POLICY TITLE: COMMUNICABLE DISEASE AND INFECTION CONTROL, AIRBORNE PATHOGENS POLICY NUMBER: 13.8.2 CHAPTER 13: HEALTH CARE SERVICES		PAGE 1 OF 8
STATE of MAINE DEPARTMENT OF CORRECTIONS Approved by Commissioner: DR. Joseph R. Fitzpatrick		PROFESSIONAL STANDARDS: See Section VII
EFFECTIVE DATE: August 16, 2004	LATEST REVISION: March 9, 2015	CHECK ONLY IF APA [ ]

I. AUTHORITY

The Commissioner of Corrections adopts this policy pursuant to the authority contained in 34-A M.R.S.A. Section 1403.

II. APPLICABILITY

All Departmental Juvenile Facilities
Juvenile Community Corrections staff

III. POLICY

It is the policy of the Department of Corrections to address the management of tuberculosis and other airborne pathogens. The Department's juvenile facilities shall develop communicable disease and infection control plans, in compliance with the minimum requirements of this policy and its procedures and applicable laws and regulations.

The Department's juvenile facilities shall test all staff and residents for exposure to tuberculosis.

All staff shall be instructed to follow universal precautions when having contact with a resident with active tuberculosis.

No staff, resident, or volunteer shall be allowed to disclose another person's infectious status, except as specifically allowed by law and Departmental policy and procedures.

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VI. PROCEDURES

Procedure A: Communicable Disease and Infection Control Program – Airborne Pathogens

1. The Chief Administrative Officer, or designee, for each facility shall maintain the facility's communicable and infectious disease control plan for airborne pathogens.

2. Each facility's control plan shall comply with Departmental policies and procedures, as well as protocols established by the Department's health care services provider regarding the following:

    a. When and where residents are to be tested;
    b. Treatment of latent tuberculosis infection and tuberculosis disease;
    c. Therapeutic seclusion, when indicated;
    d. Follow-up care, including arrangements for continuity of care if the resident is transferred or released prior to completion of therapy;

Procedure B: Tuberculosis Testing

1. All facility staff, Juvenile Community Corrections staff, and residents shall be tested for tuberculosis initially using the Mantoux skin test to determine if they have been exposed to tuberculosis. In the case of a known positive, no skin test shall be performed.

2. Newly hired staff shall be tested as a condition of employment using the Mantoux skin test, prior to assuming the job assignment. In the case of a known positive, no skin test shall be performed.

3. Any newly hired staff who has tested positive for or is determined to have an active case of tuberculosis, shall, as a condition of employment, provide acceptable documentation from a physician that he or she is not contagious and is able to assume work duties.

4. All staff shall be tested annually thereafter using the Mantoux skin test. In the case of a known positive, no skin test shall be performed.

5. Any staff who has a positive skin test, or a skin test conversion on repeat testing, or who is experiencing symptoms of tuberculosis shall, as a condition of continued employment, provide acceptable documentation from a physician that he or she is not contagious and is able to resume work duties.

6. At each facility, the Health Services Administrator (HSA), or designee, shall ensure baseline tuberculosis testing of every resident at intake using the Mantoux testing. At each facility, the Health Services Administrator, or designee, shall ensure every resident is tested annually thereafter using the Mantoux skin test. In the case of a known positive, no skin test shall be performed.

7. Any resident who refuses to be tested initially or retested any time thereafter shall be counseled in an effort to persuade the resident to consent to the test. If the resident continues to refuse, the resident may be subject to placement on observation status and/or disciplinary action. If the resident still continues to refuse, the resident shall be offered the option of a chest x-ray. If the resident refuses the chest x-ray, health care and security staff shall develop a plan for taking the chest x-ray using only the degree of physical force necessary, including the use of restraints if necessary.

8. A resident who has a positive skin test or a skin test conversion on repeat testing or who is experiencing symptoms of tuberculosis shall be immediately offered appropriate health care evaluation, management, and treatment. Any such resident shall also be reported to the Center for Disease Control within a reasonable period of time. If, at the time of release from a facility to the community, a resident is receiving prophylactic treatment for tuberculosis or is actively contagious, the Maine Tuberculosis Control Program shall be notified of the resident's release.

9. Any resident who is not actively contagious and who refuses prophylactic treatment shall be reevaluated at least annually and more frequently, if determined necessary by the facility physician, physician assistant, or nurse practitioner.

