

**CHAPTER: 1100**

**Medical Services**

**DEPARTMENT ORDER:**

**1102 – Communicable Disease and  
Infection Control**

**OFFICE OF PRIMARY  
RESPONSIBILITY:**

**MS**

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# Arizona Department of Corrections Rehabilitation and Reentry



**Department Order Manual**

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

David Shinn, 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., Medical Services and Mental Health Services) are referring to the Medical Services contractor 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**

Medical 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 Medical 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 For communicable disease cases or suspected cases, the Contract Facility Health Administrator/Health Services Administrator (for private prisons) or designee shall submit a communicable disease report to the local Health Department (County Health Department or Indian Health Services Unit), in accordance with the Communicable Disease Local Health Agency Reporting Requirements available on the Arizona Department of Health Services (ADHS) website <https://www.azdhs.gov>.
- 1.2 For the communicable disease pathogens listed on the ADHS Arizona Laboratory Reporting Requirements, available on their website, the testing laboratory/hospital/clinic shall be responsible for reporting positive laboratory findings to the ADHS within the required time frames.
- 1.3 The Contract Facility Health Administrator/Health Services Administrator shall:
  - 1.3.1 Obtain copies of the ADHS Communicable Disease Report form available on the ADHS website.
  - 1.3.2 Ensure each section of the Communicable Disease Report is accurately completed for each suspected or confirmed communicable disease.

- 1.3.3 Submit the original Communicable Disease Report to the local Health Department each month specifying what action, if any, was initiated. The institution/private prison shall submit to the local Health Department reports of disease if a non-resident of that jurisdiction is or has been treated in that jurisdiction. The Health Department contact information is available in the State and County Health Departments Contact Information, Attachment A.
- 1.3.4 Within 30 calendar days of the completion of any outbreak investigation conducted, submit to the local Health Department a written summary of the outbreak investigation to include:
  - 1.3.4.1 Description of the location
  - 1.3.4.2 The date of notification of the outbreak
  - 1.3.4.3 How the outbreak was verified
  - 1.3.4.4 The number of inmates and staff reported to be ill
  - 1.3.4.5 The number of inmates estimated at risk for illness
  - 1.3.4.6 The definition of a case
  - 1.3.4.7 Laboratory evidence collected and results
  - 1.3.4.8 Hypotheses as to how the outbreak occurred
  - 1.3.4.9 Control measures implemented
  - 1.3.4.10 Conclusions based upon the results of the investigation
  - 1.3.4.11 Recommendations to prevent future occurrences
- 1.3.5 Review Communicable Disease Reports for completeness and accuracy, and if indicated:
  - 1.3.5.1 Confirm diagnosis.
  - 1.3.5.2 Conduct investigations and surveillance.
  - 1.3.5.3 Determine trends.
  - 1.3.5.4 Implement medical isolation, in accordance with section 4.0 of this Department Order.

## **2.0 CONFIDENTIALITY OF COMMUNICABLE DISEASE INFORMATION**

- 2.1 Disclosure of Communicable Disease Information – The Assistant Director for Medical 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 Medical 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 Medical 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 healthcare provider shall:

3.1.1 Evaluate the inmate's medical condition, including any laboratory reports and other diagnostic findings.

3.1.2 Order the inmate to be placed in isolation, or utilize institution/facility compartmentalization plan to isolate inmates in the event of an outbreak or pandemic if indicated, after consultation with the Assistant Director for Medical Services or designee.

