

 <p>ARIZONA DEPARTMENT OF CORRECTIONS</p> <p>DEPARTMENT ORDER MANUAL</p>	<p>CHAPTER: 1100</p> <p>INMATE HEALTH SERVICES</p>	<p>OPR:</p> <p>HS</p>
	<p>DEPARTMENT ORDER: 1102</p> <p><i>COMMUNICABLE DISEASE AND INFECTION CONTROL</i></p>	<p>SUPERSEDES:</p> <p>DO 1102, 09/01/96</p>
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PURPOSE

This Department Order provides a standard guideline to ensure appropriate notification and documentation of reportable diseases, and for the appropriate management of inmates who require medical isolation to ensure that all inmates and staff are protected from communicable disease. It also provides an inmate tuberculosis screening program that is designed to control tuberculosis among inmates in the correctional work place.

RESPONSIBILITY

The Deputy Director for Inmate Health Services is responsible for:

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

Wardens, Deputy Wardens and Administrators are responsible for ensuring that inmate workers, when appropriate, use approved universal precautions, engineering controls and personal protective equipment to prevent exposure to communicable disease.

Contractors who operate facilities for the Department are responsible for promulgating an inmate screening program for communicable disease that is consistent with this Department Order, and for all related expenses for implementing and complying with this Department Order.

APPLICABILITY

This Department Order applies specifically to reporting, management and control of communicable diseases among inmates. See Department Order #1116, Employee Communicable Disease Exposure Control Plan, for the guidelines established by the Department to protect staff from exposure to communicable diseases in the performance of their duties through administrative procedures, engineering controls and the use of personal protective equipment (PPE).

PROCEDURES

1102.01 COMMUNICABLE DISEASE REPORTING REQUIREMENTS

- 1.1 The Facility Health Administrator (FHA) or designee shall submit a communicable disease report to the county Health Department (or Indian Health Service Unit) of a case or a suspect case of the diseases and conditions listed in Attachment A, Diseases To Be Reported, within the time frames noted on the attachment, by telephone or other equally expeditious means.
- 1.2 The FHA or designee shall submit a weekly written report of positive laboratory findings for the communicable disease pathogens listed in Attachment B, Reportable Positive Findings, to the Arizona Department of Health Services.

- 1.3 The FHA shall:
 - 1.3.1 Obtain reportable disease forms from the State or County Health Department.
 - 1.3.2 Ensure the following is included in the written report of suspected or confirmed disease:
 - 1.3.2.1 Patient's name, address, telephone number of institution, date of birth, race or ethnicity, gender.
 - 1.3.2.2 Disease, date of onset, date of diagnosis, date of laboratory confirmation, and test results.
 - 1.3.2.3 Name, address and telephone number of the person or agency making the report.
 - 1.3.3 Forward the original copy of the reports to the local health department each week specifying what action, if any, was initiated. The facility shall forward to the local health department reports of disease in a non-resident of that jurisdiction who is, or has been, treated in that jurisdiction.
 - 1.3.4 Within thirty 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 A description of the location.
 - 1.3.4.2 The time of notification of the outbreak.
 - 1.3.4.3 How the outbreak was verified.
 - 1.3.4.4 The number of persons reported to be ill.
 - 1.3.4.5 The number of persons 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 that were 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, confirm diagnoses, conduct investigations, conduct surveillance, determine trends and implement medical isolation in accordance with the procedures.

- 1.4 The Infection Control Liaison shall complete a monthly reportable disease report and forward it to the Health Services Coordinator at Central Office by the tenth working day of the month, conduct investigations, conduct surveillance, determine trends and implement medical isolation.

