

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.60.13	Page 1 of 6
	Original Effective Date: 11/01/09	New Effective Date: 06/01/17
	Supersedes: 500.60.13	Dated: 11/01/09
	Administrator's Approval: Jim Schwochert, Administrator	
Required Posting or Restricted:		
<input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 500 Infection Control		
Subject: Airborne/Droplet Infections		

POLICY

The Division of Adult Institutions shall apply infection control principles of surveillance, containment and control for the prevention of communicable disease.

REFERENCES

National Commission on Correctional Health Care, Standards for Health Care in Prisons, 2014, P-B-01, Infection Prevention and Control Program, P-B-01

Centers for Disease Control and Prevention, Epidemiology & Prevention of Vaccine-Preventable Diseases, Hamborsky J, MPH, MCHES, Kroger, A. MD, MPH Wolfe S, eds. 13th ed. Washington DC: Public Health Foundation, 2015

American Public Health Association, Heymann, D. Editor (2004). Control of Communicable Diseases Manual, 20th Edition

Executive Directive 35 – Confidentiality of Offender Health Care Information

DAI Policy 500.60.01 – Infection Prevention and Control Program

DAI Policy 500.60.02 – Tuberculosis Control Program – Inmate

DAI Policy 500.60.10 – External Reporting of Communicable Disease

<http://dhs.wisconsin.gov/communicable/factsheets/index.htm>

DEFINITIONS, ACRONYMS, AND FORMS

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

AIA/FGI – American Institute of Architects/Facility Guidelines Institute

Airborne Infection Isolation Room (AIIR) – Preferred placement for patients who require Airborne Precautions. An AIIR is a single-patient room equipped with special air handling and ventilation capacity that meet the American Institute of Architects/Facility Guidelines Institute (AIA/FGI) standards for AIIRs (i.e., monitored negative pressure relative to the surrounding area, 12 air exchanges per hour for new construction and renovation and six air exchanges per hour for existing facilities, air exhausted directly to the outside or recirculated through HEPA filtration before return).

Airborne Transmission – Occurs by dissemination of either airborne droplet nuclei or small particles containing infectious agents that generally remain infective over time, are dispersed over long distances by air currents and may be inhaled by susceptible individuals. Common examples include Mycobacterium tuberculosis, chicken pox, disseminated herpes zoster (those with multiple uncontained lesions) until lesions are crusted over, measles and monkeypox. Ideally, preventing the spread of pathogens transmitted by the airborne route requires the use of special air handling and ventilation

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systems (e.g., AIIRs). A complete list can be obtained at Appendix A of the HICPAC/CDC Isolation Guideline.

BHS – Bureau of Health Services

DOC – Department of Corrections

DOC-3504 – Infection Control: Patient and Employee Precautions

DOC-3607 – Communicable Disease Notice to Inmates/Youth

DOC-3608 – Communicable Disease Notice to Staff

DOC-3609 – Communicable Disease Alert to Visitors

DOC-3610 – Notice to Employer Regarding Communicable Disease

DOH – Division of Health, Department of Health and Family Services

DPH – Division of Public Health, Department of Health Services

Droplet transmission – Form of contact transmission where respiratory droplets carrying infectious pathogens transmit infection when they travel to susceptible recipients generally over short distances (i.e., <three feet around the patient), necessitating facial protection. Common examples include influenza, parainfluenza virus, meningococcal disease, mumps, bordatella pertussis respiratory syncytial virus, human metapneumovirus and for the first 24 hours of therapy Neisseria meningitides and group A streptococcus.

HEPA – High efficiency particulate air

HIPAA – Health Insurance Portability and Accountability Act

HSM – Health Service Manager

HSU – Health Services Unit

POC-0040 – Hand Hygiene

POC-0040A – Personal Protective Equipment (PPE)

POC-0040B – Housekeeping/Laundry

POC-0040C – Standard (Universal) Precautions

PPE – Personal protective equipment

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PPE Starter Kit – A kit containing at least one surgical mask, gown, goggles, gloves and a spill kit for use of the health care provider on site at a Center when airborne/droplet precautions are needed for an inmate patient.

