

CHAPTER: 1100

Inmate Health Services

DEPARTMENT ORDER:

**1102 – Communicable Disease and
Infection Control**

**OFFICE OF PRIMARY
RESPONSIBILITY:**

HS

**Arizona
Department
of
Corrections
Rehabilitation
and Reentry**



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Department Order Manual

ACCESS

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A handwritten signature in black ink, appearing to read "Ryan Thornell", is written over a horizontal line.

Ryan Thornell, Director

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PURPOSE

This Department Order implements standardized guidelines to ensure the appropriate notification and documentation of reportable communicable diseases, the appropriate management of inmates requiring medical isolation, and protection from communicable disease. It also provides for an Inmate Tuberculosis (TB) Screening program designed to control TB among inmates in the correctional setting.

References to healthcare professionals (i.e., Healthcare Services) are referring to the Contract Healthcare Provider (CHP) or their subcontractors unless otherwise stated.

APPLICABILITY

This Department Order addresses communicable disease and infection control for inmates. Department employee communicable disease and infection control is addressed in Department Order #116, Employee Communicable Disease Exposure Control Plan.

This Department Order applies to both Department institutions and private prisons. Private prisons are responsible for implementing a Communicable Disease Inmate Screening program consistent with this Department Order and for all related expenses for implementing and complying with this Department Order.

RESPONSIBILITY

Healthcare Services shall be responsible for:

- Directing the Department's program to provide surveillance, prevention, diagnosis and treatment of inmates with suspected or confirmed communicable diseases.
- Notifying the Assistant Director for Healthcare Services and other authorized recipients of each suspected or confirmed communicable disease in inmates and the epidemiological information related to communicable disease in inmates.

PROCEDURES

1.0 COMMUNICABLE DISEASE REPORTING REQUIREMENT

1.1 The management of communicable and infectious diseases shall be in accordance with the Medical Services Technical Manual (MSTM). The program plan shall include procedures for:

- 1.1.1 Prevention to include immunization, when applicable
- 1.1.2 Surveillance (identification and monitoring)
- 1.1.3 Inmates' education and staff training
- 1.1.4 Treatment to include medical isolation, or population compartmentalization when indicated or needed, and removal from isolation
- 1.1.5 Follow-up care
- 1.1.6 Reporting requirements to applicable local, state, and federal agencies
- 1.1.7 Confidentiality/protected health information

- 1.1.8 Appropriate safeguard for inmates and staff
- 1.1.9 Post-exposure management protocols particularly for Human Immunodeficiency Virus (HIV) and viral hepatitis infection
- 1.2 Communicable disease and infection control activities are discussed and reviewed at least quarterly by a multidisciplinary team that includes clinical, security, and administrative representatives.

2.0 CONFIDENTIALITY OF COMMUNICABLE DISEASE INFORMATION

- 2.1 Disclosure of Communicable Disease Information – The Assistant Director for Healthcare Services or designee shall ensure healthcare providers and those responsible for Inmate Medical Records do not disclose communicable disease information or other confidential medical records to the inmate, a third person or a legal entity designated by the inmate until after the inmate consents to the disclosure and signs the Authorization to Disclose Copies or Provide Information from Medical Records, Form 1104-2. The third party cannot be inmate or a person under probation, parole or other correctional supervision.
- 2.2 Release of Information for Epidemiological Purposes
 - 2.2.1 The Assistant Director for Healthcare Services or designee shall ensure healthcare providers and Inmate Medical Records staff release epidemiological information, or reports and records from which epidemiological information is derived, only after confidential communicable disease information has been deleted in a manner which prevents an inmate from being identified under the following circumstances:
 - 2.2.1.1 Subject to the approval of the Director and, for the limited purposes of special investigations of the natural history and epidemiology of Acquired Immune Deficiency Syndrome (AIDS).
 - 2.2.1.2 To the Arizona Department of Health Services for collaborative research efforts with a public health purpose.
 - 2.2.1.3 To federal, state, or local Health Departments for the limited purposes of communicable disease surveillance and control.
 - 2.2.1.4 To a third party when required by court order in accordance with Arizona Revised Statute (A.R.S.) §36-664 and A.R.S. §36-665.
 - 2.2.2 All such disclosures shall require written assurances of confidentiality of all participating agencies.
- 2.3 Unauthorized Disclosure of Confidential Communicable Disease Information – Approving authorities shall:
 - 2.3.1 Require staff inadvertently learning of confidential communicable disease information to respect the confidentiality of that information.
 - 2.3.2 Investigate allegations of unauthorized disclosure of confidential communicable disease information in accordance with Department Order #601, Administrative Investigations and Employee Discipline.