- 3.1.3 Notify the Contract Facility Health Administrator/Health Services Administrator or designee of any confirmed or suspected communicable disease.
- 3.1.4 Follow the Medical Services Technical Manual 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 Contract Facility Health Administrator/Health Services Administrator 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 and security 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 Medical 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.
  - 3.2.3 Direct the follow-up on the inmate contacts, if indicated.
  - 3.2.4 Ensure appropriate diagnostic, treatment, prevention and laboratory services/ equipment is available for use by healthcare providers.
- 3.3 If indicated, the Director of Nursing shall:
  - 3.3.1 Notify the appropriate health agencies.
  - 3.3.2 Complete all required reports/records.
  - 3.3.3 Request a list of all the contacts to the involved inmate, if contact investigation is indicated.
  - 3.3.4 Provide for any necessary observation of the affected inmate's contacts.
  - 3.3.5 Instruct staff contacts to contact the institution/private prison OHU.
  - 3.3.6 Forward a list of all inmate contacts transferred to other institutions/private prisons to the Statewide Infection Control Nurse and the Contract Facility Health Administrator/Health Services Administrator of the receiving institution/private prison.
  - 3.3.7 Notify the ADHS of inmate contacts who have been released to the community.
- 3.4 The Contract Facility Health Administrator/Health Services Administrator and all Site Medical Directors shall ensure healthcare staff:
  - 3.4.1 Receive required training in the management of communicable diseases, including preventative measures and contact investigation.

- 3.4.2 Use and/or recommend appropriate universal precautions, engineering controls and PPE at all times to avoid or control exposure to communicable diseases.
- 3.5 Department employees exposed to a suspected or confirmed case of a communicable disease shall notify the institution/private prison OHU, who shall notify the Contract Facility Health Administrator and the Director of Nursing for the exposure details.
- 3.6 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.
- 3.7 Contractors exposed to a suspected or confirmed case of a communicable disease shall follow reporting procedures established by the Contractor.
- 3.8 Wardens, Deputy Wardens and Bureau Administrators shall ensure exposure and suspected exposure incidents are reported to the institution/private prison OHU and the Contract Facility Health Administrator/Health Services Administrator as soon as possible, but no later than 48 hours after the incident occurrence.
- 3.9 Epidemiological information involving inmates in the system shall be reported to the following:
  - 3.9.1 Statewide Infection Control Nurse
  - 3.9.2 Medical Services Contractor's Regional Office
  - 3.9.3 Assistant Director for Medical Services.
  - 3.9.4 Warden, Deputy Warden or Bureau Administrator
  - 3.9.5 ADHS or appropriate local Health Department
  - 3.9.6 Occupational Health Unit Administrator

#### **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 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 Contract Facility Health Administrator/Health Services 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 suspected of having chickenpox, measles, meningococcal meningitis, mumps, rubella, scabies, shingles or any communicable disease other than TB 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 Sputum specimens and scrapings from lesions shall require special precautions.
  - 4.6.2 Sputum specimens shall be transported in a puncture resistant container and labeled appropriately.
  - 4.6.3 All tissues containing secretions shall be considered infectious waste.
  - 4.6.4 Linens of inmates infected with measles, rubella, chickenpox, shingles and scabies shall be bagged and washed separately in hot water.
  - 4.6.5 Dishes and eating utensils shall require no special handling unless otherwise indicated.
  - 4.6.6 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 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 facility's attending or on-call healthcare provider.
  - 4.7.4 Precautions specific to inmates who have or are suspected of having TB shall be in accordance with section 5.0.
- 4.8 Immunocompromised Host Precautions
  - 4.8.1 Inmates who are severely immunosuppressed or at increased risk for infection may need Immunocompromised Host Precautions taken.
  - 4.8.2 The inmate shall be housed separately, in a room where all personnel are able to wash their hands immediately upon entering the room.
  - 4.8.3 Only healthy healthcare providers shall be assigned to care for the inmate.
  - 4.8.4 All persons having any direct contact with the inmate shall wash their hands thoroughly before any such contact and shall wear surgical masks.



- 4.8.5 The inmate shall wear a surgical mask if in general population.
- 4.8.6 It shall not be required to isolate or decontaminate specimens, equipment, inmate clothing, or dishes upon removal of those items from the room unless the inmate also has a communicable disease, as specified in 4.1 of this section.

