NEBRASKA Good Life. Great Mission. DEPT OF CORRECTIONAL SERVICES	POLICY **INFECTIOUS DISEASES**		
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SUMMARY OF REVISION/REVIEW

New Policy format throughout including changing "inmate" to "incarcerated individual", "institution" to "facility", and "PROCEDURE" to "PROCESS". PURPOSE – Language updated. PROCESS – II. – Language updated. III.C. – Language updated. III.E.2. – Language updated. IV. – Language updated. VI. – Language updated. VIII. – Language updated. XIV. – Language updated. XIX.C. – Language updated. XX.A. – Language updated. XX.B. – Language updated. XX.B.1. – Language updated.

APPROVED:

Harbans S. Deol DOPM

Harbans S. Deol, DO, PhD
Medical Director

Diane Sabatka-Rine, Interim Director
Nebraska Department of Correctional Services

PURPOSE

To provide policy and outline health information regarding serious infectious diseases: human immunodeficiency virus (HIV), hepatitis, tuberculosis (TB) and methicillin resistant staphylococcus aureus (MRSA) to patients. Nebraska Department of Correctional Services (NDCS) team members should refer to Policy 112.35, *Team Member Medical Monitoring Surveillance Program*, for additional information.

It is the policy of NDCS to maintain an facility environment that is safe and healthy for patients, staff and visitors. This will be done by ensuring that all appropriate and necessary precautions are taken to prevent or control the transmission of infectious diseases within NDCS. Policy, procedures and practices shall be updated as new information becomes available and will be reviewed on an annual basis. This policy is applicable to patients housed within NDCS facilities.

DEFINITIONS

For all medical and mental health definitions, see Policy 115.50, *Health Services Definitions.*

PROCESS (ACI-6A-12, ACRS-4C-09)

I. PREVENTION

In the facilities, appropriate precautions will be taken to prevent the spread of infectious diseases. Health care workers will refer to the health services infection control manual for specific procedures regarding care of patients with infectious diseases and the identification of infectious diseases.

II. EDUCATION

Education regarding infectious disease is critical to preventing transmission of the micro-organisms, as well as the key to alleviating widespread anxiety and misunderstanding about infectious disease. The current facts related to infectious disease including how it is contracted and what preventative methods are recommended must be effectively communicated to all staff and patients. Health services has developed and implemented an educational training program regarding infectious diseases and universal precautions to include (at a minimum) coverage of HIV, hepatitis, TB, and MRSA. This educational training program includes a presentation to all new patients upon admission to NDCS, and to the general population as required.

III. IDENTIFICATION

A. Human Immunodeficiency Virus (HIV) (ACI-6A-16, ACRS-4C-10)

The management of HIV infection includes procedures for the identification, surveillance, immunization, treatment and isolation (when indicated).

1. At the time of entry into NDCS, all patients will be informed of and tested by NDCS medical staff for the presence of HIV unless there is documentation of a previous positive test result. All positive tests will be confirmed by an outside laboratory.

2. Patients may request voluntary HIV testing subject to the approval of the facility health care coordinator/designee. HIV exit testing will be offered to all patients leaving NDCS.

3. Patients may be required to undergo HIV testing by the facility medical staff when the specific patient is identified as a source of a significant exposure of blood or body fluids to another patient or staff. Refer to Policy 115.04, *Health Education and Access to Health Services*, Section 14, "Informed Consent".

4. The facility health care coordinator/designee may require a patient to undergo HIV testing when deemed medically appropriate. Refer to Policy 115.04, *Health Education and Access to Health Services*, Section 14, "Informed Consent".

B. Hepatitis (ACI-6A-15)

1. At the time of entry into NDCS, all patients shall be screened/tested for the presence of Hepatitis and shall undergo further diagnostic testing by facility medical staff as deemed appropriate by the facility health care coordinator/designee.

2. Patients may request testing for Hepatitis subject to the approval of the facility health care coordinator/designee.

3. Patients may be required to undergo specific testing for Hepatitis when the patient is identified as a source of significant exposure of blood or body fluids to another patient or staff. Refer to Policy 115.04, *Health Education and Access To Health Services*, Section 14, "Informed Consent".

