CD-176000 Infection Control Plans TB, HIV, Biohazard Waste Management and Decontamination of Medical and Dental Equipment	Issued: 04/14/90 Effective: 04/14/90	Reviewed: 05/13/22 Revised: 05/28/19
Alisha Tafoya Lucero, Cabinet Secretary		***Original Signed and Kept on File***

AUTHORITY:

A. NMSA 1978, Section 33-1-6.
B. 20.4.1-4 New Mexico Administrative Code, *Hazardous Waste*
C. *New Mexico Hazardous Waste Act*, NMSA 1978, Sections 74-4-1 through 74-4-14 and 74-4-14 (as amended).
D. Policy CD-010100.

REFERENCES:

A. NMSA 1978 Comp., Section 24-2B-1 through 8.
B. NMSA 1978 Comp., Section 24-1-7.
C. ACA Standard 2-CO-4E-01, Standards for the Administration of Correctional Agencies, 1993.
D. ACA Expected Practices 5-ACI-6A-12(M) through 5-ACI-6A-17 (M) *Performance Based Standards and Expected Practices for Correctional Institutions,* 5th Edition.
E. Centers for Disease Control and Prevention (CDC) – Morbidity and Mortality Weekly Report (MMWR) July 7, 2006 / Vol. 55 / No. RR-9
F. Panel on Antiretroviral Guidelines for Adults and Adolescents, Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Department of Health and Human Services. December 1, 2009; 1-161.
Available at http://www.aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf
G. Treatment of Tuberculosis, by the American Thoracic Society, CDC, and Infectious Diseases Society of America, of June 20, 2003 / 52(RR11);1-77, reprinted from American Journal of Respiratory and Critical Care Medicine (2003;167:603-62)
H. Updated Guidelines for Using Interferon Gamma Release Assays to Detect *Mycobacterium tuberculosis* Infection, Centers for Disease Control and Prevention
I. EPA, *Hazardous Waste - Treatment, Storage & Disposal* (TSD) (link)

PURPOSE:

To provide necessary information to staff and inmates, and establish clinical guidelines to reduce the risk of spread and treatment of **HIV,** hepatitis A, B, C, or TB, and other infectious diseases, direct the management of bio-hazardous waste, and decontamination of medical and dental equipment.

APPLICABILITY:

All employees of the New Mexico Corrections Department (NMCD), contracted employees and facilities housing NMCD inmates within the State of New Mexico.

FORMS:

A. **RDC Intake / Annual Inmate TB Screening** form (*176001.1*)

ATTACHMENTS:

None

DEFINITIONS:

A. *Acquired Immune Deficiency Syndrome (AIDS):* A condition seen in advanced human immunodeficiency virus (HIV) infection. The diagnosis of AIDS requires professional identification of certain specific medical signs and symptoms and certain specific clinical and laboratory findings, as defined by the Center for Disease Control and Prevention (CDC).

B. *Active Tuberculosis:* A form of infection by organisms of the *Mycobacterium tuberculosis* or *Mycobacterium bovis* class during which the bacteria is active and capable of being transmitted. Persons who have active tuberculosis (TB) disease have symptoms that differ depending on the site of the infection. Active TB can be treated with appropriate medicines.

C. *Antibody Test:* A test used to detect antibodies produced by the immune system that indicate previous exposure to an infectious virus, such as HIV, hepatitis A virus, hepatitis B virus, or hepatitis C virus. An antibody test does not confirm the presence of active infection, but rather a history of previous exposure.

D. *BCG (Bacillus Calmette-Guerin):* A vaccination given in many other countries, such as Mexico and India that causes vaccinated persons to falsely appear to be purified protein derivative (PPD) test positive.

E. *Cleaning*: A process that removes contaminants, including dust, soil, large numbers of microorganisms and organic matter (e.g., blood, vomit) from medical instruments and equipment. It is an essential prerequisite to disinfection and sterilization. It also removes the organic matter on which micro-organisms might subsequently thrive.

F. *TB Converter:* A person with a positive skin test result who has previously had a documented negative skin test. Such a person is presumed to have been exposed to someone with active TB. Their risk of developing active disease is significant. A converter infected with TB, but without symptoms of active TB, may be classified as having latent TB infection (LTBI).

G. *Disinfection*: A process used to reduce the number of microorganisms but not usually bacterial spores on medical instruments and equipment. The process does not necessarily kill or remove all microorganisms, but reduces their number to a level which is usuallynot harmful to health.

