

**POLICY & PROCEDURES**

<b>CHAPTER:</b>	4	Facility Services	<b>4.2.10</b>
<b>SECTION:</b>	2	Health Services	<b>EFFECTIVE DATE:</b> 7 / 10 / 2020
<b>SUBJECT:</b>	10	<b>AIR BORNE PATHOGENS</b>	
<b>STANDARDS: ACA – 4 – ALDF: 4C-14, 4C-15</b>			
<b>APPROVED:</b>  _____			<b>REVIEW DATE:</b> 7 / 10 / 20
<b>Dale Glass</b> <b>COMMISSIONER OF CORRECTIONS</b>			<b>REVISION DATE:</b> 7 / 13 / 20
Rescind: 4.2.10 dated 10/21/04 Cancel:			

**I. POLICY**

The Division will instruct both employees and inmates on how to help prevent the spread of specific infectious diseases transmitted by airborne pathogens. The Division's instructions will comply with state law, and federal law. Divisional policies concerning infectious diseases will be updated as new information becomes available.

**II. RESPONSIBILITIES**

All Division of Corrections staff having direct contact with the inmate population and healthcare providers are responsible for adhering to the following procedures.

**III. DEFINITIONS**

None

**IV. PROCEDURES**

**A. General Respiratory Protocol**

This protocol is designed to prevent transmission of infectious diseases primarily over distances through air by droplet transmission.

1. Disease or Conditions:

The following diseases or conditions require general respiratory protocol:

- a. epiglottitis, hemophilus influenza;
  - b. measles;
  - c. meningitis-either suspected or known;
  - d. meningococcal disease;
  - e. mumps;
  - f. pertussis; and
  - g. pneumonia, hemophilus influenza.
2. The Division will place an inmate diagnosed with any of the diseases in section A-1 above in a single cell, preferably with negative air flow.
  3. Health care staff must place a warning sign outside the isolation room stating the necessary precautions.
  4. All persons (e.g., medical staff, correctional staff, and other inmates) must wear masks when in close contact with the inmate.
  5. Persons need not wear gowns and gloves.
  6. All persons must wash their hands after touching the inmate or any potentially contaminated articles. A potentially contaminated article has the presence or the reasonably anticipated presence of droplet nuclei on the item or surface, e.g., tissues, laundry, or any other object that has been soiled with potentially infectious materials.
  7. Staff must double-bag contaminated articles in red or orange bags and label them BIOHAZARDOUS WASTE before sending them out for decontamination sterilization, reprocessing or destruction under current Occupational Safety and Health Administration (OSHA) regulations.
  8. If the Division releases an infectious inmate from custody, the facility healthcare staff will notify the City Health Department of the inmate's airborne pathogen status.

**B. Tuberculosis Protocol**

1. This protocol is for inmates who have been diagnosed with pulmonary TB, who have a positive smear or chest x-ray that is indicative of active TB, or have suspected disease until proven non-infective. The infectious agent for TB is carried on airborne droplet nuclei that are so small (1-5 microns) that normal air currents can keep them airborne for long periods of time.

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2. The Division will screen and test all inmates for TB within 48 hours of arrival and will be screened annually thereafter.
3. Health care staff will inform the Superintendent or designee of any inmate who is suspected of having active TB. The inmate will be placed in a negative pressure room, if possible, to prevent the spread of the droplet nuclei. If a negative pressure room is not available, the Health Service Administrator or designee will arrange to have the inmate hospitalized until the inmate is no longer infectious.
4. Healthcare staff must place a warning sign outside the isolation room stating the necessary precautions.
5. Persons entering the cell need not wear a gown unless there is danger of an occupational exposure incident that would contaminate clothing.
6. Staff may wear gloves although they are not medically indicated.
7. All persons must wash their hands after interacting with the inmate or after handling potentially contaminated articles and before interacting with other persons.
9. Staff must double-bag contaminated article in red or orange bags and label them BIOHAZARDOUS WASTE before sending them for decontamination, sterilization, reprocessing or destruction under current OSHA regulations.
10. Inmates in isolation for TB must wear a mask and gown when being transported. Officers transporting the inmates must wear a mask under OSHA guidelines.
11. Health care staff will follow the same procedure under section A-8 above when an infectious inmate is released from the facility.

**C. Strict Isolation Protocol**

1. Diseases that require strict isolation are:
  - a. diphtheria, pharyngeal;
  - b. plague; and.
  - c. varicella (chicken pox).
2. Health care staff will notify the Superintendent when an inmate has a highly contagious or virulent infection. The Superintendent or designee will strictly isolate the inmate in a single, closed room, preferably with a negative air flow unless the Medical Director determines that hospitalization is necessary to protect staff and other inmates. Inmates infected with these

same organisms may share a room.

3. Staff must keep the door to the room closed.
4. All persons entering the room must wear masks, gowns, and gloves.
5. Persons must change their gloves and wash their hands after touching the inmate or any potentially contaminated articles before contact with another person.
6. Staff must double-bag contaminated articles in red or orange bags and label them BIOHAZARDOUS WASTE before sending them for decontamination or destruction under current OSHA regulations.
7. Health care staff must place a warning sign outside the room that states “Strict Isolation Techniques Will be Observed” and describe the necessary precautions.

**D. Facility Employees**

1. All potential employees whose job will involve direct contact with inmates will be screened for TB before hiring. If a private physician screens the employee, the employee must provide the test results to the Division’s Human Resource Manager.
2. All employees who tested positive for the first time will be required to be evaluated by a health professional to rule out active TB. Employees who have tested positive will see a health professional to have an annual screening consisting of a TB questionnaire. If symptomatic, a chest x-ray will have to be done.
3. Health care records are confidential. The Division may only provide these records to the employee or employee’s designated representative with the employee’s written consent. The records must also be available upon request to the Missouri Division of Labor.