

POLICY & PROCEDURES

CHAPTER:	4	Facility Services	4. 2. 9
SECTION:	2	Health Services	EFFECTIVE DATE: 7 / 21 / 2020
SUBJECT:	9	Infection Control Program	
STANDARDS: ACA – 4 – ALDF: 4C-14 (M), 4C-18 (M)			
APPROVED: _____			REVIEW DATE: 7 / 21 / 20
Dale Glass COMMISSIONER OF CORRECTIONS			REVISION DATE: 7 / 30 / 20
Rescinds: 4.2.9 dated 2/23/06 Cancel:			

I. POLICY

It is the policy of the St. Louis city Division of Corrections to maintain an effective Infection Control Program, which will assure a safe and healthy environment for both inmates. Staff and visitors.

II. RESPONSIBILITIES

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

III. DEFINITIONS

None

IV. PROCEDURES

A. General Information

The incidence of infectious and communicable diseases will be minimized utilizing a quality improvement process and utilizing ongoing monitoring and education. Inmates diagnosed with infectious or communicable diseases will receive prompt care and treatment as outlined by accepted standards and guidelines.

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- B.** Inmates admitted to the St. Louis Division of Corrections are screened on admission for tuberculosis and acute infectious diseases. An immunization history for measles, mumps, rubella and tetanus is obtained and recorded on the Medical History form.
1. Those who are at risk, or who have a past history of STD or pregnant inmates, are screened for syphilis, when clinically indicated.
 2. Female inmates are also screened for gonorrhea and Chlamydia when clinically indicated.
 3. Pregnant inmates are screened for HIV and Syphilis. HIV counseling and testing is recommended.
- C.** Immunizations are made available to those individuals without adequate immunizations and those whose medical conditions would be severely compromised if they were infected with vaccine preventable diseases.
- D.** An influenza vaccine program is offered each fall to those individuals identified as being at risk for complications of influenza.
- E.** HIV counseling, education and testing is available to all inmates upon request.
- F.** Inmates are screened annually by date of admission for tuberculosis. As part of the tuberculosis control plan, inmates who are suspected of having active tuberculosis are isolated in negative pressure isolation rooms.
- G.** Inmates presenting with acute or chronic infectious or communicable diseases are treated in accordance with the American Public Health Association guidelines and are provided information about transmission and methods to prevent future infection of self or others.
- H.** An integral component of the Infection Control Program is the prevention of occurrence and spread of infectious and communicable diseases:
1. Ongoing education regarding communicable disease prevention will be provided to staff and inmates as part of the health education program.
 2. Ongoing communication between the Division of Corrections healthcare provider and the St. Louis City Health Department is essential.
- I.** Infectious and communicable diseases are to be reported to the St. Louis City Health Department and to the facility's Infection Control Committee.

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- J.** The Division of Corrections healthcare provider will maintain a written exposure control plan which describes methods utilized by health service staff to eliminate or minimize exposure to pathogens. The plan is approved by the Medical Director and is reviewed and updated annually.
- K.** Employees providing care to inmates are required to use “Universal Precautions.” Each facility is to have personal protective equipment readily available for use during routine and emergency care.
1. It is the responsibility of each staff member to know the location of the equipment and to verify its presence at the beginning of each shift.
 2. Yearly in-service training on infectious and communicable disease is provided to all Division of Corrections staff by the Training Department.
- L.** Each facility will have an Infection Control Committee, which oversees infection control practices and meets at least quarterly. This committee is composed of the Chief Medical Officer, Health Services Administrator, a representative from dental, a minimum of one (1) staff nurse, a representative from Division Administration and may include other personnel who are involved in sanitation.
- M.** Notes of the Infection Control Committee meetings are to be kept and maintained on file. Functions of this committee include, but are not limited to:
1. Tracking of infectious and communicable diseases through Health Services and/or safety and sanitation reports.
 2. Analysis of epidemiological data and trends.
 3. Submission of proposals to decrease incidence of these diseases.
 4. Surveillance of the facility’s application of standard precautions, cleaning and disinfectant techniques, and the disposal of medical sharps and bio-hazardous waste. This is best accomplished using a CQI approach.
- N.** Each Infection Control Committee provides a quarterly report to the Health Services Administrator. This report is to contain the incidence of reportable infectious and communicable diseases and significant occurrences related to infection control. The quarterly reports are due in October (July through September), January (October through December), April (January through March), and July (April through June).
- O.** If an inmate has been identified with a serious communicable disease, Health

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Service employees will instruct correctional employees on measures to prevent transmission if additional measures, beyond “Universal Precautions,” are necessary during transport.

- P.** If an inmate due to be released into the community has a communicable or infectious disease, health service staff will assure that continuity of care with appropriate community resources is established prior to release.
- Q.** Medical sharps and bio-hazardous wastes are to be disposed of utilizing methods and materials that are in compliance with Environmental Protection Agency (EPA) Standards. The Health Services Administrator is responsible for making arrangements for proper disposal based on what is available in the community.
- R.** Contaminated non-disposable medical, dental, and laboratory instruments and equipment is to be decontaminated using the appropriate method as specified by the manufacturer and OSHA guidelines.
- S.** Biohazard Waste and Decontamination of Medical and Dental Equipment
Health care staff workers and appropriate division employees will be trained on the appropriate methods for instruments and equipment sterilization, sharps disposal containers, and the handling of biohazardous material.
 - b. All medical waste and infectious waste generated in medical areas will be discarded as required by city, state, and federal regulations.
 - c. Biohazardous waste will be removed from the site by the contracted vendor at least every other week, not to exceed thirty (30) days.
 - d. Contract medical vendors will have a comprehensive plan for the decontamination of all medical and dental equipment.