10. Any resident who is experiencing symptoms of tuberculosis or who is actively contagious shall be subject to medical therapeutic seclusion in accordance with Departmental policy 13.5, Health Care Services, until it is confirmed by the facility physician, physician assistant, or nurse practitioner that the resident is not actively contagious.

11. As a condition of employment, newly hired facility security and health care staff shall provide documentation that indicates fitness to wear a NIOSH-approved particulate respirator prior to assuming the work assignment**.**

12. All newly hired security staff and health care staff shall be fit tested for the respirator prior to assuming the work assignment and annually thereafter. All current security staff and health care staff shall be tested annually.

13. The only exception to this requirement would be that in the event that staff has a medical or other condition that would prevent his/her wearing of the NIOSH-approved particulate respirator, the facility may provide a protective hood with a HEPA filter incorporated into the unit. In the event that the facility chooses to provide a protective hood with a HEPA filter incorporated into the unit, and there is no extenuating medical or psychological reason to prevent the staff from performing his/her duty while wearing the hood, the staff shall be required to wear a protective hood.

14. Juvenile Community Corrections staff shall be subject to procedures 1 through 5, as noted above.

Procedure C: Training

1. The facility's training department, in collaboration with the facility Health Services Administrator (HSA), shall ensure that all staff are trained in airborne pathogens. This training shall be completed during orientation for new staff and may be combined with training on bloodborne pathogens.

2. This training, at a minimum, shall include:

    a. Discussion and explanation of this policy and procedures and information about its availability;

    b. The causes, symptoms, and methods of the transmission of tuberculosis;

    c. The course of treatment of the disease;

    d. The job tasks that may result in occupational exposure with an explanation of prevention technologies, work procedures, work practice controls, and personal protective equipment to avoid occupational tuberculosis exposure;

    e. The use, fit testing, cleaning, and storage of a particulate respirator;

    f. Waste disposal and decontamination; and

    g. Record keeping

3. All training in airborne pathogens shall be provided by health care staff.

4. All training provided to staff shall be documented and kept on file. The record of training of staff shall be forwarded for inclusion in the staff's training file. At a minimum, documentation of training shall include:

    a. Subject or topic areas;

    b. Date training received;

    c. Name and job classification of the trainee;

    d. Signature of person receiving training;

    e. Names of trainers and their qualifications; and

    f. Results of performance evaluation and/or testing.

5. Annual refresher training for staff shall include, at a minimum, a review of changes and advances in knowledge about airborne diseases and their prevention and treatment, this policy and its procedures, and precautions. There may be a review, without revealing confidential information, of past exposure incidents and how they might have been avoided or handled more effectively.

6. Juvenile Community Corrections staff shall receive the same training.

Procedure D: Exposure

1. Each facility shall require the immediate reporting of a possible exposure incident and for the evaluation of the circumstances surrounding a possible exposure incident.

2. If the possible exposure was to staff, the staff shall be immediately sent to a community health care provider.

3. If it is determined by the community health care provider that there was an exposure to staff, the staff who had an exposure incident shall be required to be tested by a community health care provider. If the test is negative, he/she shall be retested within three (3) months. If the test is negative at that time, the staff person shall be placed back on the annual schedule for testing.

4. If the possible exposure was to a resident, counseling and treatment shall be provided in accordance with applicable law and regulations, Departmental policies and procedures, and established practices.

5. If it is determined by facility health care staff or emergency room health care staff that there was an exposure to a resident, the resident exposed shall be required to be tested by facility health care staff. If the test is negative, he/she shall be

retested within three (3) months. If the test is negative at that time, the resident shall be placed back on the annual schedule for testing.

Procedure E: Reporting of Test Data

1. All staff tested for tuberculosis shall have the test results documented on a Staff Tuberculin Skin Test Record (see Attachment A). This form shall be forwarded to the Personnel Officer, or designee, and the test results shall be maintained in the staff member's Human Resources health file.

2. The Personnel Officer, or other designee, of the Chief Administrative Officer shall ensure all employees who test positive on the Mantoux test are reported on the appropriate OSHA Log.

