DIVISION OF ADULT INSTITUTIONS **POLICY AND PROCEDURES**	**DAI Policy #:** 500.60.08	**Page** 1 of 7
	Original Effective Date: 05/06/05	**New Effective Date:** 06/01/16
	Supersedes: BHS600:08	**Dated:** 12/15/07
	Administrator's Approval: Jim Schwochert, Administrator	
	Required Posting or Restricted: [X] **Inmate** [X] **All Staff** [ ] **Restricted**	
Chapter: 500 Health Services		
Subject: MRSA Skin and Soft Tissue Infections		

POLICY

The Division of Adult Institutions shall treat inmate patients suspected of having or diagnosed with MRSA utilizing designated precautions until the inmate patient is no longer communicable in order to prevent the spread of the disease.

REFERENCES

Federal Bureau of Prisons (BOP) Clinical Practice Guidelines for the Management of Methicillin-Resistant Staphylococcus Aureus (MRSA) Infections, October, 2012 (http://www.bop.gov//news/PDFs/mrsa.pdf)
National Commission of Correctional Health Care, Standards for Health Services in Prisons, 2014, P-B-01, Infection Prevention and Control Program
Centers for Disease Control – www.cdc.gov
DAI Policy 500.60.01 – Infection Prevention and Control Program
DAI Policy 500.60.12 – Infection Control through Hand Washing and Hand Sanitation

DEFINITIONS, ACRONYMS AND FORMS

Advanced Care Provider (ACP) – Provider with prescriptive authority.

BHS – Bureau of Health Services

Contained Wound Drainage – Patients with open and draining wounds covered and contained within a dressing and drainage does not contaminate the environment.

Cleaning Solutions – Registered Environmental Protection Agency approved products.

Colonized – Presence of a microorganism in or on the body without associated disease.

Contact Precautions – Designed to reduce risk of transmitting potentially harmful microorganisms by direct or indirect contact.

Disinfection – The process of inactivating pathogenic organisms (except spores) on inanimate objects.

DOC-3023Q – Prescriber's Orders – Standard Orders for Suspected MRSA Infection

DOC-3504 – Infection Control: Patient and Employee Precautions
Infectious Waste – Liquid or semi-liquid blood or other potentially infectious material (OPIM); contaminated items that would release blood or OPIM in a liquid or semi-liquid

state if compressed; items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or OPIM [29 CFR 1910.1030(b)].

Methicillin Resistant Staphylococcus aureus (MRSA) – Staphylococcus aureus bacterium that has become resistant to beta-lactam antibiotics including penicillin, ampicillin, amoxicillin, augmentin, methicillin, oxacillin, dicloxacillin, cephalosporins, carbapenems and the monobactams. MRSA causes the same types of infections as S. aureus.

MRSA outbreak – A clustering of two or more epidemiologically related, culture positive cases of MRSA infection.

POC-0040 – Infection Control – Hand Hygiene

POC-0040A – Infection Control – Personal Protective Equipment (PPE) – Gloves, Gowns and Respirators

POC-0040B – Infection Control – Housekeeping/Laundry

POC-0040C – Infection Control – Standard Precautions

Staphylococcus aureus – A commonly occurring bacterium which is carried on the skin and in the nose of healthy persons. The bacterium may cause minor skin or soft tissue infections such as boils, as well as more serious infections such as wound infections, abscesses, pneumonia, and sepsis.

Terminal cleaning/disinfection – Procedure of cleaning/disinfection of a room and its contents/surfaces after one inmate leaves and before another inmate occupies.

Uncontained Wound Drainage – Drainage from wounds that cannot be contained by dressings and contaminates the environment.

PROCEDURES

I. Prevention: Preventing MRSA Infections

A. Primary prevention shall be addressed at each facility to identify strategies to prevent MRSA transmission. The following general interventions shall be implemented:

1. Inmate patients and correctional staff shall be provided information on the transmission, prevention, treatment and containment of MRSA.
2. Regular hand washing shall be emphasized as the most important intervention for preventing a MRSA outbreak.
3. Refer skin infections for a medical evaluation promptly.
4. Precautions shall be taken whenever direct contact is anticipated with blood, body fluids (e.g., secretions, excretions, feces, and urine), non-intact skin and mucous membranes.

