

State of Iowa Department of Corrections Policy and Procedures

Policy Number: HSP-907

Applicability: DOC

Policy Code: Public Access

Iowa Code Reference: 904.514, 904.515, 139A.2, 141A.9

Chapter 6: Health Services

Sub Chapter: Infection Control

Related DOC Policies: AD-PR-29, HSP-911, HSP-712, IO-SE-25

Administrative Code Reference: N/A

Subject: General Control Measures

ACA Standards: 5-ACI-6A-12, 5-ACI-6A-16

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1. PURPOSE

The purpose is to promote the efficient and effective management of infectious diseases among the patient population.

2. POLICY

It is the policy of the Iowa Department of Corrections (IDOC) to ensure the management of infectious diseases within the IDOC.

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3. DEFINITIONS - See IDOC Policy AD-GA-16 for Definitions.

4. PROCEDURE

A. Infectious Disease Report

1. Upon determining that a patient has a significant infectious disease condition, health services staff will enter the patient's name and number as well as the name of the infectious disease condition(s) in the DOC computerized infectious disease database. **Iowa Code Chapter 904.514** under "Required Test" states "Personnel at an institution under the control of the department (IDOC) or of a residential facility operated by a judicial district department of correctional services shall be notified if a person committed to any of these institutions is found to have a contagious infectious disease." The Director of the DOC requires that infectious disease information be shared consistent with **Chapter 904.514, Chapter 141A.9**, and of the Code of Iowa.
2. The institution Warden/Designee is solely responsible for ensuring appropriate intra-institution sharing and confidentiality of the information contained in the infectious disease data report. The institutional Warden is responsible to assure that all staff having access to the DOC computerized infectious disease database will have a signed *Confidentiality Agreement, AD-PR-29, F-1* in their personnel file. Health Services staff are to ensure that the infectious disease computerized database is current. Infectious disease information shall not be posted in an area that would breach confidentiality or anonymity of the information.

B. Infectious Disease Protocol

Universal precautions are to be utilized for all patients. A DOC health services *Infectious Disease Protocol*, **HSF-907A**, will be utilized for specific precautions only, i.e., wound drainage, enteric precautions, respiratory, etc. The Infectious Disease Protocol must confirm that the patient has been advised of his/her infectious disease condition and his/her responsibilities relating to it. The Infectious Disease Protocol will indicate those infection control measures, which are to be used by all staff having contact with the patient. The name of the infectious disease/condition is not entered on the Infectious Disease Protocol. If necessary, elaboration and explanation will be provided to personnel having direct contact with the patient. The original is to be scanned into the file cabinet in ICON Medical. A copy is forwarded to the patient's living unit. It is to be kept in a readily identifiable folder/binder in the officer's workstation, and it is to be available to all persons providing services to the patients involved. A second copy may be posted outside of the patient's cell/room whenever the patient is segregated for health reasons. Any changes/additions in infection control measures must be documented on all active Infection Disease Protocols (health record original and the living unit copy(ies)).

C. Intra System Transfer/Release to Community Corrections/Discharge

1. Health Services staff at the receiving institution must review each received patient's major problem list and enter all current diagnosed infectious disease conditions into the facility's computerized infectious disease database.
2. Community based correctional staff can view medical information in ICON. Patients discharging their sentence are given a copy of their Exit Health Status with all current diagnoses listed.

D. Protective Apparel

1. In order to reduce the risk of infectious disease contamination, applicable universal precautions shall be initiated. DOC staff and patients may come into contact with blood and body fluids while performing their assigned responsibilities. Such circumstances are consistent with anticipating exposure to infectious disease contamination. (See **IO-SE-25**, *Bloodborne Pathogens Exposure*

Control Plan). Disposable gloves and other protective equipment for use by staff and patients are to be located in strategic locations throughout DOC institutions.

2. All institutions are to provide for personal protective equipment to include gloves, goggles, masks, gowns, protective suits, etc., whenever documented events and infection control standards, (e.g., CDC guidelines and OSHA rules/regulations), indicates a risk for contamination.

E. Disruptive Patients

Patients whose aggressiveness or resistiveness results in physical confrontation pose significant threat for spread of infectious disease. Additional control measures should include, but are not limited to:

1. Segregation until the increased risk for contamination has been eliminated.
2. Utilization of physical restraint to reduce the likelihood of contamination with body fluids and wastes. Obtaining sufficient physical restraint for purposes of controlling the spread of infectious disease may require initial temporary incapacitation with appropriate devices or agents. The institution manager or his/her designee must authorize the use of any temporary, incapacitating device or agent.
3. Obtaining current assessment of infectious disease status; it deemed appropriate, i.e. hepatitis screen, HIV Ab screen – voluntary or per court order. **(Chapter 904.514)**
4. Each incident of contamination will be individually assessed to determine if further or repeat testing is indicated. (See **HSP-911**, *Blood and Body Fluid/Tissue Exposure*).
5. Where appropriate, the Warden is to receive additional information concerning any relevant infectious disease/condition.

F. Health Record Documentation

A nursing encounter shall be completed every 8 hours while the patient is in segregation for health reasons. All use of physical restraint for health reasons must be documented on the DOC Health Services *Restraint Log*, **HSF-712A**. This log when in use should be placed outside of the patient's cell/room. Once the patient is out of restraints, this log shall be returned to health services and scanned into ICON medical file cabinet.

G. Contamination Incidents

Staff and patients experiencing blood, blood products or body fluid contamination shall notify their supervisor as soon as possible and report to health services for purposes of infectious disease assessment. Services provided shall be consistent with **HSP-911**, *Blood and Body Fluid/Tissue Exposure*.