

<b>DATE:</b>	SEPTEMBER 4, 2013
<b>NUMBER:</b>	M.37
<b>SUBJECT:</b>	COMMUNICABLE DISEASE CONTROL
<b>RELATED SECTIONS:</b>	DSB <a href="#">M.36</a> , <a href="#">M.41</a> ; MSD Communicable Disease; Dept. P&P 3.16

AUTHORITY

Health & Safety Codes 121055, 121060 & 121070; California Penal Codes 7500-7554; CAC Title XV Section 1206.5; Federal OSHA Bloodborne Pathogen Standard, Code 29 CFR 1910.1030 & 1910 & 1910.20; CCR Title 8, Section 5193.

PURPOSE

To protect the health and safety of employees in the presence of, or suspected presence of, infectious and/or communicable diseases and to provide information and training to employees who may come in contact with biological substances requiring respiratory and standard precautions during the performance of their duties.

POLICY

- I. The San Diego Sheriff's Department encourages the practice of respiratory and standard precautions which are protective measures for all employees to minimize exposure to pathogens.
- II. The Sheriff's Department will comply with federal and state statutes applicable to potentially infectious agents.
- III. The use of standard precautions shall be utilized during all operational activities. Procedures are specified in the Department's written Bloodborne Pathogens Exposure Control Plan.

DEFINITIONS

Respiratory (TB) Isolation Room - a single-patient room that has specifically designed ventilation characteristics appropriate for isolation. These rooms should maintain negative air pressure; thus, doors to isolation rooms should be kept closed except when patients or personnel must enter or exit the room.

Negative Pressure - A difference in pressure between a corridor and a respiratory isolation room so that there is a one-way flow of air into the respiratory isolation room.

Close Contact - A person who lives with, works with, or otherwise is frequently in close physical proximity to a person who has infectious TB.

Infectious TB - Persons are usually considered infectious if their sputum smears are positive for acid-fast bacilli and they: are not on therapy, have just begun therapy, or are on inadequate therapy.

Standard Precautions - See [M.36](#) for definition.

Communicable Diseases - See [M.36](#) for definition.

Body Fluids Capable of Transmitting HIV or HBV - As defined by the State Department of Health Services, blood, semen, vaginal secretions and any body fluid visibly contaminated with blood.

Exposure - An exposure incident is defined as a specific situation whereby personnel are exposed to airborne pathogens and/or when any amount of body fluid defined in P&P [M.36](#) Universal (Blood and Body Fluid) Precautions is deposited on: damaged skin, mucous membranes (e.g., eyes, nasal, mouth, etc.) or skin puncture (e.g. contaminated needle stick, etc.).

Infectious Agent - See definition in [M.36](#)

Human Immunodeficiency Virus (HIV) - The causative agent of the Acquired Immunodeficiency Syndrome (AIDS).

## PROCEDURES

### I. EXPOSURE CONTROL PLAN

#### A. RESPIRATORY INFECTION EXPOSURE CONTROL PLAN

There shall be specific practices to contain, control and prevent the spread of respiratory infections. When strict respiratory isolation is required, the inmate shall be transferred to a detention facility with negative pressure isolation cells. In the event that a respiratory isolation cell is not available in one of the Sheriff's Detention Facilities, contact the Sheriff's Medical Director or Infection Control Supervising Nurse.

#### B. BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

All Sheriff's Department Detention Facilities shall maintain a written Bloodborne Pathogens Exposure Control Plan.

### II. PART ONE: PRE-EXPOSURE

Following standard and respiratory precautions is fundamental to an effective injury and illness prevention program for infectious biological/diseases. Department personnel who are at risk for potential exposure to dangerous and possibly fatal airborne and bloodborne diseases are required to use respiratory and standard precautions.

As an adjunct to standard precautions, Hepatitis B vaccinations are recommended and available at no cost to employees who have occupational exposures to potentially infectious materials. All personnel are encouraged to use available preventive vaccination programs

A. Exposure Determination and Communication of Hazards to Employees - See [M.36](#), Section I, C

B. General information identifying the precautions necessary for housing and transporting inmates who have or are suspected of having a reportable communicable disease or condition shall be provided by the detention facility medical staff.