- 2.4 Inmate Medical Records – The Assistant Director for Healthcare Services or designee shall ensure:
 - 2.4.1 Inmate Medical Records are maintained, retained, transferred and disposed of in accordance with Department Order #1104, Inmate Medical Records.
 - 2.4.2 Inmate medical information is released only in accordance with A.R.S. §41-1606, Release of Medical Information and Department Orders #901, Inmate Records Information and Court Action and #1104, Inmate Medical Records.

3.0 MANAGING SUSPECTED OR CONFIRMED CASES OF COMMUNICABLE DISEASES

- 3.1 The CHP shall follow the MSTM guidelines for the disease, if available. If the guidelines are not outlined in the Technical Manual, the healthcare provider shall follow the guidelines of the ADHS and the Centers for Disease Control (CDC) for that particular condition.
- 3.2 The CHP/CHP Facility Health Administrator or designee shall:
 - 3.2.1 Notify the following persons regarding any special housing and Personal Protective Equipment (PPE) requirements:
 - 3.2.1.1 Appropriate healthcare provider(s), security and other institution/facility staff
 - 3.2.1.2 Warden, Unit Deputy Warden, the institution/private prison Occupational Health Unit (OHU) Nurse, and the Occupational Health Unit Administrator
 - 3.2.1.3 Assistant Director for Healthcare Services or designee
 - 3.2.1.4 Arizona Department of Corrections, Rehabilitation and Reentry (ADCRR) Contract Monitor
 - 3.2.2 Coordinate activities in the Health Unit to provide safety for healthcare staff, if indicated.
- 3.3 If indicated, the CHP/CHP Facility Health Administrator or designee shall:
 - 3.3.1 Complete communicable disease reporting as outlined in the MSTM.
 - 3.3.2 Notify the institution/private prison OHU.
 - 3.3.3 Forward a list of all inmate contacts transferred to other institutions/private prisons to the CHP/CHP Facility Health Administrator of the receiving institution/private prison.
- 3.4 Department employees exposed to a suspected or confirmed case of a communicable disease shall notify the institution/private prison OHU.
- 3.5 Reentry Center staff shall report any suspected incidence of communicable disease to the Deputy Warden, who shall arrange for examination and treatment of the inmate through the appropriate Health Unit as soon as practical.
- 3.6 Contractors exposed to a suspected or confirmed case of a communicable disease shall follow reporting procedures established by the Contractor.

- 3.7 Wardens, Deputy Wardens and Bureau Administrators shall ensure exposure and suspected exposure incidents are reported to the institution/private prison OHU and the CHP/CHP Facility Health Administrator as soon as possible, but no later than 24 hours after the incident occurrence.

4.0 MANAGING AIRBORNE INFECTIONS

- 4.1 Implementation Requirements – Airborne Precautions shall be implemented on all inmates suspected of having, but not limited to TB, chickenpox, meningococcal meningitis, measles (rubeola), rubella, mumps and pertussis.

4.2 Particulate Respirators

- 4.2.1 National Institute for Occupational Safety and Health (NIOSH) approved face filtering N-95 Respirators shall be worn by all Department employees and contractors having direct contact with or entering the inmate's room. Inmates leaving their rooms shall wear a surgical mask at all times when confirmed or suspected to have an airborne infection.

- 4.2.2 The CHP/CHP Facility Health Administrator or designee shall notify security staff of the need for airborne precautions, including the requirement for NIOSH approved N-95 Respirators.

4.3 Isolation

- 4.3.1 Inmates on airborne precautions shall be isolated in a single cell.

- 4.3.2 Inmates suspected of having active TB shall be isolated in a negative pressure cell, if available. If negative pressure cells are not available, inmates shall be transported to a hospital with a negative pressure room.

- 4.3.3 Inmates deemed infectious shall remain in isolation until treatment is completed and further evaluation and testing ensures they are no longer infectious.

- 4.4 Proper hand washing shall occur immediately upon entering and leaving the room or upon any direct contact with the inmate.

- 4.5 Gowns and gloves shall be worn if direct contact with lesions and infectious discharges is anticipated.

4.6 Specimens, Supplies, Linens and Dishes - Guidelines for Special Handling

- 4.6.1 The handling of laboratory specimens shall take place as outlined in the MSTM.

- 4.6.2 Linens of inmates infected with measles, rubella, chickenpox, shingles and scabies shall be bagged and washed separately in hot water.

- 4.6.3 Dishes and eating utensils shall require no special handling unless otherwise indicated.

- 4.6.4 The management of biohazardous waste and for the decontamination of medical and dental equipment shall be accordance with the MSTM.

- 4.6.4.1 All infectious waste shall be in red plastic bags or bags labeled with the universal biohazard symbol.