5. Increased emphasis on sanitation in housing areas, as well as other areas presenting a risk for transmission of MRSA (e.g., sharing of towels, use of exercise benches and equipment, and participation in sweat lodges) shall occur.

B. Secondary prevention involves measures to prevent transmission of infection when there is a known or suspect case. The following measures shall be implemented:
   1. A DOC-3504 – Infection Control: Patient and Employee Precautions shall be utilized when an inmate patient is identified.
   2. All inmate patients with MRSA infections shall be instructed in regular hand-washing, maintaining personal hygiene, including regular showers, and the importance of keeping wounds covered.
   3. Inmate patients diagnosed with MRSA infections shall be examined by health care staff to determine the risk of contagion to others.
   4. Factors influencing decisions about where to house inmates with MRSA include:
      a. The degree to which wound drainage can be contained.
      b. Ability or willingness of an inmate to follow infection control instructions.
      c. Available housing options.
   5. Inmate patients with wounds in which drainage can be completely contained can be housed in general population.
   6. If drainage cannot be contained, the inmate patient shall be housed separately.

C. Proper hand hygiene should be re-emphasized with staff who work with inmates diagnosed with MRSA infections. Follow DAI Policy 500.60.12.
   1. Hand washing supplies for inmates diagnosed with MRSA and for the staff who are in contact with them is critical.
   2. The availability of these supplies should be regularly assessed and remedied as necessary.

D. Sanitation measures used for primary prevention of MRSA infections shall be strictly enforced.

II. Detection/Screening

A. Requests for evaluation of skin problems, such as boils, spider bites or draining wounds, may be initiated by inmates or non-health care staff.

B. The inmate patient shall have a skin assessment by a RN or ACP as soon as possible.

C. Copayment shall be waived for these appointments.

III. Diagnosis and Clearance

A. Diagnosis: Any new skin or soft-tissue infection shall be assumed to be MRSA until confirmed or determined otherwise by an ACP.

B. Clearance: MRSA infection is considered cleared or non-communicable when the wound is closed and non-draining.

IV. Notification

A. Suspected and confirmed cases of MRSA infection shall be reported to an ACP.

B. Outpatient care providers shall be notified if an inmate patient with a current MRSA infection is taken off-site for care and treatment.

C. Internal notification responsibilities are described in the DAI Policy 500.60.01.

V. Surveillance

A. The current contract lab reports positive MRSA culture results information to BHS Central Office monthly.

B. Facilities shall track confirmed and suspect cases not identified by the contract lab.

C. MRSA data shall be recorded in SharePoint.

D. The DOC Infection Control Committee shall review statistics at scheduled meetings.

VI. Inmate Patient Management

A. An ACP shall assess the wound and implement DOC-3023Q – Prescriber's Orders – Standard Orders for Suspected MRSA Infection for treatment and contact precautions.

B. If there is not an ACP on-site, the on-call physician shall be contacted to assess the clinical situation and provide direction to initiate the DOC-3023Q.

C. MRSA Management:

1. Contact precautions shall be entered on DOC-3504 – Infection Control: Patient and Employee Precautions. See DAI Policy 500.60.01.
2. Clean, non-sterile gloves shall be worn when contact with wound drainage is anticipated. Hand hygiene shall be performed after glove removal per DAI Policy 500.60.12.
3. When caring for isolated inmate patients with grossly draining wounds, a clean non-sterile gown shall be worn whenever it is likely that there will be contact with wound drainage.
4. A plan shall be developed to assure that dressings can be changed regularly to prevent contamination of environmental surfaces.

