

 <p style="text-align: center;">KENTUCKY CORRECTIONS Policies and Procedures</p>	Policy Number	Total Pages
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Authority/References KRS 196.035, 196.171, 197.020, 438.250 OSHA 1910.1030, 1910.134 CPP 4.7, 4.8, 4.9 ACA 4-4355, 4-4354(M), 2-CO-4D-01, 2-CO-1E-01	Subject SERIOUS INFECTIOUS DISEASE	

I. DEFINITIONS

“Blood-borne pathogens” means pathogenic microorganisms present in human blood which may cause disease in humans, including Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV). Other pathogenic microorganisms may be identified or present during acute phases of other infectious diseases.

“Employee disease exposure kit” means an informational packet on procedures to follow after an occupational exposure to a possible serious infectious disease.

“Environmental controls” means guidelines or processes for promptly detecting infectious disease and evaluating environmental concerns.

“High risk behavior” means behavior which creates the possibility of transmitting a serious infectious disease, including tattooing, sexual contact, needle use, fighting or assaultive behavior, self-mutilation and body piercing.

“Infectious disease coordinator” means a designated medical staff in the Health Services Division appointed by the Commissioner to oversee infectious disease issues in Adult Institutions throughout Corrections.

“Occupational exposure” means a specific eye, mouth or other mucous membrane, non-intact skin or wound which comes in contact with blood or other potentially infectious material that may occur in the performance of an employee’s duties.

“Personal protective equipment” (PPE) means specialized clothing or equipment which does not permit blood or other potentially infectious material to pass through or reach the employee’s clothes or body and may include protective gloves, mask, protective shield, eye protection, mouthpiece or gown.

Policy Number	Effective Date	Page
13.10	February 4, 2025	2

“Serious infectious disease” means tuberculosis, HIV or AIDS, hepatitis or other communicable disease that may pose a significant health risk.

“Universal precautions” means an approach to infection control that treats all human blood and certain human fluids, including semen and vaginal fluids, as if these are infected with HIV, Hepatitis B, Hepatitis C or other bloodborne pathogens.

II. POLICY AND PROCEDURE

A. Implementation

1. The Commissioner shall designate an Infectious Disease Coordinator.
2. The Infectious Disease Coordinator shall:
 - (a) be responsible for coordinating infectious disease issues at the institutional level throughout Corrections;
 - (b) remain informed of the current standards;
 - (c) maintain specific guidelines and recommendations; and
 - (d) advise and update the institutions of the guidelines and change in recommendations.
3. Each institution shall designate a medical staff manager to oversee serious infectious disease issues at the institutional level through the Infectious Disease Coordinator.
4. Under the direction of the Infectious Disease Coordinator, the medical staff manager of each institution shall implement procedures to identify and assess serious infectious disease related health risks and implement practices and procedures which reduce disease exposure.
5. All procedures shall conform to current standards of medical practice and take into consideration established guidelines and recommendations from:
 - (a) The Center for Disease Control and Prevention (CDC);
 - (b) The CDC’s Advisory Committee for Immunization Practices (ACIP);
 - (c) The Occupational Safety and Health Administration (OSHA);
 - (d) The National Institutes for Occupational Safety and Health (NIOSH); and
 - (e) The Department of Health and Human Services (DHHS).

B. Training

1. Staff shall receive training as required in KRS 196.171 and the Staff

Policy Number	Effective Date	Page
13.10	February 4, 2025	3

Training policies, CPPs 4.7, 4.8 and 4.9. This shall include training in universal precautions and airborne diseases precautions.

2. At the institution, staff shall receive training in bloodborne pathogens and tuberculosis in a two (2) hour orientation program. The person conducting this mandatory training shall be knowledgeable in the subject matter as it relates to the workplace.
3. Annual updates on bloodborne pathogens and tuberculosis shall be provided within one (1) year of the previous training.
4. Training records shall be maintained as required in CPPs 4.7, 4.8 and 4.9.

C. Disease Prevention

Serious infectious disease and health risks leading to disease may be identified by various means including health screening, risk assessment, physical examination, laboratory report, personal history, injury report and training and education. Staff shall be encouraged to participate in any immunization program offered by the institution for disease prevention.