4.7 Transportation Precautions

- 4.7.1 Inmates with communicable diseases, as outlined in 4.1 of this section shall be transported with a surgical mask or a NIOSH approved face filtering N-95 respirator in place to a hospital facility for appropriate work-up and management in accordance with the healthcare provider's direction.
- 4.7.2 Transportation Officers shall be notified of the necessity for Airborne Precautions and wear NIOSH approved N-95 Respirators.
- 4.7.3 The receiving facility shall be notified of the inmate's condition and isolation requirements by the CHP Facility Health Administrator or designee.

5.0 TUBERCULOSIS – SCREENING, MANAGEMENT AND CONTACT INVESTIGATION

- 5.1 The management of TB shall be in accordance with the MSTM.
- 5.2 Testing Inmates Who Refuse to Cooperate - After being notified by the CHP/CHP Facility Health Administrator, about an inmate refusing to submit to tuberculosis testing, the Warden or designee shall contact the Assistant Director for Prison Operations for further instructions.
- 5.3 Transportation
 - 5.3.1 To reduce the risk of the transmission to others, all inmates suspected of having TB or confirmed to have active pulmonary or laryngeal TB shall be transported to a facility with negative pressure room capabilities and wear a surgical mask.
 - 5.3.1.1 Transportation Officers shall be notified, on the Inmate Movement Report, Form 705-2, to use the NIOSH approved face filtering N-95 Respirator when transporting an inmate with suspected or confirmed TB disease.
 - 5.3.2 The inmate shall sit at the back of the vehicle.

6.0 GENERAL EXPOSURE CONTROL GUIDELINES

- 6.1 To ensure protection from exposure to communicable diseases, Department employees and contractors shall use administrative procedures, engineering controls and PPE while performing their duties, in accordance with Department Order #116, Employee Communicable Disease Exposure Control Plan and Occupational Safety and Health Administration (OSHA) requirements.
 - 6.1.1 All body fluids can be potential and unknown sources of infection.
 - 6.1.2 All communicable diseases may be transmittable before diagnosis is apparent.
 - 6.1.3 Diseases transmitted by airborne route remain subject to respiratory precautions.
 - 6.1.4 PPEs afford protection against blood borne pathogens such as hepatitis and HIV.
- 6.2 The Warden, Deputy Warden, Bureau Administrator and CHP/CHP Facility Health Administrator shall ensure hand washing facilities are readily accessible to staff and inmates for immediate use after contamination.
- 6.3 Wardens, Deputy Wardens and Bureau Administrators shall ensure:

- 6.3.1 Inmate workers, when appropriate, use approved universal precautions, engineering controls and PPE to prevent exposure to communicable disease.
- 6.3.2 Inmates wash their hands and any other contaminated skin with soap and running water, or flush mucous membranes with water, immediately or as soon as feasible after contact with any bodily fluids and the removal of gloves or other PPE.

IMPLEMENTATION

The Assistant Director for Healthcare Services shall ensure the Medical Services Technical Manuals are updated and address the healthcare requirements outlined in this Department Order.

DEFINITIONS/GLOSSARY

Refer to the Glossary of Terms for the following:

- Acquired Immune Deficiency Syndrome (AIDS)
- Airborne Precautions
- Case
- Confidential Communicable Disease Information
- Contact
- Contaminated/Contamination
- Contract Healthcare Provider (CHP) Facility Health Administrator
- Decontaminate/Decontamination
- Direct Contact
- Engineering Controls
- Epidemiological Information
- Exposure Incident
- Healthcare N-95 Particulate Respirator and Surgical Mask
- Human Immunodeficiency Virus (HIV)
- Inmate Medical Record
- Local Health Department
- Medical Isolation
- Tuberculosis
- Universal Precautions

AUTHORITY

A.R.S. § 13-1210, Assaults on Hospital Employees, Public Safety Employees or Volunteers and State Hospital Employees; Disease Testing; Petition; Hearing; Notice; Definitions

A.R.S. § 13-1212, Prisoner Assault with Bodily Fluids; Liability for Costs; Classification; Definition

A.R.S. § 23-101 et seq, Industrial Commission of Arizona, General Powers

A.R.S. § 23-401 et seq, Industrial Commission of Arizona, Division of Occupational Safety and Health (ADOSH)

A.R.S. § 23-403, Employer's Duty

A.R.S. § 23-404, Employee's Duty

A.R.S. § 23-901 et seq, Scope of Workers' Compensation

A.R.S. § 36-661 et seq, Communicable Disease Information

A.R.S. § 36-664, Confidentiality, Exceptions

A.R.S. § 36-665, Order for Disclosure of Communicable Disease Related Information

A.R.S. §41-1606, Access to Prisoner Medical History Information
A.A.C. R9-6-201 et seq., Communicable Disease and Infestation Reporting
A.A.C. R9-6-301 et seq., Control Measures for Communicable and Infestations
A.A.C. Title 20, Chapter 5, Industrial Commission of Arizona
Code of Federal Regulations, Title 29, Part 1910 et seq, OSHA General Duty Requirement