5. Inmate patients shall be assessed for their ability to complete dressing changes on their own. If able after return demonstration, adequate supplies of gloves, dressing supplies, plastic bags for waste disposal and hand hygiene supplies shall be provided.
6. Contaminated dressings shall be placed in a sealed regular plastic bag and then placed in a regular waste receptacle. A red bag is to be used only if the drainage meets the infectious waste definition.
7. Liquid antimicrobial soap shall be issued for daily showers and hand washing. The issuance and use of antimicrobial soap shall only be used during episodes of active infection.
8. Contact precautions may be discontinued once the inmate patient's wound is closed and non-draining for 24 hours or upon ACP order.
9. Inmate patients with wounds responding to treatment, but still draining, may be released from contact precautions after documenting two consecutive negative wound cultures, at least 72 hours apart.

D. Cultures
   1. Require an ACP order.
   2. Obtain a culture and sensitivity for superficial draining wounds.
   3. Order aerobic/anaerobic culture for deep wounds or abscess.
   4. MRSA Screen
      a. Do not obtain unless specifically ordered to verify elimination of the MRSA organism.
      b. It may be used for a follow-up culture to see if MRSA is still present. This way, no sensitivities shall be done.
   5. Cultures to assess efficacy of treatment should generally be done no sooner than 48 hours after antibiotics are finished.

E. Inmate Patient Education and Hygiene
   1. Hand washing is recognized as the single most important action that can be taken to prevent the spread of infection. See POC-0040.
   2. Inmate patients should be counseled about the disease, the importance of hand washing and good personal hygiene, proper wound management and how to clean areas such as the shower after use.
   3. Instruct an inmate patient who has a closed, non-draining wound to report to HSU any drainage or development of open lesions.
   4. A liquid anti-bacterial soap shall be supplied by the HSU to inmate patients with MRSA infections.
   5. Inmate patients shall not share personal hygiene items, such as towels, wash cloths, combs, clothes, razors, etc.

VII. Facility Management

A. Housing and Cleaning
   1. Inmate patients with draining, open lesions, should be placed in a single cell if available, preferably a wet cell. If a wet cell is not available, a plan shall be developed to provide hand sanitizing whenever the inmate

patients leave their cells, change their dressings, or have other contact with wound drainage.

2. Inmate patients may be housed with another currently active MRSA inmate patient if both are culture-confirmed to be MRSA with similar sensitivities as determined by prescribing practitioner.
3. Inmate patients whose lesions are closed and non-draining do not need special housing.
4. Prioritize the cleaning of rooms that are used to house inmate patients who are placed on infection control precautions with focus on cleaning and disinfecting frequently touched surfaces. All rooms of infected inmate patients shall be decontaminated ("terminally cleaned") prior to occupancy by another inmate.

B. Activity Restrictions
   1. Inmate patients with uncontained wound drainage shall be restricted from all work assignments, dining hall, visiting room, community and recreation activities until the wound drainage is contained. Security and HSU shall consult and determine whether alternative methods for visits can be accommodated.
   2. Inmate patients with contained wound drainage are restricted from work, but may be permitted some community activities such as observing recreation as long as they do not use the equipment, and may eat in the dining area as long as they use proper hygiene.

C. Inmate Patient Transfers
   1. Inmates with uncontained MRSA infections should ordinarily not be transferred to other DOC facilities.
   2. Facilities that cannot care for MRSA infected inmate patients can contact a Nursing Coordinator for consultation regarding transfer to an appropriate facility for care.
   3. Coordination of care and treatment between the facilities shall occur prior to transfer.

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:** 500.60.08	**Page** 7 of 7
New Effective Date: 00/00/00	**Supersedes Number:**	**Dated:**
Chapter: 500 Health Services		
Subject: MRSA Skin and Soft Tissue Infections		
Will Implement ☐ As written ☐ With below procedures for facility implementation		
Warden's/Center Superintendent's Approval:		

REFERENCES

DEFINITIONS, ACRONYMS, AND FORMS

FACILITY PROCEDURE

I.

A.

1.

a.

B.

C.

II.

A.

B.

C.