3. All residents tested for tuberculosis shall have the test results documented in the prisoner's health care record.

Procedure F: Precautions

1. High Risk Activity

a. All staff entering a confined area, i.e. vehicle or room, occupied by a resident known or suspected to have actively contagious tuberculosis, as determined by the facility health care staff, shall wear an appropriate tuberculosis personal protective device, consisting of a NIOSH-approved particulate respirator.

b. All staff performing or assisting with a "high risk activity" being performed on a resident who is suspected or known to have actively contagious tuberculosis, as determined by the facility health care staff, shall wear the above personal protective equipment. Examples of high risk activities include, but are not limited to, aerosol medication treatment, bronchoscopy, sputum induction, endotracheal intubation, and suctioning procedures.

c. When staff leave the confined area or the high risk activity is completed, the staff shall dispose of all disposable items as regular waste and decontaminate other items and the area involved, as detailed below.

2. General Decontamination

a. In a vehicle or room where no potentially infectious material is visible, decontamination shall consist of letting air circulate in the room or vehicle where the suspected or confirmed case was present, unless it is a negative air pressure room.

b. The vehicle shall be left with the windows open in order to be exposed to fresh air for a period of at least two (2) hours. If weather prevents this, the vehicle shall be left in an open covered indoor area and a fan shall be used to circulate air through the vehicle. In the case of a transport, this decontamination shall take place either at the destination or immediately after the vehicle is returned to the facility, whichever is appropriate.

c. The room, unless it is a negative air pressure room, shall be left with the windows open in order to be exposed to fresh air for a period of time calculated in accordance with the applicable federal regulation based on the hourly rate of air exchange in the room. If the rate of air exchange is unknown, the room shall be ventilated for at least six (6) hours.

d. If potentially infectious material is visible, it shall be cleaned up while wearing a personal protective device, consisting of a NIOSH-approved particulate respirator, and following universal precautions.

3. Transportation of Resident with Suspected or Confirmed Tuberculosis

a. Whenever a resident known or suspected to have actively contagious tuberculosis, as determined by the facility health care staff, is to be transported, the resident shall be required to wear a surgical mask during the transport.

b. Any staff who transport a resident who is known or suspected to have actively contagious tuberculosis shall wear a NIOSH-approved particulate respirator.

c. Where feasible, the transportation officer shall drive with the windows open enough to allow full ventilation of the vehicle. If weather or comfort level does not permit the windows being opened, the transportation officer shall ensure the internal ventilation system in the vehicle is on to allow fresh air to circulate through the vehicle.

Procedure G: Documentation of an Exposure Incident

1. Documentation of an exposure incident, at a minimum, shall include documentation of the circumstances under which the possible exposure occurred.

2. The staff potentially exposed, or who witnesses a potential exposure, shall complete an incident report. If it was a Departmental employee who was possibly exposed, the employee shall also complete a Report of Injury form (available from Human Resources staff) prior to the end of the work shift.

3. A supervisor shall complete an Exposure Incident Form (see Policy 13.8.1, Attachment C) and, if it was a Departmental employee who was possibly exposed,

the Supervisor's Report of Staff Injury form (available from Human Resources staff), before the end of the shift.

4. If the possible exposure was to a Departmental employee, the original forms shall be forwarded to the facility's Human Resource Officer, or designee, as soon as possible, and a copy provided to the Chief Administrative Officer, or designee

VII. PROFESSIONAL STANDARDS

ACA:

4-JCF-4C-22 (MANDATORY) A written program addresses the management of communicable and infectious diseases in juveniles. The program includes procedures for the following:

1. **Prevention, to include immunizations, when applicable**
2. **Surveillance (identification and monitoring)**
3. **Resident education and staff training**
4. **Treatment, to include medical isolation, when indicated**
5. **Follow-up care**
6. **Reporting requirements to applicable local, state, and federal agencies**
7. **Confidentiality of protected health information**
8. **Appropriate safeguards for residents and staff**

A multidisciplinary team that includes clinical, security, and administrative representatives discuss and review, at least quarterly, communicable-disease and infection-control activities.

4-JCF-4C-23 (MANDATORY) Management of tuberculosis (TB) in juveniles includes procedures identified in the communicable-disease and infectious-disease-control program. In addition, the program for TB management shall include procedures for the following:

1. **When and where juveniles are to be screened and tested**
2. **Treatment of latent tuberculosis infection and tuberculosis disease**
3. **Medical isolation, when indicated**
4. **Follow-up care, including arrangement with the applicable department of health for continuity of care if the juvenile is released prior to completion of therapy.**