4. The facility health care coordinator/designee may test a patient for Hepatitis infection when deemed medically appropriate. Refer to Policy 115.04, *Health Education and Access to Health Services*, Section 14, "Informed Consent."

C. Tuberculosis (ACI-6A-14)

1. At the time of entry into NDCS, all patients shall be tested by facility medical staff for TB unless there is documentation of a previous positive test result. All positive tests will undergo chest x-ray.

2. Patients may request voluntary screening for TB subject to approval by the facility health care coordinator/designee.

3. Patients may be required to undergo testing for TB when the patient is identified as a potential contact to a patient or staff member who is or was actively infected with TB. Refer to Policy 115.04, *Health Education and Access to Health Services* Section 14, "Informed Consent".

4. The facility health care coordinator/designee may test a patient for Tuberculin infection when deemed medically appropriate. Refer to Policy 115.04, *Health Education and Access to Health Services*, Section 14, "Informed Consent".

D. Influenza and Other Viral Infections (ex. Coronavirus)

1. Influenza is a contagious disease that spreads around the United States every year, usually between October through May. There are many flu viruses, and they are always changing. Each year a new influenza vaccine is made to protect against three or four viruses that are likely to cause disease in the upcoming flu season.

Even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

2. The vaccine does not cause the flu.

3. Influenza vaccine may be given at the same time as other vaccines.

4. Medical health care providers need to be aware if the person getting the vaccine:

   a. Has had an allergic reaction after a previous does of influenza vaccine, or has any severe, life-threatening allergies.

   b. Has ever had Guillain-Barre Syndrome

5. It takes 2 weeks for protection to develop after the vaccination.

E. Coronavirus

1. Coronavirus disease (COVID-19) is an infectious disease cause by a coronavirus also called SARS-CoV-2. Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at a higher risk for developing more serious complications from the COVID–19 disease.

2. COVID–19 is spread mainly from person to person, mainly through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouth or nose of people who are nearby or possibly be inhaled into the lungs. Spread is more likely when people are in close contact with one another (within about 6 feet). It may be possible that a person can get COVID–19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes. This is not thought to be the main way the virus spreads, but we are still learning more about this virus.

3. All NDCS staff, including health care staff, management, programming, custody and case management staff, as well as incarcerated individuals are required to wear personal protective equipment (PPE) as directed by NDCS administration. This will be consistent with the Center Disease Control (CDC) guidelines. NDCS staff and incarcerated individuals will follow the NDCS guidelines for quarantine and medical isolation for individuals with confirmed COVID–19 positive laboratory test. This information is kept with the emergency preparedness coordinator and limited release.

F. Methicillin Resistant Staphylococcus Aureus (MRSA) (ACI-6A-13)

The program for MRSA management shall include procedures for:

1. Evaluating and treating infected incarcerated individuals in accordance with an approved practice guideline

2. Medical isolation, when indicated

3. Follow up care, including arrangements with appropriate health care authorities for continuity of care if incarcerated individuals are relocated prior to the completion of therapy

G. Other Serious and/or Infectious Diseases

Other serious and/or infectious diseases will be handled in a similar manner under the supervision of the facility health care coordinator/designee and in collaboration with the NDCS infection control nurse.

IV. SURVEILLANCE

A. Exit screening for HIV (unless previously documented positive for this disease), STI's, and Hepatitis B and C (unless previously documented positive for these diseases) will be provided for patients discharged or paroled from NDCS.

B. Testing for TB, Hepatitis and HIV may be additionally performed when a patient is identified as a potential contact to a patient or staff member who is or was actively infected with an infectious disease.

V. IMMUNIZATIONS

Immunizations (when applicable) will be provided to patients with HIV, Hepatitis or Tuberculosis per current Center for Disease Control (CDC) recommendations.

VI. TREATMENT

Treatment and referral of patients with infectious diseases or patients with a documented significant exposure to an infectious disease will be handled in accordance with community, local public health department, State and CDC standards of care.

VII. FOLLOW-UP

Infectious disease follow-up will be performed per orders from the Infectious Disease Specialist and/or by chronic care protocol.

VIII. ISOLATION

In general, patients suffering from serious infectious diseases will be housed in general population, unless otherwise medically contraindicated. Housing and/or work assignments may be modified at the discretion of the facility health care coordinator/designee in consultation with warden, with notification being given to NDCS infection control nurse. Contraindications will include, but not be limited to, significant risk of transmission of the infectious diseases to other patients or staff.

