



Infection prevention protocols keep illness at bay in TDCJ's correctional facilities

The first week of 2018 was relatively quiet and uneventful for Warden William Jones. Operations at the Hodge Unit in East Texas ran without a hitch until January 8 when agency medical staff informed him that a few sick offenders were showing similar symptoms.

“On Monday, we had seven offenders running a fever, and within 24 hours that number had doubled,” explained Warden Jones. “Many of us knew people in the community who were sick and, unfortunately, we sometimes see those same illnesses make their way inside the perimeter fence.”

Unit medical staff screened the symptomatic offenders and determined that influenza was the culprit. Notably, this year's flu season has had an especially strong impact in many states, including Texas, according to the Centers for Disease Control and Prevention (CDC). Within days, dozens of unit support staff, correctional officers and offenders were sick.

When a contagious illness breaks out in a workplace, it can spread quickly and sicken nearly everyone. In prison and jail environments, where physical movement is restricted, the risks posed by infectious disease are even greater. In order to help protect the health of staff, offenders and visitors to our facilities, TDCJ has established procedures and training programs to prevent the outbreak and spread of infectious disease.

At the Hodge Unit, these routine infection prevention protocols were immediately activated: visitation was temporarily suspended and offender movement within the unit was restricted to limit the spread of infection. Surgical masks and protective gloves were provided for officers who escort offenders or work in offender housing and surfaces within the unit were regularly cleaned with a 10 percent bleach solution.

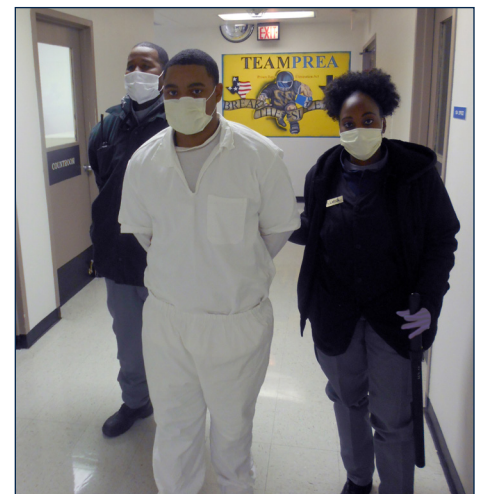
“From the time we first saw symptoms, we were in constant contact with the unit medical staff and TDCJ Health Services. I'm convinced the steps we took prevented the virus from spreading further,” said Warden Jones.

The agency's infection control practices, communicable disease reporting and management procedures are overseen by the Office of Public Health (OPH), part of the TDCJ's Health Services Division. The OPH also helps train and advise facility health services staff.

Infection prevention strategies and disease-specific protocols can be found in the Correctional Managed Health Care (CMHC) Infection Control Manual, which includes agency policies for things like hand washing and immunization requirements. If you can't access the electronic version of the Manual, unit medical departments keep a print version on hand for review. These policies are made in compliance with state and federal law, and are based on recommendations

from the Centers for Disease Control and Prevention, the Advisory Committee for Immunization Practices, the Department of State Health Services (DSHS), and other accrediting organizations.

Routine infection prevention procedures at TDCJ prison and jail facilities include allowing small amounts of hand sanitizer to be kept on-person for use when sinks are not immediately available, and posted signage reminds people about cough etiquette and the need for regular hand washing.



Correctional officers Britney Larson (right) and Sheldon Parson (left) wear Personal Protective Equipment to protect against influenza infection while escorting an offender through the Jerry H. Hodge Unit.

When an illness is suspected or confirmed at a unit, Personal Protective Equipment (PPE) is provided for staff use, and increased cleaning measures are implemented. For typical correctional officer (CO) assignments, this

CONTINUED ON PAGE 2

CONTINUED FROM PAGE 1

can include protective gloves, masks and, occasionally, gowns. PPE is donned before entering the infected area and must be removed and disposed of immediately upon exiting.

During flu season, COs may be instructed to wear a simple surgical mask when entering an area where confirmed cases are being housed; if a gastrointestinal illness is the culprit, masks are unnecessary, but gloves would be provided. If a job requires additional PPE such as shoe covers or eye protection, unit medical staff will provide the equipment and explain how it should be used.

When a contagious illness occurs in a prison or state jail, TDCJ's Health Services Division's Office of Public Health works directly with unit security and facility medical staff to contain the disease. Health Services Division Director Dr. Lannette Linthicum explained



how the agency responds to an outbreak, saying "We all work to make sure effective containment measures are implemented as soon as an outbreak is suspected. Because time is a critical factor, effective prevention measures cannot wait for test results to return from the lab." Linthicum continued, "On the unit level, communicable disease fact sheets are shared at shift turnout and posted on employee and offender bulletin

boards, and each unit has at least one Infection Control Nurse in the medical department, who is licensed and available to answer any health-related questions."

If necessary, a notice is posted on the TDCJ website to let the public know that exposed offenders who are still within the disease's incubation period are restricted from visitation. For example, if an offender has a gastrointestinal illness, that offender is isolated for the duration of the illness and offenders who were housed with the patient will be restricted and monitored for 72 hours after the symptomatic offender is removed.