- C. The detention facility medical staff identifies inmates with health problems and indicates when an inmate needs special housing. The Watch Commander and Classification staffs are notified regarding medical housing needs.

Classification deputies will make medical housing assignments in accordance with recommendations from medical staff.

- D. Anytime an inmate is transported for medical care, the medical staff shall inform the transporting deputy of any additional medical precautions necessary for the deputy and inmate's safety.
1. Anytime medical transportation is requested by the medical staff for an inmate, Department personnel arranging or providing the transportation shall ask the medical staff what additional medical precautions, besides respiratory and standard precautions, are necessary when the inmate is being transported.
  2. If additional medical precautions are necessary, the medical staff will advise the transporting deputy of additional safety measures.
  3. If an inmate being transported has or is suspected of having a communicable respiratory condition, the medical staff will provide a surgical mask for the inmate. Transporting staff shall wear a HEPA also as known as N-95 mask.
  4. Transporting deputies shall wear disposable examination gloves when handling inmates with open sores or weeping lesions.
  5. Transporting deputies shall always thoroughly wash their hands after contact with inmates being transported before touching their face, eyes, ears or any personal objects.
- E. The medical staff will provide the Facility Commander with specific information such as inmate's name, booking number and the suspected communicable disease.
1. The Facility Commander will receive a weekly report from the medical staff listing any inmate who has, or is suspected of having, a communicable disease.  
  
The weekly report will be completed on the Sheriff's Department Medical Condition Weekly Report form (J-207).
  2. The Facility Commander will provide the information contained in the Medical Condition Weekly Report form to the appropriate staff in a manner prescribed by law to ensure the safety of staff and other inmates.
    - a. The Facility Commander will provide all Watch Commanders a weekly medical report identifying any inmate who is listed on the Medical Condition Weekly Report form.
    - b. The Watch Commanders will check the list anytime transportation is requested and inform the transporting deputy if the inmate being transported is on the list.

### III. PART TWO: EXPOSURE

#### Methods of Compliance with Standard Safety Procedures

##### A. Personal Protective Equipment

Protective Equipment to minimize contact with airborne and bloodborne pathogens will be provided to personnel. Protective equipment is to be used when the situation warrants and should be used in an appropriate manner.

Sheriff's facilities can consult the Employee Medical Liaison Unit for information on ordering appropriate approved personal protective equipment.

1. Disposable Gloves - See [M.36](#), Section II, A, 1a.
2. Safety Glasses or Goggles - Wear eye protection whenever there is likelihood of splash, sprays and/or mists.
3. Masks - Wear masks whenever there is likelihood of production of respirable droplets, mists, splash or sprays.

- a. Surgical Mask - to be worn by inmate.  
Surgical masks are designed to prevent the respiratory secretions of the person wearing the mask from entering the air.

- b. HEPA also known as N95 Mask - to be worn by personnel.

N95 mask provides filtration of particles including TB bacilli.

All employees who wear respiratory protection for TB, including supervisors, are required to successfully complete a comprehensive "Respiratory Protection Training Program" which includes:

- 1) A written examination to assess individual comprehension of basic principles of mask use, sanitation, maintenance and disposal.
- 2) A N95 fit test to assure that their masks are sealed properly against their face. The staff of the County of San Diego Department of Environmental Health administers the training.

- c. Protective Barrier Membrane (PBM) Wear whenever administering CPR.

4. Coveralls/Fluid Resistant Material - See [M.36](#), II, A, 1d.

B. Shoe/Boot Cover/Fluid Resistant Material - See [M.36](#), II, A, 1e.

##### C. Respiratory Precautions

1. Protective Barrier Membrane (PBM) - one-way valve mask and carrying case will be issued to each deputy and medical staff trained in the use of the pocket masks.