## 5.0 TUBERCULOSIS – SCREENING, MANAGEMENT AND CONTACT INVESTIGATION

- 5.1 Surveillance/Prevention – The Contract Facility Health Administrator/Health Services Administrator and all Site Medical Directors shall ensure:
  - 5.1.1 Inmates receive Purified Protein Derivative (PPD) tests in accordance with the following schedule:
    - 5.1.1.1 All new admissions, upon arrival at the Reception Center
    - 5.1.1.2 Annually, as indicated, in accordance with the Medical Services Technical Manual and Department Order #1101, Inmate Access to Healthcare.
    - 5.1.1.3 As part of a TB contact investigation
    - 5.1.1.4 Whenever deemed appropriate by the healthcare provider
  - 5.1.2 A PPD test is not administered to inmates who:
    - 5.1.2.1 Provide reasonable documentation of a previous PPD conversion during the past three months followed by adequate investigation and/or treatment.
    - 5.1.2.2 Have a confirmed past positive PPD or a confirmed history of TB.
  - 5.1.3 Inmates vaccinated with Bacillus Calmette-Guerin (BCG) are not excluded from receiving a PPD test and are considered positive if the induration is greater than 10 mm. Expected reaction is less than 10 mm induration.
    - 5.1.3.1 Inmates being tested as part of a TB contact investigation or are positive for HIV/AIDS are considered PPD positive if the induration is greater than or equal to 5 mm.
  - 5.1.4 Inmates whose PPD tests are negative and who have been in close contact with a person who has TB are tested in accordance with the Medical Services Technical Manual, HSTM Chapter 7, Section 1.5, Tuberculosis Screening and Management.
  - 5.1.5 A chest x-ray is given to:
    - 5.1.5.1 Any inmate with sign(s) and symptom(s) suggestive of TB.
    - 5.1.5.2 All inmates with a positive PPD test.
    - 5.1.5.3 All inmates who are HIV infected.
  - 5.1.6 All reported exposure to a TB case or TB suspect are investigated, and appropriate recommendations are provided to the:

- 5.1.6.1 Assistant Directors.
  - 5.1.6.1.1 The Director and Deputy Director shall be copied on the notification.
- 5.1.6.2 Warden, Deputy Warden or the Contract Facility Health Administrator/ Health Services Administrator.
- 5.1.6.3 Medical Services Contractor's Regional Manager.
- 5.1.6.4 Occupational Health Unit Administrator.
- 5.1.6.5 Offender Services Bureau Administrator, if inmate movement is impacted.

## 5.2 Testing Inmates Who Refuse to Cooperate

- 5.2.1 If an inmate refuses to submit to a PPD test, chest x-ray or, in suspicious cases, a medical workup, the nurse shall attempt to gain the inmate's voluntary compliance by providing counseling regarding the intent of the test and the necessity to safeguard the inmate's health, and that of others.
- 5.2.2 If an inmate does not cooperate after receiving counseling, the Director of Nursing shall notify the Contract Facility Health Administrator/Health Services Administrator, who shall notify the Warden or designee.
- 5.2.3 After being notified by the Contract Facility Health Administrator/Health Services Administrator, the Warden or designee shall:
  - 5.2.3.1 Facilitate the testing requirement by asking the inmate to sign the Involuntary Tuberculosis Test, Form 1102-4.
  - 5.2.3.2 If the inmate refuses to sign the Involuntary Tuberculosis Test form, note on the form the inmate refused to sign.
  - 5.2.3.3 Inform the inmate he or she will be secured to a maximum restraint chair or bed, if necessary, and tested.
  - 5.2.3.4 Ensure only necessary force is used if the inmate still refuses to cooperate. After necessary force has been applied, a nurse shall administer the procedure.
  - 5.2.3.5 Ensure the entire procedure is video recorded by whatever means is available to Operations staff, including the instructions to the inmate and the application of necessary force.
  - 5.2.3.6 Ensure the test is administered away from other inmates and not in an inmate housing area.
  - 5.2.3.7 Ensure the inmate is escorted to the Health Unit at a prescribed time so healthcare staff can assess the skin test.