1102.02 CONFIDENTIALITY OF COMMUNICABLE DISEASE INFORMATION

- 1.1 Disclosure of Communicable Disease Information - The Deputy Director for Inmate Health Services shall ensure that providers and staff responsible for ADC inmate medical records disclose communicable disease information or other confidential medical records to the subject/patient, or to a third person or a legal entity designated by the subject/patient (provided that the third party is not an inmate or under probation, parole or other correctional supervision), only after:
 - 1.1.1 The subject/patient consents to the disclosure and signs the Authorization to Release Communicable Disease Information, Form 1102-5P; and
 - 1.1.2 A statement of confidentiality is provided to the recipient of the confidential communicable disease information.
- 1.2 Release of Information for Epidemiological Purposes - The Deputy Director for Inmate Health Services shall ensure that providers and staff responsible for ADC inmate medical records release epidemiological information, or reports and records from which epidemiological information is derived, only under the following circumstances:
 - 1.2.1 Epidemiological information may be released for statistical or public health purposes only after confidential communicable disease information has been deleted in a manner that prevents an individual from being identified.
 - 1.2.2 Confidential communicable disease information may be disclosed, subject to the approval of the Director and the Director of the Department of Health Services, for the limited purposes of special investigations of the natural history and epidemiology of AIDS or for collaborative research efforts with a public health purpose. Disclosures shall require written assurances of confidentiality of all participating agencies.
 - 1.2.3 Confidential communicable disease information may be disclosed to federal, state, or local public health agencies for the limited purposes of communicable disease surveillance and control.
- 1.3 Response to a Court Order - Confidential communicable disease information may be disclosed to a third party when required by court order. However, in the event that the Department, a provider or designee is served with a court order to release such information, the recipient of the court order shall immediately notify the Deputy Director for Inmate Health Services.
 - 1.3.1 The Deputy Director for Inmate Health Services or designee shall:
 - 1.3.1.1 Make known to the court and, in the case of a search warrant, to law enforcement authorities that the information is confidential and that there are specific conditions for disclosure.

- 1.3.1.2 Immediately notify the Director of the Department of Health Services (DHS), pursuant to A.A.C. R9-6-605.A.5. DHS shall determine if it may be appropriate to quash or resist the order.
- 1.3.1.3 Ensure all inmate HIV results are released to the OHU and any involved employee.
- 1.4 Unauthorized Disclosure of Confidential Communicable Disease Information - Approving authorities shall:
 - 1.4.1 Require staff who inadvertently learn of confidential communicable disease information to respect the confidentiality of that information.
 - 1.4.2 Investigate allegations of unauthorized disclosure of confidential communicable disease information and take appropriate action in accordance with Department Order # 601, Administrative Investigations and Employee Discipline.

1102.03 MANAGING SUSPECTED CASES OF COMMUNICABLE DISEASES

- 1.1 The health provider shall:
 - 1.1.1 Evaluate the inmate's medical condition, including any laboratory reports.
 - 1.1.2 Order the inmate to be placed in isolation after consultation with the Deputy Director for Inmate Health Services.
 - 1.1.3 Notify the FHA or designee of any confirmed communicable disease.
 - 1.1.4 Follow the guidelines of the Arizona Department of Health Services (ADHS) and the Centers for Disease Control (CDC) for the particular condition.
- 1.2 The FHA shall:
 - 1.2.1 Notify the appropriate staff (nursing/security) regarding any special housing required.
 - 1.2.1.1 Wardens, Unit Deputy Wardens, or Administrators shall also be notified.
 - 1.2.2 Refer to the Occupational Health Unit (OHU) for guidance regarding employee exposure.
 - 1.2.3 Coordinate activities in the health unit to provide safety for health staff.
 - 1.2.4 Follow up on the inmate contacts.
- 1.3 The Correctional Registered Nurse Supervisor (CRNS) shall:
 - 1.3.1 Notify the appropriate health agencies.
 - 1.3.2 Complete all required reports/records.

- 1.3.3 Request a list of all of the contacts of the involved inmate.
 - 1.3.4 Provide for any necessary observation/isolation of the affected inmate's contacts.
 - 1.3.5 Instruct any staff contacts to contact OHU.
 - 1.3.6 Forward a list of all inmate contacts that have been transferred to other institutions to the FHA of the receiving institution.
 - 1.3.7 Notify the Health Services Coordinator at Central Office.
- 1.4 Community Correctional Center (CCC) staff shall report any suspected incidence of communicable disease to the CCC Administrator, who shall arrange for examination and treatment of the inmate through the appropriate Health Unit as soon as practical.
- 1.4.1 Any staff exposed to a suspected incidence of communicable disease shall notify the Occupational Health Unit.