H. *HCV:* Hepatitis C virus is a blood borne pathogen that infects the liver. Most people become infected with the hepatitis C virus by sharing needles or other equipment to inject drugs. Most individuals infected with hepatitis C are unaware they have the disease, which can then result in long-term health problems and death. There is no vaccine to prevent hepatitis C, but it can be prevented by avoiding risky behaviors. It can also be treated to prevent advancement of disease (CDC, 2015).

I. *High risk instruments:* Items that come into close contact with a break in the skin or mucous membranes, or are introduced into a normally sterile body area. e.g. surgical instruments,

needles, urinary, and other catheters. Sterilization is required for this group of instruments.

J. *HIV Antibody Test:* A test used to detect infection with the human immunodeficiency virus (HIV). A positive result must be followed by a confirmatory test, like the Western Blot, to confirm the positive infection.

K. *Human Immunodeficiency Virus (HIV):* The human immunodeficiency virus (HIV) infects and destroys the CD4+T-lymphocyte, a type of white blood cell that is important to the body's immune response. This causes chronic infection with HIV. Individuals with HIV infection do not necessarily have AIDS.

L. *Interferon-Gamma Release Assays (IGRA)*: whole-blood tests that can aid in diagnosing *Mycobacterium tuberculosis* infection.

M. *Isoniazid (INH):* A drug used both in the treatment and the prevention of active tuberculosis and other mycobacterial disease.

N. *Intermediate risk instruments*: Items that come into close contact with mucous membranes or are contaminated with particularly virulent or readily transmissible organisms, e.g., some types of respiratory equipment including laryngoscope blades, endotracheal and tracheostomy tubes, oropharyngeal and nasal airways. Disinfection is required for this group of instruments.

O. *LTBI:* Latent tuberculosis infection. Patients with LTBI have been exposed and infected with TB in the past, but are not actively infectious. LTBI can progress to TB disease in the future if the patient is not treated. Patients with LTBI should be treated to eliminate the risk of future TB disease.

P. *PPD*: A purified protein derivative extracted from the mycobacterium *M. tuberculosis*. It is a common form of skin testing for the history of TB infection. The PPD tuberculin test is done by intradermal injection of PPD and is also known as the Mantoux test.

Q. *Sterilization*: A process that removes or destroys all forms of microbial life including bacterial spores.

R. *Tuberculosis (TB)* A condition of being infected with *Mycobacterium tuberculosis*. Most TB infections occur in the lungs and can be latent or active. TB disease is diagnosed in patients who have a positive PPD test, are exhibiting symptoms of TB, such as cough, weight loss, night sweats or unexplained fever, have an abnormal chest x-ray and/or CT scan, and are confirmed with sputum samples positive for *Mycobacterium tuberculosis*. This condition requires immediate airborne precautions when TB disease is suspected as the individual is considered contagious and will need TB treatment, if confirmed, for approximately 9-12 months.

POLICY: [2-CO-4E-01]

A. The diagnosis of tuberculosis is a professional medical judgment which derives from specific information, including inmate medical history, physical examination, TB symptom screening, IGRA whole-blood test, and confirmed with evidence, including abnormal chest

radiography, and diagnostics such as sputum smears and cultures indicating *Mycobacterium tuberculosis*. Although the risk of LTBI emerging in confined conditions is uncommon, an inmate can present with the condition at intake. LTBI may have profound consequences as LTBI can become active if not treated. Therefore treatment of suspected LTBI in correctional settings is recommended.

B. Medical personnel shall provide staff and inmates with information and education regarding communicable diseases, including TB, syphilis, hepatitis B virus, hepatitis C virus, and HIV.

C. Peer education, instructional materials, and all available methods of risk reduction education should be combined in an interdisciplinary approach to prevent high risk behavior and chronic infection.

D. All inmates with select contagious conditions (e.g., TB disease, measles) will be transferred to the long-term care unit (LTCU) at Central New Mexico Correctional Facility in Los Lunas, if medically stable and as medically appropriate, and placed in isolation in a negative pressure room. The New Mexico Department of Health (NMDOH) shall be notified and consulted as medically appropriate.

E. NMCD's contracted medical provider shall be responsible for compliance with requirements for reporting any reportable disease, including provisions in the New Mexico Administrative Code 7.4.3.6, that directs the control of diseases and conditions of public health significance through the prompt identification of disease, notification of responsible health authorities, and institution of preventive and ameliorative measures.

F. There is a written program to address the management of communicable and infectious diseases in inmates. The program plan shall include procedures for: **[5-6A-4354]**

- Prevention to include immunizations, when applicable;
- Surveillance (identification and monitoring);
- Inmate education and staff training;
- Treatment to include medical isolation, when indicated;
- Follow-up care;
- Reporting requirements to applicable local, state, and federal agencies;
- Confidentiality/protected health information;
- Appropriate safeguards for inmates and staff; and,
- Post-exposure management protocols particularly for HIV and viral hepatitis infection.