D. Assessment

1. Upon entering Corrections, an inmate shall receive information regarding serious infectious diseases. The information shall be updated to reflect more recent medical findings. The staff involved in delivering this information shall be knowledgeable in the subject matter.
2. During the intake screening, all admissions shall be interviewed to identify an inmate who may have, or is at risk of, a serious infectious disease.
3. Upon receiving any intrasystem transfer, an inmate shall be interviewed by medical staff to identify the presence or risk of a serious infectious disease.
4. If an inmate is suspected of being in a situation involving a high risk of exposure to a serious infectious disease, he shall submit to testing deemed necessary by the appropriate medical staff, which may include:
 - (a) an x-ray;
 - (b) a skin test;
 - (c) a sputum test;
 - (d) a blood test; or
 - (e) other test necessary to diagnose a serious infectious disease.

Policy Number	Effective Date	Page
13.10	February 4, 2025	4

5. An inmate shall be tested for TB upon his admission to Corrections.
6. An inmate shall submit to TB testing annually in his birth month. The schedule for testing shall be established and conducted at the institution that the inmate is housed.
7. If an inmate is diagnosed with active TB or converts his TB Test, he shall submit to examination, testing and treatment determined necessary by the appropriate medical staff.
8. If an inmate is diagnosed with a serious infectious disease, he shall follow all reasonable precautions to prevent the transmission of the disease as instructed by the medical department, including:
 - (a) use of personal protective equipment; and
 - (b) avoidance of high risk behavior.

E. Universal Precautions

Universal Precautions shall be used to prevent contact with blood or other potentially infectious material.

1. Handwashing

Hands shall be washed:

- (a) after touching blood, body fluids, secretions, excrement, or a contaminated item, regardless of whether gloves are worn;
- (b) immediately after gloves are removed; and
- (c) if otherwise indicated to avoid transfer of a serious infectious disease.

2. Personal Protective Equipment (PPE)

PPE shall be available to each employee. If there is a high risk of exposure to a serious infectious disease, if administering cardio-pulmonary resuscitation (CPR) the appropriate PPE shall, if readily available, be used. PPE shall include:

(a) Disposable Gloves

Disposable, single use, gloves shall be worn during a procedure if there is contact with potentially infectious body fluids of another

Policy Number	Effective Date	Page
13.10	February 4, 2025	5

person. Hands shall be washed immediately after completing the procedure.

- (b) Mask, eye protection, face shield or gown

A mask, eye protection or a face shield shall be worn to protect mucous membranes of the eyes, nose, and mouth during a procedure if conditions are likely to generate splashes or sprays of blood, body fluids, secretions and excretions.

- (c) Reusable Equipment: shields, handcuffs, duffel bags, restraints, and so on.

Reusable Equipment shall not be used on another person until it is properly cleaned and disinfected. Commercial products shall be available for disinfecting.

- (d) Microshields

A microshield shall be used if administering CPR.

If rescue breathing or other occupational exposure occurs during CPR in the absence of a microshield, the employee involved shall be issued an employee disease exposure kit and referred to the institution's Medical Department or to the local community medical facility for follow-up.

- (e) Disposable Equipment

Disposable or a single-use item including a microshield, flexcuff or plastic bag shall be properly discarded.

- (f) Any vehicle used to transport an inmate shall be equipped with the appropriate PPE.

F. Environmental Controls

All areas shall be routinely cleaned and disinfected according to institutional procedures which meet OSHA standards as outlined under (d) Method of Compliance and (4) Housekeeping, Bloodborne Pathogens 1910.1030 published by the Kentucky Labor Cabinet.

Environmental Controls may include negative pressure room, ventilation system, microbial filtration device, disinfectant including a germicidal, bleach, and soap that isolates or removes pathogens from the work and living environment.

Policy Number	Effective Date	Page
13.10	February 4, 2025	6

G. Occupational Health and Responsibilities

Staff shall be responsible for preventing injury if using a needle, scalpel or other sharp instrument or device. A used needle shall not be recapped or manipulated by hand. A used disposable syringe and needle, scalpel blade or other sharp item shall be placed in an appropriate puncture-resistant container located as close as practical to the area in which the item is used.