1102.04 ISOLATION PRECAUTIONS

1.1 Airborne Precautions

- 1.1.1 Airborne Precautions shall be initiated on all patients suspected of having TB, mumps, meningococcal meningitis, measles (rubeola), rubella, chicken pox, and pertussis. It is not necessary to isolate an old inactive TB or an active TB who has been on therapy for two weeks.
- 1.1.2 Patients suspected of having active TB shall be transported to a facility with negative pressure capabilities.
- 1.1.3 Private rooms with ventilation to the outside are required.
- 1.1.4 Particulate Respirator - Masks shall be worn by all staff having direct contact with or entering the patient's room. If the patient leaves his/her room, he/she shall wear a paper/surgical mask at all times.
 - 1.1.4.1 The FHA or designee shall notify security staff of the need for airborne precautions.
- 1.1.5 All patients shall be transported wearing a surgical/paper mask. Transportation staff shall be notified of the necessity for airborne precautions.
 - 1.1.5.1 The receiving facility shall be notified of the patient's condition and isolation requirements by the facility's attending or on-call provider.
- 1.1.6 Proper hand washing shall occur upon entering and leaving the room or upon any direct contact with the patient.
 - 1.1.6.1 Gowns and gloves shall not be necessary.

1.1.7 Supplies, dishes, linen, and specimens (except sputum) shall require no special precautions.

1.1.7.1 Sputum specimens shall be transported in a puncture resistant container and labeled appropriately.

1.1.7.2 All tissues containing secretions shall be considered infectious waste.

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

1.2 Compromised Host Precautions

1.2.1 Patients who are severely immunosuppressed or at risk for infection may need Compromised Host Precautions taken.

1.2.2 The patient shall be housed separately, in a room where all personnel are able to wash their hands immediately upon entering the room.

1.2.3 Only healthy staff shall be assigned to care for the patient.

1.2.4 All persons having any direct contact with the patient shall wash their hands thoroughly before any such contact, and shall wear surgical/paper masks.

1.2.5 The inmate shall wear a surgical/paper mask if in general population.

1.2.5.1 Paper/surgical masks may not be necessary unless the patient has a respiratory transmissible disease.

1.2.6 It shall not be required to isolate or decontaminate specimens, equipment, patient clothing, or dishes upon removal of those items from the room.

1102.05 TUBERCULOSIS SCREENING

1.1 Required Training - FHAs and all key contact physicians shall ensure that:

1.1.1 Health Services employees receive required training.

1.1.2 Health Services employees use and/or recommend appropriate universal precautions, engineering controls and Personal Protective Equipment (PPE) at all times to avoid or control exposure to communicable diseases.

1.2 Surveillance/Prevention - FHAs and all key contact physicians shall ensure that:

1.2.1 Inmates receive PPD tests in accordance with the following schedule:

1.2.1.1 All new admissions, upon arrival at the reception center.

1.2.1.2 All others, if appropriate.

- 1.2.2 The PPD test is not administered to inmates who provide reasonable documentation of a previous PPD conversion during the past three months that was followed by adequate investigation and/or treatment; to those with a confirmed past positive PPD; or to those with a confirmed history of tuberculosis.
- 1.2.3 Inmates who have been vaccinated with BCG (Bacillus Calmette-Guerin) receive a PPD test and are considered positive if the induration is greater than 10 mm. (Expected reaction is 5 to 9 mm induration).
- 1.2.4 If the initial skin test is 5 to 9 mm induration with no known exposure, a repeat PPD test shall be performed between 7 and 12 days following the first test to elicit possible boosting.
- 1.2.5 Inmates whose PPD tests are negative and who have close contact with a person who has tuberculosis shall need a baseline and another PPD test between 10 and 12 weeks after the last known contact.
- 1.2.6 A chest x-ray is given to:
 - 1.2.6.1 Any inmate with a negative PPD test, but who has suspected tuberculosis disease; and
 - 1.2.6.2 All inmates with a positive PPD test, especially those with a persistent cough.
- 1.2.7 A chest x-ray is NOT given to asymptomatic old converters (converters who have been positive for more than two years).
 - 1.2.7.1 Nursing staff shall be responsible for annual nursing assessments of converters.
- 1.2.8 All reported exposure incidents are investigated, and appropriate recommendations are provided to the:
 - 1.2.8.1 Assistant Director for Human Resources/Development and the Deputy Director for Inmate Health Services.
 - 1.2.8.2 Warden, Deputy Warden or Administrator of the facility.
 - 1.2.8.3 Health Services Coordinator, Central Office.
 - 1.2.8.4 Occupational Health Unit at Central Office.
- 1.2.9 Epidemiological information involving inmates in the system is reported to the:
 - 1.2.9.1 Deputy Director for Inmate Health Services.
 - 1.2.9.2 Health Services Coordinator, Central Office
 - 1.2.9.3 Assistant Director for Human Resources/Development.
 - 1.2.9.4 Warden, Deputy Warden or Administrator of the facility.