## 5.3 Diagnosis/Treatment – The Contract Facility Health Administrator/Health Services Administrator and Site Medical Directors shall ensure:

- 5.3.1 Each case involving a positive PPD test is adequately investigated, and appropriate examination and treatment are provided, with careful monitoring for drug toxicity and for compliance with and completion of an appropriate course of therapy, including:
  - 5.3.1.1 A chest x-ray within 72 hours after the positive PPD test
  - 5.3.1.2 Baseline liver function tests, repeated according to clinical symptoms
  - 5.3.1.3 Direct Observed Therapy (watch swallow)
  - 5.3.1.4 Transfer to a hospital when necessary
- 5.3.2 A physician and nurse counsel an inmate who does not comply with treatment. If the inmate continues to refuse the medication, the noncompliance shall be documented in inmate's Medical Record. If the noncompliant inmate is being treated for active TB, the Assistant Director for Medical Services or designee shall be notified immediately.
- 5.3.3 All inmates suspected of active TB, including those whose immune systems are suppressed, based on symptoms and/or clinical findings, and after consultation with the Assistant Director for Medical Services or designee, are immediately placed in respiratory isolation, issued a surgical mask, and transferred with the surgical mask in place to a hospital for appropriate therapy.
- 5.3.4 All health care provided to an inmate are chronicled in the inmate's Medical Record.
- 5.3.5 NIOSH approved N-95 Respirators are worn by Department employees when entering the room where a TB suspect/inmate is housed or when escorting the inmate for medical tests or procedures.

#### 5.4 Isolation of an active TB and/or suspected TB

- 5.4.1 Inmates suspected or confirmed to have TB or pulmonary/laryngeal TB disease shall be placed in an isolation room with negative pressure capabilities. It is not necessary to isolate an inmate with:
  - 5.4.1.1 Latent TB.
  - 5.4.1.2 Active TB who has been on directly observed therapy for at least two weeks, has had three consecutive Acid-Fast Bacilli (AFB) smears, and has shown some clinical improvement.
- 5.4.2 Department employees responsible for the security of an inmate suspected or confirmed to have active TB while confined to a hospital's negative pressure room shall stay outside the room until TB has been excluded through three negative AFB smears taken at least eight hours apart.

#### 5.5 Transportation

- 5.5.1 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.
  - 5.5.1.1 Transportation Officers shall be notified, on the Inmate Movement Report, Form 705-2, to use the NIOSH approved N-95 Respirator when transporting an inmate with suspected or confirmed TB disease.

5.5.2 The inmate shall sit at the back of the vehicle.

5.5.3 Windows shall be rolled down, if feasible.

## **6.0 MANAGEMENT AND CONTACT INVESTIGATION OF SPECIFIED CONDITIONS AND INFECTIONS**

6.1 The management and contact investigation of inmates with the following shall be in accordance with management guidelines and Information Sheets for each condition located in the Medical Services Technical Manual:

6.1.1 Airborne Infections, which include chickenpox, measles, mumps, scabies and shingles.

6.1.2 Waterborne and foodborne infections, which include giardiasis, norovirus and norovirus-like infections.

## **7.0 MANAGEMENT OF INMATES WHO TEST POSITIVE FOR HIV**

7.1 Confidentiality of Information – Department employees and contractors shall comply with confidentiality requirements established in section 2.0 when supervising or treating inmates who test positive for HIV.

7.2 Administration and Management – Wardens, Deputy Wardens and Bureau Administrators shall protect the privacy of inmates who test positive for HIV by ensuring they are:

7.2.1 Housed in the general inmate population, whenever feasible.

7.2.2 Provided the same program considerations as any other inmate housed in the general population.

7.2.3 Isolated only when advised to do so by the Site Medical Director or the Contract Facility Health Administrator/Health Services Administrator.