H. Airborne Precautions

1. Airborne precautions shall be used for a person known or suspected of being infected with a disease like TB that is transmitted through the air. Exposure may occur during coughing, sneezing or talking. Medical Staff shall advise of proper precautions.
2. An inmate suspected of having an airborne disease shall wear a surgical mask during contact with another person.
3. If having contact with an inmate suspected of having an airborne disease, an employee shall wear an OSHA approved mask and shall follow proper procedures as instructed by the medical department to insure an adequate fit. Airborne precautions shall meet OSHA Standard 1910.134.

I. Institutional Housing

1. If an inmate is diagnosed with a serious infectious disease, he shall be maintained in housing appropriate to:
 - (a) control and reduce the risk of transmission of the disease as long as medically necessary; or
 - (b) control the high risk behavior of the inmate.
2. The Medical Director shall work with the Classification Branch Manager to determine appropriate institutional housing to meet the medical and security needs of the inmate. Appropriate housing may include isolation or quarantine.

J. Work Assignments

An inmate diagnosed with a serious infectious disease shall be eligible to receive a work assignment, which is consistent with his medical status. The risk of transmission of the disease shall be considered in making a work assignment. An inmate known to have a serious infectious disease shall not be assigned to the Food Service Department.

Policy Number	Effective Date	Page
13.10	February 4, 2025	7

K. Laundry

All laundry that may be contaminated shall be double bagged using a water-soluble bag as the inner bag. A written notification shall be attached to the bag noting its contents. An employee who has contact with contaminated laundry shall wear protective gloves and PPE. Contaminated laundry shall be bagged at the location of use. Laundry shall not be sorted or rinsed at the location of use. The contaminated laundry shall be transported to the Laundry. Contaminated laundry shall be washed in hot water, preferably with bleach, to kill pathogenic microorganisms.

L. Infectious Waste

Infectious waste handling and discarding shall meet the specifications set forth in OSHA standard 1910.1030. Each institution shall follow its waste management and waste handling policies.

M. High Risk Behavior

1. The following shall be reported to the Medical Department as soon as possible for necessary testing and follow-up:
 - (a) an exposure to blood; or
 - (b) an inmate has engaged in, or is suspected of, high risk behavior.
2. If an employee has an occupational exposure to a possible serious infectious disease, he shall be issued an employee disease exposure kit.
3. An inmate involved in high risk behavior shall be referred to the Medical Department. The inmate may be charged with the appropriate offense outlined in CPP 15.2 Offenses and Penalties.
4. If an inmate is charged with an offense for high risk behavior, the investigating officer shall, prior to a disciplinary hearing, immediately notify the Medical Department. The medical staff manager shall review the offense to determine if testing is necessary.
5. The medical staff manager and designated security staff shall determine if additional action is necessary to control the inmate's behavior and reduce the risk of transmission of the disease. This information shall be forwarded to Classification Staff for appropriate classification action.

Policy Number	Effective Date	Page
13.10	February 4, 2025	8

6. An inmate who voluntarily engages in high risk behavior shall be charged the fee for testing in accordance with KRS 197.020 and CPP 13.2 and 15.2.

N. Refusal or Interfering with Health Care

1. If an inmate refuses the care that is deemed appropriate by medical staff for assessment or treatment pursuant to the provisions of this policy, he shall be subject to disciplinary action as a Category VI offense under CPP 15.2 Offenses and Penalties.
2. If an inmate creates a health hazard by conduct that may spread a serious infectious disease, he shall be subject to disciplinary action as a Category VI offense under CPP 15.2 Offenses and Penalties.

O. Confidentiality

The inmate's institutional file, offender record and medical record, including all information related to the inmate's serious infectious disease, shall be confidential. Access to a medical record shall be restricted to the medical staff who may communicate information within the medical department if necessary in the course of the inmate's medical care. Information regarding the inmate's medical condition may be provided to other staff if a legitimate need to know is established. This shall include any disciplinary report and life threatening situation. Every effort shall be made to contain sensitive information. Communication shall be limited to individuals who have to make a decision based on accurate information.