- 1.2.9.5 Arizona Department of Health Services.
- 1.2.9.6 Occupational Health Unit at Central Office.
- 1.2.10 Appropriate diagnostic, treatment, prevention and laboratory services/equipment are available for use by health providers.
- 1.3 Wardens, Deputy Wardens and Administrators shall ensure that:
 - 1.3.1 Exposure incidents and suspected exposure incidents are reported to the OHU and the FHA as soon as possible after the incident occurs.
 - 1.3.2 Inmates with tuberculosis or other communicable diseases are transferred only in accordance with health care provider's directions.
 - 1.3.3 Appropriate PPE and engineering controls are available for inmate workers at each correctional facility.
- 1.4 Testing inmates who refuse to cooperate
 - 1.4.1 If an inmate refuses to submit to a PPD, chest x-ray or, in suspicious cases, a medical workup, the Correctional Registered Nurse shall attempt to gain the inmate's voluntary compliance by providing counseling regarding the intent of the test and the necessity to safeguard not only the inmate's health but the other inmates and staff.
 - 1.4.2 If an inmate does not cooperate after receiving counseling, the Correctional Registered Nurse Supervisor shall notify the FHA, who shall notify the Warden or designee.
 - 1.4.3 After being notified by the FHA, the Warden or designee shall:
 - 1.4.3.1 Facilitate the testing requirement by asking the inmate to sign the Involuntary Tuberculosis Tests, Form 1102-4P.
 - 1.4.3.2 If the inmate refuses to sign the form, note on the form that the inmate refused to sign.
 - 1.4.3.3 Inform the inmate that he or she will be secured to a maximum restraint chair or bed, if necessary, and tested.
 - 1.4.3.4 Ensure that necessary force is used if the inmate still refuses to cooperate. (After necessary force has been applied, a Correctional Registered Nurse shall administer the procedure).
 - 1.4.3.5 Ensure that the entire procedure is videotaped, including the instructions to the inmate and the application of necessary force.
 - 1.4.3.6 Ensure that the test is administered away from other inmates and not in an inmate housing area.

- 1.4.3.7 Ensure that the inmate is escorted to the Facility Health Unit at a prescribed time so the health staff can assess the skin test.
- 1.4.3.8 Ensure that inmates who are suspected to have tuberculosis wear a surgical/paper mask when they are transported.
- 1.4.3.9 Ensure that transportation staff are notified, on the Inmate Movement form, to use a High Efficiency Particulate Apparatus (HEPA) respirator when transporting an inmate with suspected or confirmed tuberculosis disease.

1.5 Diagnosis/Treatment - FHAs and key contact physicians shall ensure that:

- 1.5.1 Each case involving a positive PPD test is adequately investigated, and that 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:
 - 1.5.1.1 A chest x-ray within 72 hours after the positive PPD test.
 - 1.5.1.2 Baseline liver function tests (repeated according to clinical symptoms).
 - 1.5.1.3 Direct Observed Therapy (watch swallow).
 - 1.5.1.4 Transfer to a hospital when necessary.
- 1.5.2 A physician and nurse counsel an inmate who does not comply with treatment. If the inmate continues to refuse the medication, the inmate's noncompliance shall be documented in the medical record, and the Deputy Director for Inmate Health Services or designee shall be notified immediately.
- 1.5.3 All inmates suspected of tuberculosis disease (including those whose immune systems are suppressed), based on symptoms and/or clinical findings, and after consultation with the Deputy Director for Inmate Health Services or designee, are:
 - 1.5.3.1 Immediately placed in respiratory isolation.
 - 1.5.3.2 Issued a paper/surgical mask.
 - 1.5.3.3 Transferred, with the mask in place, to a hospital facility for appropriate therapy.
- 1.5.4 All health care provided to an inmate is chronicled in the inmate medical record.