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

WICS – Wisconsin Integrated Corrections System

PROCEDURE

I. Surveillance Practices

- A. HSUs shall maintain a high index of suspicion for signs and symptoms of illness with the potential for airborne/droplet transmission.
- B. Inmates are educated during orientations and appointments with health care providers to seek health care if they develop symptoms of airborne/droplet transmission.
- C. HSMs and Infection Control Nurses shall be alert for any pattern of illness in their facilities.
- D. Consultation with resources such as local and state public health agencies or the DOC Infection Control Committee shall be sought if there are any questions, concerns or sentinel events.
- E. An ACP shall be notified immediately for consultation when dealing with an airborne suspected case. If not on site, an on-call provider shall be contacted.
- F. Confirmed cases of any disease meeting the standards of reportable infectious disease defined by DPH shall be reported to Central Office immediately in accordance with DAI Policy 500.60.10.
- G. The DOC Infection Control Committee shall review any cases at their scheduled meeting, or call a meeting sooner if circumstances indicate. Refer to DAI Policy 500.60.01.

II. Prevention/Containment Practices

- A. Hand hygiene, standard precautions, and the use of PPE are front lines in the prevention and control of all disease transmission and shall be practiced at all times, prior to and during an episode of suspected disease. See POC-0040, POC-0040A and POC-0040C.
- B. Inmate patients who have excessive cough and sputum production shall have a timely assessment.

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- C. If an exam room is not immediately available for inmate patient assessment, the inmate patient shall be provided a facemask and placed in an area separate from other inmate patients while awaiting care.
- D. Initiate Infection Control: Patient and Employee Precautions in the event of suspected/actual disease.
- E. A medical hold shall be entered in WICS.
- F. Transfers between facilities shall not be allowed when an inmate is on infection control precaution(s) unless approved by the receiving facility HSM and ACP.
- G. Airborne precautions include:
 - 1. Place the inmate patient immediately in an AIIR.
 - 2. If an AIIR is not available:
 - a. Provide a facemask (e.g., procedure or surgical mask) to the inmate patient and place the inmate patient immediately in an exam room with a closed door.
 - b. Instruct the inmate patient to keep the facemask on while in the exam room, if possible, and to change the mask if it becomes wet.
 - c. Initiate protocol to transfer inmate patient to a healthcare facility that has the recommended infection control capacity to properly manage the inmate patient.
 - 3. PPE use:
 - a. Wear a fit-tested N-95 or higher level disposable respirator, when caring for the inmate patient; the respirator shall be donned prior to room entry and removed after exiting room.
 - b. If spraying of respiratory fluids is anticipated, gloves and gown as well as goggles or face shield shall be worn.
 - 4. Perform hand hygiene.
 - 5. Instruct inmate patient to wear a facemask when exiting the exam room, avoid coming into close contact with other inmate patients, and practice respiratory hygiene and cough etiquette.
- H. Once the inmate patient leaves, the exam room shall remain vacant for one hour before anyone enters. General room cleaning practices shall be utilized.
- I. Droplet Precautions
 - 1. PPE use:
 - a. Wear a facemask, such as a procedure or surgical mask, for close contact with the inmate patient; the facemask shall be donned upon entering the exam room.
 - b. If spraying of respiratory fluids is anticipated, gloves and gown, as well as goggles (or face shield in place of goggles), shall be worn.
 - 2. Perform hand hygiene.

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- 3. Instruct inmate patient to wear a facemask when exiting the exam room, avoid coming into close contact with other inmate patients, and practice respiratory hygiene and cough etiquette.
 - 4. Clean and disinfect the exam room and equipment.
- J. Follow DAI Policy 500.60.10 External Reporting of Communicable Diseases.
- K. Inmate Patient Education and Hygiene
- 1. Instruct inmate patient on the importance of:
 - a. Not sharing personal hygiene items.
 - b. Hand and personal hygiene.
 - c. Cough etiquette.
 - d. Proper use of a mask.
 - e. Proper disposal of secretions.
 - f. How to clean areas such as the showers after use.
 - 2. Provide inmate patient with supplies such as masks, antibacterial soap or others as required to contain the spread of disease.
- L. Notification
- 1. Facilities shall utilize the non-patient identifying Communicable Disease Notices and Fact Sheets to alert facility inmates, staff, visitors and outside employer of a suspected or confirmed communicable disease. Information as to what disease is suspected or confirmed as well as specifics to the suspected or actual disease shall be provided.
 - 2. If a particular situation requires communication of inmate patient identifying information beyond the proper completion and distribution of the Infection Control – Patient/Employee Precautions, the HSU shall consult with the DOC HIPAA Compliance Officer, Privacy Officer or Office of Legal Counsel.
- M. Control Practices
- 1. Monitor suspected and actual cases.
 - 2. Observe for patterns and if an outbreak occurs, implement surveillance measures in consultation with local public health, BHS staff and assigned DOC Infection Control Committee members.

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: 500.60.13	Page 6 of 6
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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