2. PBM will be carried at all times by personnel while on duty.
3. PBM shall be used only once and then disposed of and staff will be issued a new one.
4. To reduce the expulsion of droplet nuclei into the air, inmates suspected of having TB should wear surgical masks when not in TB isolation rooms.

The Medical Liaison Unit should be notified of any detention facility employee who has suspected or confirmed TB disease.

5. Long-term inmates infected with TB and confirmed by Medical Services Infection Control Supervising Nurse will be case managed until treatment has been completed.
6. Inmates suspected of having infectious TB disease should be placed immediately in a negative pressure isolation cell.
7. Inmates requiring respiratory isolation shall not be transported in a vehicle with other inmates. Environmental factors allowing, vehicle windows should be open and ventilation system utilized.

#### D. Standard Precautions

1. Blood and body fluid precautions shall be consistently used for all inmates by using appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids is anticipated.
2. If a glove is torn or punctured by a needle stick or accident, remove the damaged glove, wash your hands, and put on a new glove as promptly as inmate safety permits.
3. If gloves are potentially contaminated, remove immediately and prior to touching any uncontaminated surfaces, i.e. keyboards, telephones, door handles.
4. Gloves shall be removed by peeling them off "inside-out" to prevent any contaminated material from having contact with the skin. Used gloves and contaminated materials shall be disposed of in accordance with the Exposure Control Plan.
5. Hands shall be washed immediately after gloves are removed.
6. Hands and other skin surfaces shall be washed with soap and water immediately and thoroughly if contaminated by blood or body fluids. Mucous membrane exposures should be washed with water only.
7. All employees will take precautions to prevent injuries caused by needles and other sharp instruments or devices.
8. Sharp items shall be placed in puncture resistant containers for disposal.

9. Employees who have open wounds or breaks in the skin shall refrain from all direct handling of blood and body fluids until the condition resolves. Employees with open wounds or breaks in the skin shall thoroughly cover or bandage such wounds.
  10. Pregnant staff should be especially familiar with and adhere to standard precautions to minimize risk of transmission of bloodborne diseases.
  11. If an employee's clothing becomes contaminated with blood, body fluid or other potentially infectious materials, it should be carefully removed as soon as possible. Care needs to be exercised that the clothing does not contaminate other articles before it is laundered.
  12. Sworn staff will conduct searches in the manner prescribed by department policy to minimize body fluid contact or cuts by sharp objects.
  13. Disposable gloves will be worn once and immediately disposed of in an appropriate manner.
  14. Disposable gloves should never be worn for extended periods of time.
  15. Personnel wearing other types of gloves, such as leather gloves or heavy rubber gloves should wear disposable gloves over the other type of gloves.
- E. Clothing - See [M.36](#), Section II, A, 2.
- F. Hand washing - See [M.36](#), Section II, A, 3.
- G. Cleaning and Decontaminating Spills of Blood and other Body Fluids - See [M.36](#), Section III, A
- H. Laundry - See [M.36](#), Section III, A, 3.

#### IV. PART THREE: POST-EXPOSURE

- A. Reporting Exposures - See [M.36](#), Section IV
- B. Exposure Follow-up

Post-exposure vaccinations and medical evaluations are available at no cost to all employees who had an exposure incident.

- C. Record Keeping - see [M.36](#), Section VI, A & B

References: [Guidelines for Preventing the Transmission of \*Mycobacterium tuberculosis\* in Health-Care Settings, 2005](#)  
*MMWR* 2005; 54 (No. RR-17)

Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC  
MMWR 2006; 55 (No. RR-09)

CDC. HIV transmission among male inmates in a state prison system—Georgia, 1992–2005. *MMWR* 2006;55(15):421–426.  
[http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5515a1.htm?s\\_cid=m5515a1\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5515a1.htm?s_cid=m5515a1_e). Accessed April 17, 2012.

Guidelines for Environmental Infection Control in Health-Care Facilities  
*MMWR* 2003; 52 (No. RR-10)