1.6 Inmate medical records - The Deputy Director for Inmate Health Services shall ensure that:

- 1.6.1 Inmate medical records are maintained, retained, transferred and disposed of in accordance with Department Order #1104, Inmate Health Records.
- 1.6.2 Inmate medical information is released only in accordance with A.R.S. 41-1606, Release of Medical Information and Department Order #1104, Inmate Health Records.

1102.06 MANAGEMENT OF INMATES WHO TEST POSITIVE FOR HUMAN IMMUNODEFICIENT VIRUS (HIV)

- 1.1 Confidentiality of Information - Employees shall comply with confidentiality requirements established in section 1102.02 when supervising or treating inmates who test positive for HIV.
- 1.2 Administration and Management - Wardens, Deputy Wardens and Administrators shall protect the privacy of inmates who test positive for HIV by ensuring that they are:
 - 1.2.1 Housed in the general inmate population.
 - 1.2.2 Provided the same program considerations as any other inmate housed in the general inmate population.
 - 1.2.3 Isolated only when advised to do so by the Deputy Director for Inmate Health Services or the institution's FHA.
- 1.3 Medical Isolation - The attending physician shall:
 - 1.3.1 Determine whether an inmate who tests positive for HIV should be isolated for medical reasons.
 - 1.3.2 Document the need for medical isolation in the medical record of the inmate to be isolated.
 - 1.3.3 Notify the Deputy Director for Inmate Health Services within the first workday after placing an inmate in medical isolation.
 - 1.3.4 Release the inmate from medical isolation when the placement is no longer needed.
- 1.4 Placement for Medical Services
 - 1.4.1 The Deputy Director for Inmate Health Services shall:
 - 1.4.1.1 Determine where the needed medical services are most readily available for inmates who test positive for HIV.
 - 1.4.1.2 Forward a placement recommendation, if the needed medical services are not available at the inmate's location, to the Offender Services Bureau Administrator.
 - 1.4.2 The Offender Services Bureau Administrator shall:
 - 1.4.2.1 Arrange for the placement within ten workdays after receiving the recommendation, or;
 - 1.4.2.2 Arrange for an acceptable alternative placement if the Deputy Director for Inmate Health Services concurs.

1102.07 EXPOSURE CONTROL GUIDELINES

- 1.1 All body fluids can be potential and unknown sources of infection. Additionally, all communicable diseases may be transmittable before diagnosis is apparent. Diseases transmitted by airborne route remain subject to respiratory precautions. PPEs afford protection against bloodborne pathogens such as hepatitis and HIV.
- 1.2 Wardens, Deputy Wardens, Administrators and FHAs shall ensure that:
 - 1.2.1 Hand washing facilities are readily accessible to staff and inmates for immediate use after contamination.
 - 1.2.2 Inmates wash their hands immediately, or as soon as feasible, after removal of gloves or other personal protective equipment.
 - 1.2.3 Inmates wash their hands and any other skin with soap and running water, or flush mucous membranes with water, immediately or as soon as feasible following contact of these body areas with any bodily fluids.
- 1.3 See Department Order #116, Employee Communicable Disease Exposure Control Plan, for information concerning staff exposure, prevention, and reporting.

{Original Signature on File}

Terry L. Stewart
Director

ATTACHMENTS

Attachment A - Diseases To Be Reported (3 pages)

Attachment B - Positive Laboratory Findings (2 pages)

FORMS LIST

1102-4P, Involuntary Tuberculosis Tests

1102-5P, Authorization to Release Communicable Disease Information

DEFINITIONS

ACQUIRED IMMUNE DEFICIENCY (AIDS) - A human disease characterized by a collapse of the body's natural immunity against disease. Because of this failure of the immune system, patients with AIDS are highly vulnerable to one or more unusual infections or cancers that usually do not pose a threat to anyone whose immune system is functioning normally. AIDS diagnosis is made when the person is HIV positive and has had an AIDS-related disease occur.

