 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.60.01	Page 1 of 6
	Original Effective Date: 07/24/06	New Effective Date: 08/31/20
	Supersedes: 500.60.01	Dated: 04/08/19
	Administrator's Approval: Makda Fessahaye, Administrator	
Required Posting or Restricted:		
<input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 500 Health Services		
Subject: Infection Prevention and Control Program		

POLICY

The Division of Adult Institutions shall have a comprehensive institutional program that includes surveillance, prevention, communication and control of communicable diseases.

REFERENCES

Standards for Health Services in Prisons, National Commission on Correctional Health Care, 2018 P-B-02– Infectious Disease Prevention and Control.

Standards for Health Services in Correctional Institutions, American Public Health Association, 2003, Standard VIA

Occupational Safety & Health Administration (OSHA) 29 CFR 1910.1030, Occupational Exposure to Blood borne Pathogen

Department of Health and Family Services Ch. HFS 145 – Communicable Diseases and Other Notifiable Conditions

DOC Risk Management Procedure 204-601-0008 – Exposure Control Plan (Bloodborne Pathogens)

DOC Risk Management Procedure 204-601-0011 – Cleaning and Sanitizing Procedure

DOC Risk Management Procedure 204-601-0007 – Laundry Operations

DAI Policy 500.60.02 –Tuberculosis Control Program

DAI Policy 500.60.04 – Immunization Program

DAI Policy 500.60.05 – HIV Testing

DAI Policy 500.60.08 – MRSA Skin and Soft Tissue Infections

DAI Policy 500.60.10 -- External Reporting of Communicable Disease

DAI Policy 500.60.11 – Food-borne and Water-borne Illness Outbreak

DAI Policy 500.60.12 – Infection Control Through Handwashing and Hand Sanitation

DAI Policy 500.60.13 – Airborne/Droplet Infections

DAI Policy 500.60.14 – Ectoparasite Control

DAI Policy 500.60.15 – Health Care Worker Influenza Vaccination Program

DAI Policy 500.60.16 – Influenza Management

DAI Policy 500.60.17 – Significant Exposure Management – Patient

<http://www.dhs.wisconsin.gov/communicable/diseasereporting>

<http://www.cdc.gov/>

Wis. Stat. s. 302.38 - Medical care of prisoners.

Wis. Stat. s. 302.385 – Correctional Institution Health Care

Wis. Stat. s. 302.386 – Medical and Dental Services For Prisoners and Forensic Patients

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DEFINITIONS, ACRONYMS AND FORMS

Advanced Care Provider (ACP) – Provider with prescriptive authority

Containment – Stopping risk of transmission (such as spill containment) or preventing the spread of disease once identified and keeping in as small an area as possible (e.g., not allowing inter-institution transfers when feasible).

Control – The prevention of transmission through work practices, engineering controls, personal protective equipment (PPE), vaccination, etc. and management of outbreaks once disease occurs.

DOC – Department of Corrections

DOC-3504 – Infection Control: Patient and Employee Precautions

DOC-3504A – Infection Control Notice

HSU – Health Services Unit

Monthly Health and Safety Sanitation Inspection Report – Division of Risk Management

MRSA – Methicillin-resistant Staphylococcus Aureus

POC-0040 – Infection Control – Hand Hygiene

POC-0040A – Infection Control – Personal Protective Equipment (PPE)

POC-0040B – Infection Control – Housekeeping/Laundry

POC-0040C – Infection Control – Standard Precautions

Responsible Health Authority (RHA) – The individual delegated with the responsibility for the facility's health care services, including arrangements for all levels of health care and the ensuring of quality and accessibility of all health services provided to patients.

Responsible Physician – Designated MD or DO who has the final authority at a given facility regarding clinical issues.

Standard Precautions – Standard precautions are a set of infection control practices used to prevent transmission of diseases that can be acquired by contact with blood, body fluids, non-intact skin (including rashes), and mucous membranes. These measures are to be used when providing care to all individuals, whether or not they appear infectious or symptomatic.

Surveillance – Close observation of the environment in facilities including the gathering, analysis and dissemination of data and statistics, related to infection control and prevention.

