

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.31.31	Page 1 of 4
	Original Effective Date: 05/12/14	New Effective Date: 05/12/14
	Supersedes: N/A	Dated: N/A
	Administrator's Approval: Jim Schwochert, Administrator	
	Last Reviewed, No Changes: 11/22/16	
Required Posting or Restricted:		
<input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 500 Health Services		
Subject: Isolation for Hepatitis B Virus		

POLICY

The Division of Adult Institutions shall ensure Hemodialysis Units adhere to the current standards of practice for isolation of the inmate patient with Hepatitis B Virus.

REFERENCES

Counts, C. (Ed) (2008) Core Curriculum for Nephrology Nursing: Fifth Edition. Pitman, NJ: American Nephrology Nurse's Association
Recommendations for Preventing Transmission of Infections Among Chronic Hemodialysis Patients, MMWR – CDC (2001)
Guide to the Elimination of Infections in Hemodialysis, APIC (2010)
DAI Policy 500.20.02 – Employee Hepatitis B Vaccination Program
Health Services Policy and Procedure 600:04 – Immunization Program

DEFINITIONS, ACRONYMS AND FORMS

APIC – Association for Professionals in Infection Control and Epidemiology

Biohazardous Waste – Waste that would release blood or other potentially infectious material in a liquid or semi-liquid state if compressed posing a risk of transmitting infection.

CDC – Centers for Disease Control

DOC – Department of Corrections

EPA – Environmental Protection Agency

HBsAg – Hepatitis B Surface Antigen

POC-40B – Infection Control – Housekeeping/ Laundry

PPE – Personal Protective Equipment

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PROCEDURE

I. Screening

- A. Hemodialysis patients shall be screened for Hepatitis B and Hepatitis C virus, with results known, prior to initiating the hemodialysis treatment.
- B. Results obtained within the last 30 days prior to initiating treatment are acceptable.
- C. When it is not possible to have results known prior to initiating treatment, screening labs shall be drawn within seven days of starting dialysis treatment and include:
 - 1. Hepatitis B Surface Antigen.
 - 2. Hepatitis B Surface Antibody.
 - 3. Hepatitis B Core Antibody.
 - 4. Hepatitis C Antibody.

II. HBsAg Positive Inmate Patients

- A. Hemodialysis inmate patients shall be dialyzed in an isolation room.
- B. Dedicated dialysis machine for use
The machine shall routinely be disinfected per current machine operating procedures. Prior to use of the machine for other inmate patients it must be chemically disinfected and terminally cleaned on the exterior surfaces.
- C. Dialyzers and bloodlines are discarded in biomedical waste after treatment. Dialyzers shall not be reused/reprocessed.
- D. Full length fluid resistant gowns and gloves are required for each entry into the room.
 - 1. A new gown shall be utilized each time.
 - 2. The gown must cover the arms and be closed in front.
- E. Gloves shall be worn at all times while in the isolation room. Gloves shall be changed:
 - 1. Whenever moving from a dirty to a clean site/task on the inmate patient.
 - 2. After cannulation.
 - 3. After touching the dialysis machine.
- F. Shoe covers are required for each entry into the room.
- G. CDC guidelines for donning and removing PPE shall be followed.
- H. Removal of gloves shall always be followed by hand hygiene.
- I. Once the room is utilized for Hepatitis B isolation, it shall be considered contaminated until terminally cleaned per CDC recommendations.

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- J. Mask with eye protection is required for cannulation and de-cannulation, or any other time there is risk of splash, splatter or aerosolization of blood, body fluids or tissue.
- K. Reusable face shields or goggles shall be cleansed with an approved EPA disinfectant or 1:100 bleach dilution between use.
- L. Staff caring for HBV inmate patients shall not care for HBV susceptible inmate patients at the same time on the same dialysis shift.
- M. Staff caring for HBV inmate patients shall be HBV immune. Refer to DAI Policy 500.20.02.
- N. Equipment and other items utilized in isolation shall not be returned to the common storage space without being terminally cleaned first.
- O. Inmate patient treatment medical records shall be maintained outside of the isolation room.
- P. All non-disposable laundry shall be placed in a yellow bag and laundered per POC-40B – Infection Control – Housekeeping/Laundry.
- Q. All non-biohazardous garbage in the isolation room shall be double bagged at the door prior to removal to the regular trash.
- R. All biohazardous waste shall be double red bagged at the door prior to removal and placed into bio-hazardous waste containers.
- S. Multi-dose medication vials shall not be shared with other inmate patients.
- T. In isolation rooms without a waste disposal for mop water, microfiber mops shall be utilized.
 1. The mop head shall be placed in the cleaning solution prior to use then laundered per the DOC procedure for contaminated laundry after each use.
 2. The contaminated mop head shall not be placed back in the cleaning solution.

Bureau of Health Services: _____ **Date Signed:** _____
James Greer, Director

_____ **Date Signed:** _____
Ryan Holzmacher MD, Medical Director

_____ **Date Signed:** _____
Mary Muse, Nursing Director

Administrator's Approval: _____ **Date Signed:** _____
Jim Schwochert, Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Name		
Original Effective Date:	DAI Policy Number: 500.31.31	Page 4 of 4
New Effective Date: 00/00/00	Supersedes Number:	Dated:
Chapter: 500 Health Services		
Subject: Isolation for Hepatitis B Virus		
Will Implement <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval:		

REFERENCES

DEFINITIONS, ACRONYMS, AND FORMS

FACILITY PROCEDURE

- I.
 - A.
 - B.
 - 1.
 - 2.
 - a.
 - b.
 - c.
 - 3.
 - C.
- II.
- III.

RESPONSIBILITY

- I. Staff
- II. Inmate
- III. Other