BODY FLUIDS THAT TRANSMIT HIV AND HBV

- Blood
- Semen
- Vaginal Secretions
- Cerebrospinal Fluid
- Synovial Fluid
- Pleural Fluid
- Pericardial Fluid
- Peritoneal Fluid
- Amniotic Fluid
- Saliva (in dental setting)
- Unfixed tissue or organ (other than intact skin from a human, living or dead).
- HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV containing culture medium or other solutions.
- Any bodily fluid with visible blood present.

CARRIER - An infected person who harbors an infectious agent in the absence of clinical disease and who serves as a potential source of infection.

CASE - A person with a clinical syndrome of a communicable disease whose condition is documented by laboratory results that support the presence of the causative agent, by a physician's diagnosis based on clinical observation, or by epidemiologic associations with communicable disease, the causative agent or its toxic products.

CHEST X-RAY - An x-ray photograph of the chest that may provide evidence of whether the examined individual has been infected or is currently infected with a communicable disease (e.g., tuberculosis).

CHEST X-RAY REPORT - A written report from a physician explaining the results of a chest x-ray.

COMMUNICABLE PERIOD - The time during which an infectious agent may be transferred directly or indirectly from one person to the other.

COMPLIANCE - An inmate diagnosed with a communicable disease (e.g., tuberculosis) complies with this Order by taking medications as prescribed.

CONFIDENTIAL COMMUNICABLE DISEASE INFORMATION - Personal data that may be used to identify a particular patient, e.g., the patient's name, social security number and housing location, and which is derived from the patient's medical record or other source.

CONTACT - An individual (inmate or employee) who has shared air and/or living space with a person who has a communicable disease, resulting in the probability that the transmission of a communicable disease may have occurred.

CONTAMINATION - The presence of an infectious agent on a body surface; also on or in any object.

CONVERTER - An inmate who, within a two-year period, has had:

- An initial tuberculosis test without a "significant" reaction.
- A second test with a "significant" reaction, and a difference of six or more millimeters (mm) of induration between the two tests.

DECONTAMINATION - The use of physical or chemical means to remove, deactivate or destroy biological pathogens on a surface or item, to the extent that the pathogens are no longer capable of transmitting infectious particles, and the surface or item is rendered safe for handling, use or disposal.

DIRECT CONTACT - When a body fluid of one person comes into contact with the mucous membrane, body fluid or broken skin of another person.

ENGINEERING CONTROLS (TUBERCULOSIS) - Warning signs on acid-fast bacilli (AFB) isolation rooms that include "special respiratory isolation," "AFB isolation," and a description of the necessary precautions.

EPIDEMIOLOGICAL INFORMATION - The number of occurrences and distribution of a disease, which is released for statistical or public health purposes only after confidential medical record information has been deleted in a manner that prevents an individual from being identified.

EXPOSURE INCIDENT - As defined by OSHA, an incident in which visible blood or specific bodily fluids enter through an opening in the skin or mucous membranes.

FOOD HANDLER - Any inmate who prepares or serves food or who has direct contact with food.

FOOD BORNE/WATER BORNE - Means food or water serves as a source for the spread of disease or illness.

HIGH EFFICIENCY PARTICULATE APPARATUS (HEPA) - Respiration mask that filters out 95% of microns that are .1 to .5 microns in size.

HIGH-HAZARD PROCEDURES - Tasks identified by OSHA that require employees to wear HEPA respirator while performing the following tasks:

- Entering inmate rooms/cells.
- Performing nursing procedures on inmates, such as aerosolized medication treatment, bronchoscopy, sputum induction, endotracheal intubation and suctioning procedures.
- Transporting inmates in a vehicle.

HUMAN IMMUNODEFICIENT VIRUS (HIV) - A virus that infects and destroys certain white blood cells, thereby undermining that part of a person's immune system that normally combats infections and disease.

INFECTION CONTROL LIAISON - An "Authorized Representative" designated by a physician or health care administrator to perform specific tasks for the prevention, investigation, or reporting of a disease.

LOCAL HEALTH AGENCY - State or County Health Department.

MEDICAL ISOLATION - Isolation of one or more individuals, or groups from the general population.

PPD TEST - Mantoux tuberculin skin test consisting of an intradermal (within the skin) injection of five tuberculin units (0.1 cc) of purified protein derivative (PPD) to determine if antibodies to mycobacterium tuberculosis are present.