IX. CASE REPORTING

The NDCS Medical Staff will abide by all State and Federal regulations pertaining to the reporting of infectious diseases.

X. INFECTION CONTROL COMMITTEE

The facility health care coordinator/designee will coordinate all matters concerning prevention of infectious diseases in accordance with the NDCS infection control manual, infection control nurse, NDCS medical director and safety and sanitation officer.

A multidisciplinary team (infection control committee) that includes clinical, security, and administrative representative meets at least quarterly to review and discuss communicable disease and infection control activities.

XI. COUNSELING

Patients with a positive test for infectious diseases will receive counseling and education from the medical staff about the disease and, when indicated, referral will be made to the facility mental health department and/or appropriate community resources.

XII. CONFIDENTIALITY

Patients have the right to privacy and individual human dignity; therefore, special care will be taken to preserve the confidentiality of persons with serious infectious disease. Refer to Policy 115.03, *Health Care Records*. Communication within the correctional facilities shall respect the right of privacy to include the patient's diagnosis, medical status, sexual orientation and/or personal habits.

The warden and transfer coordinator at each facility will have access to a confidential registry of patients who have special housing needs due to being in an active status of a serious infectious disease. Correctional staff involved in assigning living locations will only be advised that these patients are patients with special housing needs. The transfer coordinator or NDCS Infection Control Nurse may be consulted to provide a list of patients with whom the patient with special housing needs may be housed. Patients will not be assigned, when other housing is available, to facilities or housing units with communal restrooms or assigned to dormitory style housing units during the active state of Hepatitis B disease due to the infectious nature of the disease.

The Infection Control Nurse will be responsible for maintaining the registry in confidential folders for each facility on the agency's Q drive. This information shall include all active Hepatitis B and HIV positive patients. The Infection Control Nurse will also be responsible for notifying the transfer coordinator and facility administrator when a patient who is in an active state of the disease converts to an inactive health status.

XIII. LAUNDRY SERVICES

Normal laundry procedures involving hot water, detergent, and the heat setting in automatic clothes dryers are adequate for dealing with infectious diseases.

In situations where a large amount of pourable/squeezable blood or body fluids have contaminated patient clothing, the laundry shall be placed initially in a clear melt away plastic bag which will dissolve in the washing machine. These dissolvable bags will be placed in plastic bags which note, "Infectious Material." These bags will be handled by the laundry in accordance with the NDCS Infection/Exposure Control Plan.

XIV. HOUSEKEEPING

All blood or body fluid spills or equipment contaminated with blood or body fluid of any person will be promptly cleaned using a 1:10 solution of household bleach and water and/or using TEC/CIDE. If any cleaning materials or supplies become contaminated with blood or body fluids, they will be disposed of in accordance with Policy 115.18, *Management of Medical Control Items and Disposal of Infectious Waste*. Proper disposable containers noting "Infectious Material" are in each clinic/hospital area.

XV. EQUIPMENT

NDCS will provide NDCS will provide equipment for use by patients and staff in the event of blood or body fluid incidents and CPR administration. CPR masks, which prevent air and saliva transmission, are available (along with the accompanying first aid kit) at strategic locations in each facility. A belt loop pouch or pocket pouch containing gloves shall be issued to all uniformed correctional staff members in our facilities who have direct contact with patients. These gloves are to be used for any exposure incidents to blood or body fluids. CPR masks or other first aid equipment can be obtained from the facility medical clinic or hospital. In case of massive blood or body fluid contamination, face masks, eye wear, head cover, coveralls, shoe covers, and gloves are available at designated locations in each facility as specified by the Safety Specialist.

XVI. TRANSPORTATION

Transportation of infected patients will be according to normal procedures, unless the facility health care coordinator in consultation with the warden specifies that precautionary measures must be taken.

XVII. MEDIA RELATIONS

Media discussion of issues related to infectious diseases in the NDCS should be coordinated with the NDCS medical director.