7.3 Medical Isolation – The attending physician shall:

7.3.1 Determine whether an inmate who tests positive for HIV should be isolated for medical reasons.

7.3.2 Document the need for medical isolation in the inmate's Medical Record.

7.3.3 Notify the Medical Director within the first workday after placing an inmate in medical isolation.

7.3.4 Release the inmate from medical isolation when the placement is no longer needed.

7.4 Placement for Medical Services

7.4.1 The Medical Director or designee shall:

7.4.1.1 Determine where the needed medical services are most readily available for inmates who test positive for HIV.

7.4.1.2 Submit a placement recommendation to the Offender Services Bureau Administrator if the needed medical services are not available at the inmate's current location.

7.4.2 The Offender Services Bureau Administrator shall arrange for the placement within ten workdays after receiving the recommendation or arrange an acceptable alternative placement if the Assistant Director for Medical Services or designee concurs.

7.5 A chest x-ray shall be given to all inmates who are HIV infected.

## **8.0 GENERAL EXPOSURE CONTROL GUIDELINES**

8.1 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.

8.1.1 All body fluids can be potential and unknown sources of infection.

8.1.2 All communicable diseases may be transmittable before diagnosis is apparent.

8.1.3 Diseases transmitted by airborne route remain subject to respiratory precautions.

8.1.4 PPEs afford protection against bloodborne pathogens such as hepatitis and HIV.

8.2 The Warden, Deputy Warden, Bureau Administrator and Contract Facility Health Administrator/Health Services Administrator shall ensure hand washing facilities are readily accessible to staff and inmates for immediate use after contamination.

8.3 Wardens, Deputy Wardens and Bureau Administrators shall ensure:

8.3.1 Inmate workers, when appropriate, use approved universal precautions, engineering controls and PPE to prevent exposure to communicable disease.

8.3.2 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.

## **DEFINITIONS/GLOSSARY**

Refer to the Glossary of Terms

## **ATTACHMENT**

Attachment A – Contact Information for Reporting Communicable Diseases

## **FORMS LIST**

1102-4, Involuntary Tuberculosis Test

## **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

**ATTACHMENT A**

**CONTACT INFORMATION FOR REPORTING COMMUNICABLE DISEASES**

**ARIZONA DEPARTMENT OF HEALTH SERVICES (ADHS)**

| <b>Office</b>                                  | <b>Telephone</b> | <b>Fax</b>     |
|--|------------------|----------------|
| ADHS Office of Infectious Disease Services     | (602) 364-3676   | (602) 364-3199 |
| ADHS Bureau of Epidemiology & Disease Control  | (602) 364-3676   | (602) 364-3199 |
| ADHS Vector Borne and Zoonotic Disease Section | (602) 364-3676   | (602) 364-3199 |

**LOCAL HEALTH DEPARTMENTS**

| <b>Office</b>  | <b>Telephone</b>   |
|--|--|
| Apache County Health Department                      | (928) 337-4364   |
| Cochise County Health Department                     | (520) 432-9400   |
| Coconino County Health Department                    | (928) 679-7272   |
| Gila County Health Department                        | (928) 402-8811   |
| Graham County Health Department                      | (928) 428-1962   |
| Greenlee County Health Department                    | (928) 865-2601   |
| La Paz County Health Department                      | (928) 669-1100   |
| Maricopa County Department of Environmental Services | (602) 506-6616 Option #4   |
| Maricopa County Department of Public Health          | (602) 506-6767   |
| Mohave County Health Department                      | (928) 753-0714   |
| Navajo County Health Department                      | (928) 524-4750<br><br>(928) 928-241-0593<br>(24/7 emergency hotline] |
| Pima County Health Department                        | (520) 724-7797   |
| Pinal County Health Department                       | (520) 866-7325   |
| Santa Cruz County Health Department                  | (520) 375-7900   |
| Yavapai County Health Department                     | (928) 771-3134   |
| Yuma County Health Department                        | (928) 317-4550   |