PERSONAL PROTECTIVE EQUIPMENT (TUBERCULOSIS) - Certified Particulate Respirators approved by the National Institute of Occupational Safety and Health (NIOSH) for high-risk tasks, or other respirators approved by OSHA for low-risk procedures.

POSITIVE PPD TEST - Evidence that may result from a PPD test that the tested inmate has been infected or is currently infected with mycobacterium tuberculosis.

- A reaction greater than 5 mm induration (temporary hardening and redness of the injection site) is considered positive in persons who have had close recent contact with an infectious person, in persons who have an abnormal chest x-ray consistent with tuberculosis, and in persons whose immune systems are suppressed or who are known to be infected with the human immunodeficiency virus.
- A reaction greater than 10 mm induration is considered positive for inmates and corrections staff.
- A reaction of 15 mm or greater is considered positive for the general public.

PROVIDER - A health care professional approved by the Chief of Health Services to provide counseling, HIV-related testing, diagnosis and other health services for inmates.

REQUIRED TRAINING - Information and training for employees with occupational exposure that addresses the nature and transmissibility of communicable diseases; the risk factors for disease development; the signs, symptoms, diagnosis and treatment of communicable disease; reporting procedures relative to patient/inmate symptomatology; and the proper use of engineering controls, universal precautions and PPE appropriate to the workplace to reduce employee exposure.

STATEMENT OF CONFIDENTIALITY - The following explanation, which the Department issues to the recipient of confidential communicable disease information: "This information has been disclosed to you from records that are required by law to be confidential. State law prohibits you from making any further disclosure of this information without the specific written consent of the person to whom it pertains. Any person who violates this rule by releasing or publicizing this confidential communicable disease information is guilty of a Class 3 Misdemeanor (A.R.S. 36-140)."

SUSPECTED TUBERCULOSIS DISEASE - When an inmate has been identified as having symptoms consistent with tuberculosis, which the Centers for Disease Control and Prevention have identified as productive cough, coughing up blood, weight loss, loss of appetite, lethargy, weakness, night sweats, or fever.

TUBERCULOSIS DISEASE - A chronic pulmonary and extrapulmonary infectious disease caused by the tuberculosis bacillus, specifically pulmonary and laryngeal, are spread through the air. (Multidrug-resistant tuberculosis is a tuberculosis organism that is resistant to drugs prescribed for patients infected with tuberculosis).

TUBERCULOSIS INFECTION - Evidence that may result from a positive PPD test that the person has been infected or is currently infected with mycobacterium tuberculosis.

UNIVERSAL PRECAUTIONS (TUBERCULOSIS) - Safety procedures that are designed to eliminate or minimize exposure incidents involving tuberculosis, including hand-washing; proper use by employees of PPE (including HEPA respirators for high-risk procedures or other respirators approved by OSHA for low-risk procedures); transfer restrictions of inmates with confirmed or suspected tuberculosis until they have been medically evaluated and cleared to be non-contagious; requiring employees to require inmates with suspected or confirmed tuberculosis to wear surgical masks during transfer between protective environments; reporting tuberculosis cases as required by law; and directly observed therapy (tracking inmates with tuberculosis disease and tuberculosis infection to make sure that they are taking their medications). **When the need to do so is identified by Health Services staff**, employees are required to use HEPA respirators when they:

- Enter isolation rooms or other rooms housing inmates with suspected or confirmed infectious tuberculosis disease.
- Perform high-hazard procedures on inmates who have suspected or confirmed tuberculosis disease.
- Transport inmates in a vehicle.

AUTHORITY

A.R.S. 13-1210, Assaults on officers; HIV testing; petition; hearing; notice; definition.

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 to Provide a Safe Work Place.

A.R.S. 23-404, Employee's Duty to Comply with Occupational Safety and Health Standard.

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

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

A.R.S. 41-1606, Release of Medical Information

A.A.C. R9-6-601, Diseases Declared Communicable.

A.A.C. R9-6-605, Confidentiality of Communicable Disease Information.

A.A.C. R9-6-701 et seq, Control Measures for Communicable and Preventable Diseases.

A.A.C. R4-13-101 et seq, The Industrial Commission of Arizona.

Code of Federal Regulations, Title 29, Part 1910 et seq, OSHA General Duty Requirement.