Communicable disease and infection control activities are discussed and reviewed at least quarterly by a multidisciplinary team that includes clinical, security, and administrative representatives.

G. Management of TB in inmates includes procedures as identified in the communicable disease and infection control program. In addition, the program for TB management shall include procedures to determine: **[5-ACI-6A-14 (M)]**

- When and where inmates are to be screened/tested;
- Treatment of latent tuberculosis infection and tuberculosis disease;
- Medical isolation, when indicated; and

- Follow-up care, including arrangements with applicable departments of health for continuity of care if offender is released prior to completion of therapy.

H. The medical vendor shall have a written plan for the management of inmates with methicillin resistant *Staphylococcus aureus* (MRSA) infection that includes requirements identified in the communicable disease and infection control program elsewhere in *CD- 176000*. In addition, the program for MRSA management shall include procedures for evaluating and treating infected inmates in accordance with an approved practice guideline; medical isolation, when indicated; follow-up care, including arrangements with appropriate health care authorities for continuity of care if inmates are relocated prior to the completion of therapy; and categorizing degree of infection (systemic, superficial, other.) The plan shall include quality review of health records including laboratory reports, medical isolation logs, and treatment plans, observations, and inter- views. **[5-ACI-6A-13]**

I. The medical vendor shall have a written plan to address the management of biohazardous waste and for the decontamination of medical and dental equipment. **[5-ACI-6A-17 (M)]**

J. Management of HIV infection in inmates includes procedures as identified in the communicable disease and infection control program. In addition, the program for HIV management shall include: **[5-ACI-6A-16 (M)]**

- When and where inmates are to be HIV tested;
- Pre- and post-test counseling;
- Immunization and other prevention measures, when applicable;
- Treatment protocols;
- Confidentiality/protected health information; and
- When and under what conditions inmates are to be separated from the general population; but only medical indication shall direct movement based on ID status.

K. HIV antibody screening of inmates will be done on an opt-out basis. HIV testing shall be performed on all inmates upon intake into the system and at any time when medically indicated or requested by the inmate. Inmates who do not want to be tested must complete, sign and date a refusal form that will be included in the medical record. Those who have engaged in high-risk behaviors should be urged to be tested annually.

L. Pre-test and post-test counseling, education and documentation will be completed for all inmates who receive positive test results for HCV and HIV or any other infectious disease.

M. All information regarding an inmate's HCV or HIV status shall be confidential. Failure on the part of NMCD or vendor staff to maintain confidentiality shall result in disciplinary action, up to and including termination.

N. Housing and work assignments shall be made without regard to HCV or HIV status, unless there is a medical indication or legitimate penological necessity.

CD-176001 Infection Control Plans: Tuberculosis (TB)	Issued: 04/14/90 Effective: 04/14/90	Reviewed: 05/13/22 Revised: 05/28/19
Alisha Tafoya Lucero, Cabinet Secretary		***Original Signed and Kept on File***

AUTHORITY:

Policy CD-176000

PROCEDURES: [5-ACI-6A-12 (M)] [5-ACI-6A-14 (M)] [2-CO-4E-01]

A. Tuberculosis (TB):

1. During the Reception and Diagnostic Center (RDC) initial screening at CNMCF or WNMCF, the nurse will complete the **Tuberculin Skin Test (TST) Screening Form** on every inmate entering the system. See **Tuberculin Skin Test (TST) Screening Form** (*CD-176001.1).*

2. Any inmate suspected of having TB disease will be reported to the facility medical provider and the medical vendor's regional medical director immediately and reviewed for the possibility of active tuberculosis, and appropriate precautions should be taken (surgical mask on patient, and N95 mask on nurse). Inmates suspected of having active TB shall be given medical orders for urgent transfer to CNMCF-LTCU and housed in negative-pressure isolation until a definitive diagnosis is reached. The New Mexico Department of Health (NMDOH) TB Control Program should be contacted immediately if TB is suspected. The NMDOH TB Helpline phone number is 505-827-2471 and is monitored between 8:00 am and 5:00 pm Monday through Friday. After work hours, on weekends and during holidays, contact the NMDOH on-call epidemiologist at 505-827-0006 to report a suspect case.

3. During the initial RDC intake health screening, test inmates using a two-stage TB screening Mantoux tuberculin skin test (PPD), unless the inmate has had a positive TST in the past, in which case the TST will not be placed. Record the test and results on the TB Screening and Testing Form. (CD-176001.1).