XVIII. SEXUAL ASSAULT VICTIM NOTIFICATION

Per Neb. Rev. Stat. §29-2290, NDCS will test a patient for the presence of the HIV upon order of the presiding judge. The results of the test shall be reported to the NDCS infection control nurse, who will work with local health departments, courts issuing the order for testing and victim's attorney in the release of tests results to the victim.

XIX. PRECAUTIONS FOR PATIENTS

A. Introduction

If a patient has reason to believe that they may have been exposed to an infectious disease through contact with blood, body fluids, etc. of another patient or staff, an investigation will be conducted as is done for health care workers, correctional officers and other staff.

B. Procedure to be Followed

1. If a patient is exposed to blood or body fluids of another patient or staff, they should immediately take the following hygienic measures: The affected skin should be

washed thoroughly with soap and water and/or the mouth, nose, eyes rinsed with clear water.

2. The exposed patient should then report promptly to medical, giving details of the exposure and the identity of the source of blood or body fluids to which they were exposed.

3. The correctional facility health care staff will then make a decision regarding the risk of exposure to an infectious disease and will institute appropriate medical treatment. This will include diagnostic tests and counseling, not only for the patient coming to the clinic, but also for the patient to whom they have been exposed. Refer to health services infection control manual.

4. Results of tests will be reported confidentially to the involved patients. The exposed patient may be advised to have repeat testing.

5. In the event of any positive tests, the patient concerned will be provided with medical counseling and psychological counseling as indicated.

C. General Information

It is important to remember that a positive Tuberculin skin test does not constitute a diagnosis of active TB. It indicates exposure to Tuberculosis infection and that one may or may not be infectious to others. Follow-up testing will be initiated.

XX. PATIENT HIGH RISK BEHAVIOR IDENTIFICATION AND EDUCATION

A. Identification – High Risk Behavior

High-risk behavior is where bodily fluids are, or are suspected of, being exchanged. This includes, but is not limited to, sexual activities, use of needles (i.e., tattoo, drug activities), physical altercations and other activities (i.e., sports) in which a patient with a blood borne serious infectious disease could spread the infection to others.

When the warden suspects a patient's behavior and/or activity jeopardizes the security of the facility and could potentiate the spread of serious infectious diseases, the facility health care coordinator/designee may be asked to review the patient's medical file to confirm the presence or absence of serious infectious diseases. At the discretion of the medical professional, a medical examination and/or laboratory testing may be performed. The warden in consultation with the facility health care coordinator/designee will determine what action is necessary to maintain the safety of patients and staff, and the control of the facility. (ACRS-4C-08)

B. Procedure to be Followed

In the event a patient is placed in restrictive housing due to high-risk behavior which could spread their serious infectious diseases, health services and unit management team members will work in coordination to provide the patient the following:

1. Education regarding specific high-risk behavior and the potential for infecting others with a serious infectious disease. This information may be provided in writing, videotapes, audio recordings, etc.

2. A mental health evaluation when indicated.

3. Personal interview between patient and the facility health care coordinator/designee to address any questions and determine patient's ability to understand and accept responsibility.

C. Accountability

1. Upon completion of the education and counseling sessions (generally within 60 days) the facility health care coordinator/designee will document compliance or non-compliance and make recommendations on need for additional education, counseling, etc.

2. This information will be provided to the warden for use in evaluating appropriate patient placement, etc.

REFERENCE

I. STATUTORY REFERENCE AND OTHER AUTHORITY

A. Neb. Rev. Stat. §29-2290

II. NDCS POLICIES

A. Policy 112.35, *Team Member Medical Monitoring Surveillance Program*

B. Policy 115.50, *Health Services Definitions*

C. Policy 115.03, *Health Care Records*

D. Policy 115.04, *Health Education and Access to Health Services*

E. Policy 115.18, *Management of Medical Control Items and Disposal of Infectious Waste*

III. ATTACHMENTS – None noted

IV. AMERICAN CORRECTIONAL ASSOCIATION (ACA)

A. Expected Practices for Adult Correctional Institutions (ACI) (5th edition): 5-ACI-6A-12, 5-ACI-6A-13, 5-ACI-6A-14, 5-ACI-6A-15, 5-ACI-6A-16

B. Standards for Adult Community Residential Services (ACRS) (4th edition): 4-ACRS-4C-08, 4-ACRS-4C-09, 4-ACRS-4C-10