DISEASES TO BE REPORTED

The following diseases shall be reported to the county Health Department (or Indian Health Service Unit) within:

- = Five days
- = Twenty four hours
- = Twenty four hours if related to a food handler

- Amebiosis
- Anthrax
- Aseptic Meningitis (viral)
- Botulism
- Brucellosis
- Campylobacteriosis
- Chancroid (*Haemophilus ducreyi*)
- Chlamydia
- Cholera
- Coccidioidomycosis (Valley Fever)
- Colorado Tick Fever
- Conjunctivitis: Acute
- Cryptosporidiosis
- Dengue
- Diphtheria
- Ehrlichiosis
- Encephalitis: Viral
- Escherichia Coli O157:H7 infectious
- Foodborne/Waterborne Illness (Unspecified Agent)
- Giardiasis
- Gonorrhea
- Haemophilus Influenzae*: Invasive Disease
- Hantavirus Infection

ATTACHMENT A

- Hepatitis A
- Hepatitis B and Delta Hepatitis
- Hepatitis C
- Hepatitis Non-A, Non-B
- Herpes Genitalis
- Human Immunodeficiency Virus (HIV) Infection and Related Disease
- Human T-cell Lymphotropic Virus (HTLV-I/II) Type I and II Infection
- Legionellosis (Legionnaires= Disease)
- Leprosy (Hansen=s Disease)
- Leptospirosis
- Listeriosis
- Lyme Disease
- Malaria
- Measles (rubeola)
- Meningococcal invasive disease
- Mumps
- Pertussis (whooping cough)
- Plague
- Poliomyelitis
- Psittacosis (Ornithosis)
- Q Fever
- Rabies in Humans
- Relapsing Fever (Borreliosis)
- Reye Syndrome
- Rocky Mountain Spotted Fever
- Rubella (German measles)
- Rubella Syndrome, Congenital

- Salmonellosis
- Scabies
- Shigellosis
- Streptococcal Group A: Invasive Disease
- Streptococcal Group B: Invasive Disease in Infants Less Than 30 Days of Age
- Syphilis
- Taeniasis
- Tetanus
- Toxic Shock Syndrome
- Trichinosis
- Tuberculosis
- Tularemia
- Typhoid Fever
- Typhus Fever: Flea-borne
- Vancomycin resistant Enterococcus sp.
- Vancomycin resistant Staphylococcus aureus
- Vancomycin resistant Staphylococcus epidermidis
- Varicella (Chickenpox)
- Vibrio infection
- Yellow Fever
- Yersiniosis

POSITIVE LABORATORY FINDINGS

(Reportable to the Arizona Department of Health Services)

- Bordetella pertussis
- Brucella sp.
- Campylobacter sp.
- Chlamydia trichomatous
- Coccidioides immitis: culture or serologies
- Cryptosporidium sp.
- Escherichia coli O157:H7
- Group A Streptococcus; isolated from normally sterile site, tissue or body fluid
- Group B Streptococcus: isolated from normally sterile site, tissue or body fluid
- Hantavirus
- Hemophilus influenza type b: isolated from normally sterile sites
- Hepatitis A Virus, symptomatic (anti HAV-IgM serologies)
- Hepatitis B Virus, symptomatic (anti-Hepatitis B core-IgM serologies and Hepatitis. B surface antigen serologies)
- Hepatitis C Virus (anti-Hepatitis C RIBA, PCR or other confirmatory test)
- Hepatitis Delta Virus
- Human Immunodeficiency Virus (HIV)
- Human T-cell Lymphotropic Virus type I and II
- Legionella sp.: Culture or DFA
- Listeriosis sp.: culture isolated from normally sterile sites only
- Mycobacterium tuberculosis and its drug sensitivity patterns
- Neisseria gonorrhoeae
- Neisseria meningitidis isolated from normally sterile sites
- Plasmodium sp.
- Streptococcus pneumoniae and its drug sensitivity pattern; culture isolated from normally sterile sites only
- Treponema palladium (syphilis)

- Vancomycin resistant Enterococcus
- Vancomycin resistant Staphylococcus aureus
- Vancomycin resistant Staphylococcus epidermidis
- Vibrio sp.
- Yersinia sp.