus

B. Respiratory Protocol (See IDOC Respiratory Guideline Sheet)

Respiratory protocol is designed to prevent transmission of infectious diseases spread primarily over short distances through air **(droplet transmission)**.

1. Specifications

- a. Single cell/room is indicated
- b. Masks and gloves are indicated for those who come in close contact with the patient.
- c. Gowns are usually not indicated.
- d. Hands must be washed after touching the patient or potentially contaminated articles and before taking care of another patient.

- e. Articles contaminated with infective material must be bagged and labeled "CONTAMINATED" before being sent for decontamination and reprocessing.

2. Diseases or conditions requiring respiratory protocol

- a. Epiglottitis
- b. Human Influenza Virus (see IDOC Policy **IO-SE-26**, *Pandemic Influenza Action Plan*, for major outbreaks in a facility)
- c. Meningitis, known or suspected.
- d. Meningococcal Meningitis
- e. Meningococcemia
- f. Mumps
- g. Pertussis
- h. Pneumonia
- i. RSV

C. Strict Isolation Protocol

Strict isolation is an isolation category designed to prevent transmission of highly contagious or virulent infections that may be spread by either air or contact.

1. Specifications

- a. Single closed front cell/room indicated; door must be kept closed. In general, patients infected with the same organism may share a room.
- b. Surgical masks and shield are necessary for all persons entering the room. This may include N95 masks as per HHS guidance.
- c. Gowns and gloves are also indicated for all persons entering the room.

- d. Gloves must be changed and hands must be washed after touching the patient or potentially contaminated articles and before taking care of another patient.
- e. Articles contaminated with infective material must be bagged and labeled "CONTAMINATED" before being sent for decontamination and reprocessing.
- f. Transport staff are required to wear a disposable facemask if transporting patients who are in strict isolation protocol. Engineering controls may be utilized in transport vehicles to isolate staff from potential transmission.
- g. Patients must wear a surgical mask at all times when in contact with staff.
- h. Nursing staff will contact the facility or on-call provider if warranted for further instructions.
- i. Patient should be seen by the medical provider on the first administrative day following a positive test result.
- j. Nursing staff will obtain a full set of vital signs on a daily basis while the patient remains in strict isolation.
- k. Patient may be released from strict isolation by the medical provider.

2. Diseases requiring strict isolation

- a. Diphtheria, pharyngeal
- b. Lassa fever and other viral hemorrhagic fevers.
- c. Plague, pneumonic.

D. Tuberculosis Protocol (AFB Isolation)

Tuberculosis protocol (AFB isolation) is an isolation category for patients with pulmonary T.B. who have a positive smear or a chest x-ray that strongly suggests current, active T.B. Also known as Airborne Precautions.

1. Specifications

- a. Single cell/room with special ventilation is indicated; door must be kept closed.
- b. N95 Respirators are indicated.
- c. Gowns are indicated only if needed to prevent gross contamination of clothing.
- d. Gloves may be used.
- e. Hands must be washed after caring for the patient or potentially contaminated articles and before caring for another patient.
- f. Articles are rarely involved in the transmission of T.B.; however, articles should be thoroughly cleaned and disinfected or discarded.
- g. See **HSP-903**, *Tuberculosis, Infectious Disease Control*.

2. Other diseases that would require airborne precautions are

- a. SARS (Severe Acute Respiratory Syndrome)
- b. Measles
- c. Smallpox
- d. Chickenpox

E. Infection Control Measures

- 1. Signs shall be posted on each patient's door to inform all staff of isolation specific protocols. These include:
 - a. Respiratory Isolation Protocol
 - b. Strict Isolation Protocol
 - c. Tuberculosis Isolation Protocol

2. Engineering controls and Administrative controls may to utilized when feasible.
3. All staff shall be trained on infection control measures.
4. Each facility shall determine what type of testing is needed based on the patients presented symptoms.

Required PPE shall be monitored by the Safety Officer and made available in all areas where isolation may occur.