Chris Black-Edwards, RN BSN, who oversees the Office of Public Health, explained where TDCJ's disease preventions and containment procedures can be found, saying "Common illnesses such as influenza, chicken pox and gastrointestinal illnesses have specific protocols in the CMHC Manual, while less-common diseases, such as mumps or whooping cough, are included in the Transmission-Based Precautions policy." Black-Edwards noted, "During an outbreak, fact sheets from the Centers for Disease Control and Prevention and DSHS fact sheets are distributed to inform agency staff and offenders about the illness and how to reduce the risk of transmission, for example, by treating all body fluids, as potentially infectious. These protocols also include simple precautions like regular hand washing and using protective gloves if you might come into contact with infectious fluids."

Disease prevention fact sheets give general information about an infectious illness, and can include things like how an illness is transmitted, and how to prevent and treat the infection. Fact sheets are available as attachments to the agency's influenza, gastrointestinal illness, occupational exposure and

hepatitis B policies, and almost all communicable diseases have a fact sheet available from the CDC or DSHS website. When an infectious disease is suspected, the appropriate fact sheets are immediately sent to the unit for posting.

The agency's disease prevention protocols are based on whether the disease is transmitted through airborne particles, by droplets, or by physical contact.

Airborne infectious agents are very small and can move through a building's air ventilation system. You only have to breathe in these organisms to become infected. Patients who are sick with an airborne illness are placed in medical isolation, usually a room with special, isolated ventilation. A door sign indicates appropriate precautions against infections, including any personal protective equipment which must be used when entering the room. At TDCJ, anyone who must come into contact with such a patient is required to wear a special protective mask, called an N-95 mask, which prevents the wearer from inhaling the infectious agent. If the patient must leave the room, they are required to wear a surgical mask so they won't infect others. Some airborne illnesses that require these precautions are varicella, tuberculosis (TB) and measles.

Larger infectious organisms are transmitted by droplets, and can be spread when an infected person laughs, coughs or sneezes and doesn't cover their mouth. A hard cough or a strong sneeze can propel infected droplets up to six feet from the source. Special ventilation is not required to prevent the spread of this type of illness and the N-95 mask is not necessary, but anyone who is going to be within six feet of the patient must wear a surgical mask to prevent the infection from spreading. Illnesses that spread by droplet

CONTINUED ON PAGE 3

CONTINUED FROM PAGE 2

include influenza, pertussis and mumps.

Notably, 2017 saw a resurgence in the number of mumps outbreaks in Texas. In order to minimize the incidence of this contagious disease, offenders suspected or confirmed to have mumps are medically isolated for at least five days after the onset of parotitis, the inflammation of saliva glands which causes the swelling most commonly associated with the mumps. Offenders in housing where a case of mumps has occurred are kept medically restricted, which limits their movement for the full incubation period of the disease which, in the case of mumps, means 25 days after the most recent possible exposure. A group of offenders who have been exposed to the same infectious disease may be “cohort-ed” and kept separate from offenders who have not been exposed.

Contact precautions are used with illnesses that, under most circumstances, cannot be transmitted by airborne agents or infected droplets. Catching this kind of illness requires direct contact with an infectious person or something they touched. Healthy individuals might become infected through a skin cut or abrasion, or through contact with a mucous membrane, such as your mouth, nose and eyes. At TDCJ, anyone who must come into contact with such a patient or their environment, must wear the gloves and gown provided to them to protect from infection.

Remember, some infectious organisms can live on objects for weeks, so disinfection of surfaces and regular hand washing are important containment measures. Norovirus and MRSA are the most common illnesses in the agency transmitted by contact.

State and federal laws, including the Health

Insurance Portability and Accountability Act of 1996 (HIPAA), govern what kinds of information can be shared with whom. HIPAA’s primary purpose is to keep personal health information safe and confidential. Generally, the sharing of health information is limited to what an individual “needs to know” in order to protect the patient’s privacy. A summary of HIPAA privacy rules is available on the U.S. Department of Health and Human Services website, and TDCJ policy regarding

offender health information can be found in the CMHC Manual.

HIPAA reporting restrictions do not apply to reporting to the Department of State Health Services. Texas laws require that many communicable diseases be reported to DSHS. The latter is entitled to receive any health information which is directly related to the illness, in accordance with Chapter 81 of the Texas Health and Safety Code. ▲

The following tips will help prevent an outbreak and restrict the spread of contagious illness at any worksite, whether it is a secure correctional facility or an administrative office:

- Try and visit a physician as soon as symptoms occur. If it’s determined you’re contagious, use your sick time to avoid spreading the illness to others in the workplace.
- Wash your hands often, using either antibacterial soap or hand sanitizer.
- Try to limit direct contact with people visiting your office. When possible, hold meetings in individual interview rooms rather than an office full of people.
- If you suspect someone has a communicable disease, use disinfectant wipes to clean any surface they may have touched.
- Don’t share personal items like phones, and use a disinfectant wipe to regularly clean door knobs and drawer pulls, and a disinfectant spray or detergent to clean tables and work surfaces.
- Cover coughs and sneezes with a handkerchief or tissue, and dispose of used tissues in waste containers immediately. If you’re caught by a sudden sneeze or cough, cover your nose and mouth with the bend of your arm.
- If you have to clean up any kind of body fluid, use a disinfectant spray and wear protective gloves, and follow the glove manufacturer’s instructions exactly. Agency rules require that areas where urine testing samples are acquired are cleaned and disinfected using appropriate cleaning agents.