


<h1 style="margin: 0;">Infection Prevention Program</h1> <h2 style="margin: 0;">Policy &amp; Procedure</h2>		
Site Name: Volusia County Division of Corrections		Date of Issue: 10/29/12
Title: Infection Prevention Program		<b>Revision Dates:</b> No IP-10.00

**POLICY:**

The Infection Prevention Program has been established to delineate principles and establish standards for surveillance, prevention, diagnosis and treatment of communicable diseases within the jail and prison settings. The program is designated to ensure that a safe and healthy environment is created and maintained for inmates, staff, and visitors in the correctional setting. Policies and procedures have been developed based upon current guidelines from Occupational Safety and Health Standards (OSHA), Centers for Disease Control (CDC) Standards, and Federal Bureau of Prisons (FBOP) Standards. In addition, each facility is to review each policy at the facility level for compliance with local Public Health Standards. Each site shall have an effective Infection Prevention Program that is compliant with Local, State, and Federal Public Health Regulations. Policies and procedures will be reviewed and updated on an annual basis.

**PROCEDURE:**

1. Authority and responsibility for the facility Infection Prevention Program shall be with the responsible health authority, responsible physician and Infection Prevention Coordinator or designee.
2. The infection prevention activities shall be reported to the Infection Control or Quality Committee.
3. Annually, a program evaluation shall be performed using the Infection Prevention Program Evaluation tool or a similar program evaluation tool.
4. Components of the Infection Prevention Program includes the following:
  - a. Surveillance of inmates for serious infections and communicable diseases including *ectoparasite* control with isolation and segregation as appropriate
  - b. Appropriate assessment, isolation and treatment of inmates for Latent and Active Tuberculosis
  - c. Coordinate appropriate community follow-up of inmates released with reportable communicable diseases
  - d. Compliance with Local Public Health Communicable Disease Reporting Laws

See Reference Sheet

REFERENCES

1 2 3 4,8 5,8 6,8 7,8 N/A N/A N/A	NCCHC: Standards for Health Services in Juvenile Detention and Confinement Facilities, 2011 NCCHC: Standards for Health Services in Jails or Prisons 2008 NCCHC: Standards for Mental Health Services in Correctional Facilities, 2008 ACA: Standards for Adult Local Detention Facilities, 4 <sup>th</sup> Edition, ACA: Standards for Adult Correctional Institutions, 3 <sup>rd</sup> Edition 2003 ACA: Performance Based Standards for Juvenile Correctional Facilities, 4 <sup>th</sup> Edition, 2009 ACA: Juvenile Detention Facilities, 3 <sup>rd</sup> Edition, 1991 CDC: (Centers for Disease Control) OSHA: FBOP: (Federal Bureau of Prisons)
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**PROCEDURE: (continued)**

- e. Maintenance of a safe and healthy environment through proper sterilization and disinfection of equipment, appropriate containment and disposal of biohazard waste and sharps, monthly environmental inspections and education of sanitation workers on appropriate handling and disposal of biohazard materials and spills
  - f. Reduction of the risk of exposure to blood and body fluids through the practice of appropriate hand hygiene, standard precautions, transmission based precautions as appropriate, sharps injury prevention programs and exposure follow-up
5. Policies and procedures for each of these components can be found in the Corizon Infection Prevention Manual.

**See Reference Sheet**

	<b>REFERENCES</b>
1	NCCHC: Standards for Health Services in Juvenile Detention and Confinement Facilities, 2011
2	NCCHC: Standards for Health Services in Jails or Prisons 2008
3	NCCHC: Standards for Mental Health Services in Correctional Facilities, 2008
4,8	ACA: Standards for Adult Local Detention Facilities, 4 <sup>th</sup> Edition,
5,8	ACA: Standards for Adult Correctional Institutions, 3 <sup>rd</sup> Edition 2003
6,8	ACA: Performance Based Standards for Juvenile Correctional Facilities, 4 <sup>th</sup> Edition, 2009
7,8	ACA: Juvenile Detention Facilities, 3 <sup>rd</sup> Edition, 1991
N/A	CDC: (Centers for Disease Control)
N/A	OSHA:
N/A	FBOP: (Federal Bureau of Prisons)

