



# INTERNAL MANAGEMENT POLICY & PROCEDURE

Applicability:  ADULT Operations Only  JUVENILE Operations Only  DEPARTMENT-WIDE

---

IMPP #: 16-106D

PAGE #: 1 of 10

## HEALTH CARE SERVICES: Management of Residents with Infectious/Communicable Disease

Original Date Issued: 04-14-22 Replaces IMPP Issued: N/A CURRENT EFFECTIVE DATE: 04-14-22

Approved By:  , Secretary

Next Scheduled Review: 01/2025

---

### POLICY

A comprehensive infection control program shall be established by the KDOC and contracted health services provider and approved by the Regional Medical Director, and the Director of Health Care Compliance. The program shall include surveillance, prevention, and control of communicable disease as well as the structure to deliver healthcare in a safe and healthy correctional environment. A written program addresses the management of communicable and infectious disease in KDOC residents as well as the planning and coordination for residents with an infectious disease pending release to another jurisdiction or the community.

The KDOC Administration, Office of Health Care Compliance staff, and the contracted health services provider shall partner with the Kansas Department of Health and Environment for collaboration on surveillance, monitoring, and treatment of serious infectious and communicable disease.

The contracted health services provider shall comply with ACA and NCCHC standards related to infectious disease and comply with all federal and state reporting requirements.

### DEFINITIONS

Cohorting: The placement of patients exposed to or infected with the same pathogen in the same room or housing area.

COVID Medical Unit (CMU): An area designated in the facility where residents are housed and monitored when diagnosed with COVID 19, or when considered a Person Under Investigation (PUI) for COVID 19. The CMU provides for housing of COVID 19 positive or PUI residents separate from other residents in a co-horted space to mitigate the spread of COVID 19.

Director of Health Care Compliance: Acts as the administrative health authority for the Department. This position manages health care systems, directs the health care services model, and has final approval on all policies and procedures in the health care system.

Ectoparasites: Parasites that live on the skin such as pediculosis and scabies. They are communicable and may lead to secondary infections.

Exposure Control Plan: Document that outlines staff actions to be taken to eliminate or minimize exposure to pathogens.

Health Services Administrator (H.S.A.): The individual responsible for ensuring the organization and delivery of all levels of quality accessible health services in the facility. The H.S.A. works under the direction of the Regional Medical Director clinically and the Regional Vice President or designee administratively.

Medical Isolation: Housing in a separate room with a separate toilet, hand washing facility, soap, and single-use towels, and with appropriate accommodations for showering.

Regional Medical Director: The physician Medical Director of the contracted agency or organization responsible for the provision of health care services for the KDOC offender population. This position has full clinical autonomy and responsibility for the provision of clinical services within the KDOC.

Site Medical Director: The physician at each site who serves as the facility clinical health authority and is responsible to the Regional Medical Director for all clinical matters and to the Health Services Administrator for all administrative matters.

Standard Precautions: Combines the major features of universal precautions (designed to reduce the risk of transmission of bloodborne pathogens) and body secretion isolation (designed to reduce the transmission of pathogens from moist body substances) and apply them to all persons receiving care, regardless of their diagnosis or presumed infection status.

## **I. Administration of Infectious and/or Communicable Disease Program**

- A. An Infection Control Program that addresses the management of communicable and infectious disease shall be established by the contracted health services provider and shall include:
  - 1. Prevention to include immunizations, when applicable,
  - 2. Surveillance (identification and monitoring of communicable diseases),
  - 3. Education and training of staff and residents,
  - 4. Medically indicated treatment that includes timely medical isolation and appropriate compliance monitoring and follow up care as indicated,
  - 5. Management of residents with HIV, MRSA, Tuberculosis, and Hepatitis, A, B, and C, as well as ectoparasite control,
  - 6. Reporting requirements to applicable local, state, and federal agencies,
  - 7. Confidentiality and protected health information, and
  - 8. Appropriate safeguards for residents and staff.
- B. Treatment for infectious diseases is based upon the most current treatment guidelines and recommendations of nationally recognized entities. Treatment guidelines are available to physicians, nurse practitioners, physician assistants, and other staff and are approved by the Regional Medical Director.
- C. Each facility has an assigned Infection Control Nurse who follows all reportable diseases at their site.
- D. A post exposure control plan shall be approved by the Statewide Medical Director and reviewed and updated annually.
  - 1. Post exposure management protocols shall include HIV and Viral Hepatitis Infection.
- E. The Health Services Administrator, Infection Control Nurse, and Site Medical Directors are responsible for infection control practices and shall ensure:

1. The decontamination of medical, dental, and laboratory equipment and instruments as well as the proper disposal of sharps and bio-hazardous wastes.
2. Strict adherence by all staff to standard precautions and other category or disease specific isolation procedures in accordance with CDC guidelines and as outlined by health services policy and procedure.
  - a. Orders shall be entered in the electronic health care record for the type of medical isolation to be implemented based upon the resident's clinical condition.
3. Ongoing assessment of isolation needs.
4. Use of and availability of personal protective equipment, sharps safety, and respiratory protection.
5. Resident porters if used shall be trained in appropriate methods for handling and disposing of biohazardous materials and spills.
6. Patients requiring respiratory isolation are housed in a functional negative airflow room that is checked and maintained on a regular basis.
7. Effective ectoparasite control procedures are used to treat infected patients and to disinfect bedding and clothing.
  - a. Bedding and clothing of patients infected with ectoparasites are disinfected.
  - b. Prescribed treatment given to infected patients considers all conditions (such as pregnancy, open sores, or rashes) and is ordered only by providers.
  - c. KDOC facilities do not routinely delouse patients.
8. Health services staff receive appropriate infection prevention and control education prior to assuming healthcare duties, annually, and when changes occur.
9. An environmental inspection of health services areas is conducted weekly to verify that:
  - a. Equipment is inspected and maintained,
  - b. The unit is clean and sanitary, and
  - c. Measures are taken to ensure that the unit is occupationally and environmentally safe.
10. Residents who are released with communicable or infectious diseases have documented community referrals, as medically indicated. Health services staff coordinates these releases closely with the KDOC Discharge Planners.
  - a. Soon to be released residents who have been diagnosed with HIV shall be referred to the Ryan White program for medication assistance.
  - b. Soon to be released residents who are being treated for TB infection or disease are referred to public health for follow up.
11. Compliance with reporting of communicable disease as required by local, state, and federal law and regulations.

- F. The Health Services Administrator is responsible to implement a program that minimizes the incidence of infectious and communicable disease among the residents and the residents receive their health care in a clean, safe, and healthy environment.
1. Isolation practices include but are not limited to:
    - a. Handwashing upon entering and exiting the patient's room,
    - b. Proper handling and disposal of infectious materials,
    - c. Proper isolation methods,
    - d. Instructions to patients and visitors,
    - e. Proper handling of food, utensils, and dishes,
    - f. Proper handling of patient care equipment, and
    - g. Cleaning and disinfecting isolation and general housing areas.
  2. Screening for ectoparasites occurs at admission and any time an outbreak occurs among residents who share living and bathroom facilities with an infected resident.
- G. Communicable disease and infection-control activities shall be discussed and reviewed at least quarterly by a multidisciplinary team with representation from:
1. Administration,
  2. Security,
  3. Responsible physician or designee,
  4. Infection Control Nurse, other Nursing Personnel,
  5. Dental services,
  6. Safety officer or other personnel involved in sanitation or disease control, and
  7. If applicable, person responsible for facility livestock or other on-site animal training or programming.
- H. The contracted health services provider shall notify the Warden/Superintendent and or designee and the office of health care compliance in the following circumstances.
1. Resident is suspected of or identified as having a serious communicable disease and or if an infectious disease trend is suspected or identified at any site.
  2. Negative airflow is not functioning properly.
  3. Environmental conditions or concerns that may contribute to risk of infection or communicability.
  4. Supply chain disruptions that contribute to insufficient protective apparel.