   During the initial RDC health screening, the nurse will ask the inmate and verify if the inmate has previously tested positive or has ever been treated for TB disease or latent TB infection. If so, the inmate will be referred to a medical provider within 7 days for further work-up, including possible chest x-ray and / or antimycobacterial therapy as indicated.

   All persons incarcerated in NMCD will be subjected to annual TB symptom screening and TB testing, unless the person has previously tested positive. People who have documentation of a previous positive skin test do not need repeated testing but should be treated for LTBI if this has not been completed in the past. Without LTBI treatment, approximately 5-10% of these individuals will progress to TB disease in their lifetime, which affects their individual health and creates risk of TB transmission to the community.

4. All inmates must have symptom screening at least annually. Annual TB screening will be single-stage.

5. Inmates in need of treatment for TB will be treated using current best practices for the treatment of infectious diseases. Inmates requiring treatment will be enrolled and followed in the infectious disease chronic care clinic. For treatment of active disease, refer to https://www.cdc.gov/tb/topic/treatment/tbdisease.htm. For treatment of LTBI, refer to: https://www.cdc.gov/tb/topic/treatment/ltbi.htm

6. All NMCD employees and contract employees who have direct and continuing contact with inmates will receive the same PPD tuberculin skin test for TB screening as indicated for inmates, initially upon employment as per policy (CD-030202*)* and thereafter annually (CD-036200).

7. Tuberculosis, both active and LTBI, is reportable nationally and in New Mexico. Report all cases to the TB Program Helpline at 505-827-2471. Active cases are reportable within 24 hours of suspicion or confirmation; LTBI is reportable within 72 hours.

8. Directly observed therapy (DOT) is required for treatment of TB disease and LTBI in NMCD prisons.

AUTHORITY:

Policy CD-176000

PROCEDURES: [5-ACI-6A-12 (M)] [2-CO-4E-01]

A. Human Immunodeficiency Virus (HIV) **[5-ACI-6A-16 (M)]**:

1. **Confidentiality**:

a. Test results are confidential and only health services staff are authorized to access them for purposes of coordinating healthcare services.

b. Inmates who test positive for HIV, e.g., positive by screening and confirmatory testing, will be reported to the New Mexico Department of Health as required by law.

2. Security and Housing

a. If there is a clear and present protection issue or security risk, any inmate may be separated into voluntary or involuntary protective custody, in the usual and customary practice of classification operations in the New Mexico Corrections Department.

3. Treatment

a. Guidelines will follow an orderly and authoritative source for treatment of Human Immunodeficiency Virus (HIV), such as Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents, Department of Health and Human Services. December 1, 2009; 1-161, at http://www.aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf or the Federal Bureau of Prisons corollary source.

CD-176003 Infection Control Plans: Biohazard Waste Management and Decontamination of Medical and Dental Equipment	Issued: 04/14/90 Effective: 04/14/90	Reviewed: 05/13/22 Revised: 05/28/19
Alisha Tafoya Lucero, Cabinet Secretary		***Original Signed and Kept on File***

AUTHORITY:

Policy CD-176000

PROCEDURES:

A. Standard Precautions:

1. All employees of NMCD, contracted employees and facilities housing NMCD inmates, for their own safety, shall observe universal blood and body fluid pre- cautions in all inmate encounters. Disposable gloves and face masks should be provided for this purpose. All transport teams should have such gloves and masks with them in the event of an accident or incident en route. Standard precautions are satisfactorily summarized by the Centers for Disease Control and Prevention under the title of "Universal Precautions for Prevention of Transmission of HIV and Other Bloodborne Infections".

B. Housing and Work Assignments:

Housing and work assignments shall be made without regard to HIV status except as follows:

1. Inmates, who are ill with human immunodeficiency virus (HIV) shall be housed as determined by requirements necessary for the medical benefit of the inmate. Inmates infected with HIV shall not be deprived of reasonable access to programs and services available to uninfected inmates, unless a clear medical necessity or a legitimate penological reason exists.

2. Any inmate with any transmissible infectious disease, who acts in a way that endangers others by engaging in behavior risking transmission to others, shall be counseled and may be separated in voluntary or involuntary protective custody, in the usual and customary practice of classification operations in the NMCD.

3. Inmates infected with HIV or any other transmissible disease shall be treated, managed, and housed in a way that respects their privacy regarding their medical condition.

C. Waste and Decontamination of Medical and Dental Equipment:

1. Health care staff and sanitation workers will be trained on the appropriate methods for instruments and equipment sterilization, sharps disposal containers, and the handling of biohazardous material.