## Ebola Suspect Screening and Treatment

1. Every Inmate coming into the facility will have an Ebola Screening Form completed in booking. See Attached.
2. If the inmate answers Yes to questions #1 or #2 and have one or more of the symptoms listed in #3, #4 or #5 place the inmate in contact isolation with a private bathroom. Put a mask on the inmate and have personnel don PPE (personal protective equipment). Post a sign on the inmate's cell door.
3. Keep a log of all personnel that enters the inmate's cell.
4. Don PPE; Gloves, shoe covers, mask with eye shield and impermeable gowns (additional equipment such as leg coverings may be necessary depending on amounts body fluids) when having contact with suspect Ebola inmate.
5. Remove PPE without contaminating yourself.
6. Use disposal medical equipment if possible, if not designate equipment to this inmate.
7. Do Not Use Aerosol generating procedures if possible. If necessary wear protective eye goggles along with other PPE including a N95 mask in a negative pressure cell if available.
8. Get complete history from inmate, type of exposure, date of exposure and if any treatment has been received.
9. Notify the Site Medical Director (SMD) and Regional Medical Director (RMD).
10. Contact your Department of Health contact person: Dr. Paul Rehme  
@ telephone #: 386.274.0500 ext 0618.
11. Follow the recommendations from Florida Department of Health contact.
12. Notify SMD and RMD of the Florida DOH recommendations.
13. Collect specimens **ONLY** when instructed by Florida DOH.
14. Florida DOH will give you information on the procedure for collection and shipment of specimens. At this time (10/6/14) only FL DOH can approve testing for Ebola.
15. Document in the Medical Record the date, time, person for each contact with the FL DOH and the recommendations received.
16. If/When you receive phone calls from outside of the facility, if you can not verify that it is your contact from the FL DOH notify your manager that a call was received and the manager will follow up.
17. Remember this is a contact/droplet isolation. There is no risk that the Ebola virus is airborne. It is transmitted through sweat and saliva.
18. As additional information becomes available we will notify staff.

## Intake Screening for Ebola Virus

Facility:	Location Seen:	Date Seen:	Time Seen:	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Patient's Name	Last	First	MI	ID #	DOB
Med Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes If YES List Med (s) and Reaction→					
Chronic Care Clinics <input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> DM	<input type="checkbox"/> Asthma	<input type="checkbox"/> COPD	<input type="checkbox"/> CAD	<input type="checkbox"/> Dyslipidemia
Check All that Apply	<input type="checkbox"/> Seizures	<input type="checkbox"/> HTN	<input type="checkbox"/> ESRD	<input type="checkbox"/> ESLD	<input type="checkbox"/> Cancer

### Ebola Virus Disease (EVD) Screening

1. Have you traveled to Africa or neighboring Countries in the last 21 days? Guinea, Liberia, Sierra Leone and Lagos Nigeria	<input type="checkbox"/> No <input type="checkbox"/> Yes
2. Have you had contact with anyone who has traveled from Africa neighboring Countries in the last 21 days?	<input type="checkbox"/> No <input type="checkbox"/> Yes
3. Do you have a severe headache, muscle pain, hiccups or any unexplained hemorrhage or bleeding?	<input type="checkbox"/> No <input type="checkbox"/> Yes
4. Do you have a fever ( $\geq 38.6^{\circ}$ C or $101.5^{\circ}$ F)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
5. Do you have any vomiting, diarrhea, abdominal pain?	<input type="checkbox"/> No <input type="checkbox"/> Yes
6. Information on Ebola given to patient	<input type="checkbox"/> No <input type="checkbox"/> Yes

### Intervention(s):

1. If patient answers YES to question #1 or #2, and has one or more of the symptoms in #3, #4, or #5 place in contact isolation and contact SMD. Staff is recommended to wear a mask, negative pressure is not necessary.
2. If patient answers Yes to Questions # 3, # 4 or # 5; COMPLETE Influenza NET

Screener's Signature	Print/Stamp Name	Title
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