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PROCEDURES

I. General Guidelines

A. Each facility shall:

1. Have a written exposure control plan that:
 - a. Complies with OSHA 29 CFR 1910.1030 and Risk Management Procedure 204-601-0008 – Exposure Control Plan (Bloodborne Pathogens).
 - b. Is reviewed and updated annually by the facility responsible Health Authority, Advanced Care Provider (ACP) and the facility Health and Safety Committee.
2. Have infection control policies and procedures available and accessible to staff.
3. Have a reporting structure to communicate infectious disease issues to:
 - a. Nursing Coordinator/designee responsible for Infection Control.
 - b. BHS Administration.
 - c. Nursing Coordinator assigned to the facility.
 - d. Facility RHA/Health Service Manager.
 - e. Warden/designee.
 - f. Facility Infection Control designee.
 - g. Responsible ACP.
 - h. Local Public Health Department.
4. Have a procedure in place to provide the DOC-3504 – Infection Control: Patient and Employee Precautions and DOC-3504A – Infection Control Notice to appropriate staff.
5. Ensure all facility staff has the required annual infection control training.
6. Ensure standard precautions and infection control measures are followed by all staff.
 - a. POC-0040 – Infection Control – Hand Hygiene.
 - b. POC-0040A – Infection Control – Personal Protective Equipment (PPE).
 - c. POC-0040B – Infection Control – Housekeeping/Laundry.
 - d. POC-0040C – Infection Control – Standard Precautions.
7. Ensure patients who are released with communicable infectious diseases are given appropriate community referrals.
8. Complete and file all reports as required by local, state and federal laws and regulations.
9. Have a designated person assigned as the health and sanitation designee to ensure all sanitation workers are trained in appropriate methods for cleaning, sanitizing, handling and disposing of bio-hazardous materials and spills.
10. Have a facility Health and Safety Committee that meets at least bi-monthly.
11. The Health and Safety Committee shall include representation from facility administration, the responsible physician ACP/designee, nursing and dental services other appropriate personnel involved in sanitation or disease control and an individual/designee responsible for facility livestock, if appropriate.

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B. The RHA shall ensure:

1. There is an exposure control plan as identified in Section I.A.1.
2. Infection control matters are discussed at monthly Warden/designee HSU meetings.
3. There is a facility infection control designee responsible for:
 - a. Implementing the institution infection control program under the direction of the RHA.
 - b. Attending training and updates provided by the DOC Infection Control Committee.
 - c. Collaborating with the facility Health and Safety Committee on infection control matters.
 - d. Maintaining surveillance of infectious or communicable disease in their facility and communicating with the RHA.
 - e. Being available as the main resource at the facility for infectious disease matters.
 - f. Ensuring appropriate medical, dental, and laboratory instruments are decontaminated.
 - g. Sharps and biohazardous wastes are disposed of properly.
 - h. Surveillance to detect serious infections and communicable diseases is in place.
 - i. Immunizations to prevent disease are provided when appropriate.
 - j. Infected patients receive medically indicated care.
 - k. Patients with contagious diseases are medically isolated.

C. The facility Health and Safety Committee shall:


1. Review all Monthly Health and Safety Sanitation Inspection Reports to ensure DOC Risk Management Procedure 204-601-0011 is being followed.
2. Review any infection control issues and concerns.
3. Ensure a monthly environmental inspection is conducted of areas where health services are provided to verify that:
 - a. Equipment is inspected and maintained.
 - b. The unit is clean and sanitary.
 - c. Measures are taken to ensure the unit is occupationally and environmentally safe.
 - d. Sharps disposal containers are visible, functional and accessible to prevent needle stick injuries.
 - e. Ensure the facility is clean and sanitary and measures are taken to ensure the facility is occupationally and environmentally safe.

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Bureau of Health Services: Michael Rivers **Date Signed:** 8/31/20
Michael Rivers, Director of Administration

Paul Bekx **Date Signed:** 08/20/20
Paul Bekx, Medical Director

Mary Muse **Date Signed:** 8/30/20
Mary Muse, Nursing Director

Administrator's Approval:  **Date Signed:** 08/31/20
Makda Fessahaye, Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Name		
Original Effective Date:	DAI Policy Number: 500.60.01	Page 6 of 6
New Effective Date: 00/00/00	Supersedes Number:	Dated:
Chapter: 500 Health Services		
Subject: Infection Prevention and Control Program		
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.
 - 1.
 - a.
 - B.
 - C.

- II.
 - A.
 - B.
 - C.