2. All medical waste and infectious waste generated in medical areas shall be discarded as required by city, state, and federal regulations.

3. Biohazardous waste will be removed from the site by the contracted vendor at least every other week, not to exceed thirty (30) days.

4. Contract medical vendors shall have a comprehensive plan for the decontamination of all medical and dental equipment.

New Mexico Corrections Department Tuberculin Skin Test (TST) Screening Form

Form CD-176001.1

A healthcare provider has discussed the nature and purpose of the test with me and risks, benefits and alternatives. I have had an opportunity to ask questions. I consent to a TB skin test or blood draw for TB testing. I understand that I am to have the TB skin test read in 48-72 hours by a trained healthcare staff.

Inmate Signature:_____ **Date:**_____

TB Symptom Review (to be performed annually on ALL inmates):

☐ None ☐ Persistent cough (>2 weeks) ☐ Unexplained wt. loss (≥10%) ☐ Fatigue ☐ Fever ☐ Chills ☐ Hemoptysis ☐ Night sweats ☐ Poor appetite

(Inmates with either PERSISTENT COUGH and/or UNEXPLAINED WEIGHT LOSS, with or without other TB signs and symptoms, need a complete evaluation with TST or IGRA, sputum X 3, chest x-ray and medical evaluation)

Previous Testing/Treatment/Other: Date(s) and result(s) of previous TST/IGRA:_____

History of treatment for: ☐ **LTBI** or ☐ **TB Disease?** Yes ☐ No ☐ If Yes, medications and dates of treatment:_____

History of BCG vaccination? ☐ Yes ☐ No If Yes, date:_____ **Pregnant or suspected pregnancy?** ☐ Yes ☐ No ☐ N/A **If Yes, LMP:**_____

HIGH-RISK: For the following inmates who are at highest risk of developing TB disease if they are infected, TSTs are considered positive at **5mm of induration or larger:**

☐ HIV-infected or strongly suspected ☐ Fibrotic changes on x-ray consistent with prior TB ☐ Organ transplant recipients ☐ Recent contact with a TB case*(Name of index case:_____) ☐ Persons who are immunosuppressed for other reasons (e.g., taking >15 mg/day of prednisone for one month or more, or taking a tumor necrosis factor-alpha antagonist, or on chemotherapy)

***Recent contacts who are severely immunosuppressed need x-rays with medical evaluation even if TST is negative.**

MODERATE-RISK: For the following inmates with other medical conditions which increase the risk of progression to TB disease or population risks for recent infection, TSTs are considered positive at **10mm of induration or larger:**

Other Medical Conditions: ☐ Diabetes ☐ Silicosis ☐ Chronic renal failure or on hemodialysis ☐ Weight <10% ideal body weight ☐ Cancer of head/neck/lung

☐ Skin test conversion: increase of 10mm or more within 2 years (recently infected) ☐ Gastrectomy or jejunoileal bypass ☐ Leukemia/Lymphoma

Population Risks: ☐ Injection drug user ☐ Resident or employee of high-risk congregate setting (inmate or correctional facility worker) ☐ Other:_____

☐ Recent arrivals (within last 5 years) from countries where TB is common **Country**:_____ **Year of Arrival**:_____

LOW-RISK: By definition, no inmate is considered low risk for TB. All inmates are moderate by virtue of living in a congregant setting. However, among the general public, an individual with no identified risk factor a TST of **15mm of induration or larger** is considered positive.

Finding(s): Check all that apply

☐ Previous documented treatment for LTBI and/or TB disease

☐ Previous positive TST/IGRA, no or inadequate prior treatment

☐ Risk(s) for LTBI and/or progression to active TB disease

☐ TB disease suspected

Action(s) Taken: Check all that apply

☐ Placed TB skin test

☐ No testing or follow-up indicated

☐ Referred for chest x-ray

☐ Other :_____

☐ Referred for IGRA

☐ Referred for medical evaluation

☐ Other:_____ ☐ Issued sputum containers for AFB smear and culture

1st Test: Date/Time Placed:_____ Dose:0.1ml. Injection site:_____ Manufacturer/Lot #/Exp. Date:_____

1st Test: Date/Time Read:_____ Reading:_____mm ☐ Positive ☐ Negative

Signature:_____

Inmate Signature:_____ **Nurse Signature:**_____

2nd Test: Date/Time Placed:_____ Dose:0.1ml. Injection site:_____ Manufacturer/Lot #/Exp. Date:_____

2nd Test: Date/Time Read:_____ Reading:_____mm ☐ Positive ☐ Negative

Signature:_____

Inmate Signature:_____ **Nurse Signature:**_____