## **II. Screening, Identification, and Surveillance**

- A. All residents received by KDOC facilities shall receive medical screening in accordance with IMPP

10-117D, the KDOC comprehensive health services contract, and the contracted health services provider's policies and procedures for admission screening to determine the resident's suitability for general population placement, or referral for appropriate health care. All policies and procedures for admission screening shall follow ACA and NCCHC standards.

1. Admission screening shall include a full body head to toe examination.
  2. Admission laboratory testing shall include syphilis serology, gonorrhea and chlamydia testing, HIV and Hepatitis C opt out testing, Tuberculosis skin testing and IGRA testing as indicated.
- B. The Site Medical Director may, at any time, require a medical examination of a resident confined within the facility.
- C. Any resident suspected of having a communicable disease shall receive an assessment by healthcare staff.
1. Healthcare staff shall provide and document education to the resident regarding the potential effect their condition may have on themselves or others.

### **III. Management of Residents Refusing Medical Intervention for Infectious/Communicable Disease**

- A. While residents retain the right to refuse health care, residents who refuse assessments, interventions and treatment for infectious/communicable disease may require special precautions and or separation from the general population in accordance with procedures developed by the contracted healthcare provider's Regional Medical Director to ensure the protection and well-being of the resident population and staff.
1. The Site Medical Director and or designee may require isolation of any resident diagnosed or suspected with a communicable disease condition.
  2. Wardens/Superintendents, in consultation with the Regional Medical Director and/or the Site Medical Director or designee shall ensure prompt action in isolating residents when clinically indicated.
  3. Communicable disease isolation may consist of placement in a facility infirmary, or restrictive housing depending upon the type of isolation necessary.
  4. Healthcare staff shall provide education/instructions to non-health care staff regarding isolation procedures.
- B. All cases of refusal of physical examination, testing, and or treatment of suspected or diagnosed infectious/communicable disease shall be documented in the electronic health record and appropriate refusal forms completed as per the contracted healthcare provider's policy and procedure.
- C. Restrictive Housing Placement procedures shall be adhered to in cases of refusal for infectious/communicable disease testing/treatment until a change in status is recommended by the Site Medical Director and authorized by the Restrictive Housing Review Board.
1. Placement in restrictive housing in such cases shall be done in accordance with Chapter 20 policy and procedure.
- D. Should any resident refuse to participate in testing or treatment for infectious/communicable disease as ordered by the Site Medical Director, the following procedures shall be implemented:

1. The Health Services Administrator, Site Medical Director and or designee shall provide an initial explanation to the resident defining the potential consequences of refusal to participate in the required health procedures.
    - a. Major emphasis shall be placed on the possibility that an infection, disease or other hidden condition may be present and injurious to the resident's general health and the health of others. Education about the communicable disease testing and the suspected or confirmed diagnosis shall be provided to the resident and documented in the Electronic Health Record.
    - b. The resident shall be informed that refusal to participate in the required diagnostic work up and or treatment will necessitate placement in restrictive housing in order to protect the health of the resident and or other residents and staff.
    - c. The resident will be afforded the opportunity to either accept the required workup and treatment or persist in refusal.
      - (1) If a resident refuses the recommended work up or treatment, he/she shall be asked to sign a Refusal to Submit to Treatment form in accordance with the contracted health care provider's policy and procedure.
    - d. COVID is an exception to the above procedures. (Refer to KDOC COVID Procedures).
  2. Should the resident persist in refusing the recommended medical procedures, he/she shall be afforded the opportunity to present objections, explanations, or reasons as to why the proposed placement in restrictive housing should not be affected.
    - a. This opportunity to present objections, explanations or reasons shall satisfy the pre-placement hearing requirements as set forth in Chapter 20 policy and procedure.
  3. All contacts with the resident shall be documented in his/her electronic health record.
  4. The resident shall be referred to behavioral health staff for a behavioral health status evaluation.
- E. Should the resident persist in refusing the recommended medical procedures, he/she shall be placed in restrictive housing away from the general population in an isolation cell or other location as is required to minimize exposure to staff, visitors, and other residents.
1. The placement of the resident within restrictive housing shall be in accordance with Chapter 20 policy and procedure.
  2. Providing that the pre-placement hearing requirements, have been met and the necessary documentation required have been prepared, the resident may be placed in restrictive housing without further hearing.
- F. The resident shall be served with written notice of the reason for restrictive housing in accordance with Chapter 20 policy and procedure.
- G. As soon as possible, but no later than three (3) working days following transfer to restrictive housing, the resident shall be afforded an administrative hearing before the Restrictive Housing Review Board, and the board shall proceed with the administrative hearing as follows:
1. The resident shall be informed:
    - a. That the hearing is being conducted under the requirements of IMPP Chapter 20 policy and procedure.

- b. Of the reasons for placement in restrictive housing, and
  - c. Of exactly what the resident shall do before being considered for general population placement.
- 2. Residents shall be given the opportunity to explain the reasons for refusal of the ordered procedures, and that explanation shall be recorded on the Restrictive Housing Review Board Report.
  - 3. The Restrictive Housing Review Board shall record its conclusions and rationale for reaching these conclusions on the Restrictive Housing Review form.
    - a. If the Restrictive Housing Review Board concludes that the resident should remain in restrictive housing, the review form shall include a statement that restrictive housing is necessary to protect the health of all persons in the facility, and that restrictive housing shall continue until either:
      - (1) The necessary testing, diagnosis and treatment are accomplished; or,
      - (2) The Regional or Site Medical Director is able to determine by other means that the resident is free of communicable disease.
- H. The Restrictive Housing Review Board shall review the status of the resident and provide recommendations to the Warden/Superintendent after each review in accordance with Chapter 20 policy and procedure.
  - I. All cases of refusal shall be documented in the resident's Electronic Health Record in accordance with the contracted health services vendor's established form. Such documentation shall include:
    - 1. Recommended testing and or treatment,
    - 2. Diagnosis giving rise to the need for testing,
    - 3. Resident's stated reason for refusal,
    - 4. A description of the efforts made to educate the resident on the reason(s) for the testing and or treatment,
    - 5. Action taken as a result of the refusal and/or the final resolution, and
    - 6. Test results shall be placed in the electronic health record if and when it is finally completed.

**IV. Management of Residents Refusing Prescribed Mandatory Tuberculin Testing and/or Screening TB Symptoms Questionnaire**

- A. The Site Medical Director and the Health Services Administrator or designee shall determine the necessary tuberculin test or symptoms screening required in determining if a resident has tuberculosis, including but not limited to TB Symptoms Questionnaire, tuberculin skin testing, IGRA, or chest x-ray.
- B. If the resident refuses a tuberculin test, IGRA, or symptoms questionnaire, he/she shall be asked to sign a refusal form established by the contracted health services provider's policy and procedure and in accordance with IMPP 16-104.
  - 1. If the resident refuses to sign the form, the attending staff member or contract health service provider indicate the resident's refusal by entering the phrase "Resident refused to sign" over

the resident's signature block and shall sign and date the form.

2. The signature of the staff member or contract health service provider shall be witnessed by at least one (1) other health or staff person who heard or observed the resident refuse the tuberculin test.
  3. Staff will reapproach the resident the following day requesting compliance with initial or annual screening. A different staff member should attempt to gain compliance.
  4. The resident will be referred to behavioral health staff for assistance in counseling the resident on the benefits of compliance.
- C. Continued non-compliance with testing shall be addressed as follows:
1. On day 7 resident will be scheduled with the Health Care Provider to discuss testing/screening requirements.
  2. On day 15 in restrictive housing, health care staff shall ask the resident to comply. If refusal occurs again, complete the "Refusal to Submit to Treatment" form and document the refusal in the electronic health record.
    - a. On day 30 in restrictive housing, a health services staff member shall request the resident to comply a final time. If the resident continues the refusal, complete the "Refusal to Submit to Treatment" form and document the refusal in the Electronic Health Record.
  3. Two (2) different nurses shall request compliance and document their efforts.
- D. The following options for release from restrictive housing shall be considered when three (3) refusals are documented.
1. An interview shall be conducted with an officer who has observed the resident in restrictive housing for several days. In this interview, the officer shall be asked if he/she observed any of the signs and symptoms on the TB questionnaire. The results of the interview shall be documented in the Electronic Health Record.
  2. A review of the resident's sick call requests/encounters shall be completed specifically looking for any respiratory complaints. The results of the review shall be documented in the Electronic Health Record.
  3. If the information obtained in IV. D 1 and 2 above reveal no TB concerns, the resident's medical assignment to restrictive housing may be released upon the approval of the Regional Medical Director and the Director of Healthcare Compliance.
  4. If released under these circumstances, the health record of the resident shall be flagged to alert any provider of the absence of TB screening in the event of a respiratory complaint in the future.

## **V. Education and Training**

- A. The KDOC Administration and or their designee and the facility Health Services Administrator are to develop education and training programs for staff and residents related to infectious/communicable disease.
- B. The healthcare staff shall provide education in self-care skills to the resident population through presentations and or through written handouts and verbal/written education provided during the course of patient encounters.



- C. The contracted health services provider shall provide training for basic and annual classes conducted by the KDOC for corrections officers and other KDOC staff. Topics related to infectious disease include but are not limited to:
  - 1. HIV, Hepatitis A, B, and C, MRSA, Tuberculosis, and Ectoparasites.
  - 2. All staff shall be trained in the practice of standard precautions.
    - a. Staff shall be advised to strictly adhere to standard precautions and provisions of IMPP 09-106, KDOC Occupational Exposure Control Plan Manual, and applicable housekeeping and safety plans when handling contaminated items, decontaminating equipment, and disposing of sharps and biohazardous wastes.
- D. Resident workers shall be trained in appropriate methods for handling and disposing of biohazardous materials and spills.
- E. Printed educational material shall be made available to offenders on post incarceration supervision, parole officers, and regional parole directors.

## **VI. Placement of Residents**

- A. Healthcare staff shall determine the appropriate placement of new residents based upon admission screening findings.
  - 1. Residents identified with a potentially infectious condition may be isolated from the general population. This may include the infirmary, or protective custody in restrictive housing as clinically appropriate and to provide for the safety of the resident as well as staff and other residents.
    - a. The Healthcare Practitioner may, for medical reasons only, direct a resident's removal from general population for placement in alternate housing.
  - 2. Health care staff shall notify facility staff if a resident has conditions limiting their ability to perform certain work assignments or suitability for certain housing placements based upon disabilities or limitations and shall advise Unit Team and security if accommodations are required.

**NOTE:** The policy and procedures set forth herein are intended to establish directives and guidelines for staff, residents, and offenders and those entities that are contractually bound to adhere to them. They are not intended to establish State created liberty interests for employees, residents, or offenders, or an independent duty owed by the Department of Corrections to employees, residents, offenders, or third parties. Similarly, those references to the standards of various accrediting entities as may be contained within this document are included solely to manifest the commonality of purpose and direction as shared by the content of the document and the content of the referenced standards. Any such references within this document neither imply accredited status by a Departmental facility or organizational unit, nor indicate compliance with the standards so cited. The policy and procedures contained within this document are intended to be compliant with all applicable statutes and/or regulatory requirements of the Federal Government and the state of Kansas. This policy and procedure is not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

## **REPORTS**

None.

## **REFERENCES**

NCCHC P-B-02

ACA 4-4354, 4-4354-1, 4-4355, 4-4356, 4-4357, 4-4358

**HISTORY**

04-14- 22 Original

**ATTACHMENTS**

None.