

<b>POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION</b>	<b>POLICY NUMBER B-01</b>	<b>PAGE NUMBER 1 of 14 plus attachments</b>
	<b>RELATED NCCHC/ACA STANDARDS:</b> P-B-01; P-C-04; J-B-01; J-C-04 (Essential)/ 4-4281, 4-4354, 4-4355, 4-4356, 4-4357, 4-4358, 4-4386, 4- 4387, 4-ACRS-4C-08; 4-ACRS-4C-09; 4-ACRS-4C-10 and 2-CO-4E-01	
<b>CHAPTER: 11 BUREAU OF CORRECTIONAL HEALTHCARE SERVICES</b>	<b>SUBJECT:</b> INFECTION CONTROL PROGRAM	
<b>EFFECTIVE DATE: 11/14/07</b>	<b>REVISED: 4/13/09; 7/30/2010; 1/23/15; 9/23/15; 8/29/2016</b>	
<b>APPROVED FOR PUBLIC RELEASE</b>		

- I. AUTHORITY: Bureau of Correctional Healthcare Services (BCHS)
- II. PURPOSE: To provide knowledge and supplies that will help the healthcare provider in maintaining an environment that reduces unnecessary exposure to infectious and communicable diseases for offenders, security and healthcare staff.
- III. APPLICABILITY: All Delaware Department of Correction (DDOC) employees and Contract Provider staff, offenders, and any outside healthcare provider servicing DOC offenders.
- IV. DEFINITIONS: See glossary.
- V. SUMMARY OF CHANGES: Added the Delaware Hepatitis C treatment policy
- VI. POLICY:
- A. It is the policy of the DDOC that the Infection Control Program will follow the guidelines and recommendations of The Centers for Disease Control and Prevention (CDC), the Occupational Safety and Health Administration (OSHA) and other pertinent recommendations related to infection control such as the Federal Bureau of Prison (BOP).
    1. Infection control recommendations for surveillance, containment, testing, decontamination, sterilization and proper disposal of sharps and biohazardous wastes are found in the Contract Medical Provider's Exposure Control Plan and Infection Control Manual.
  - B. It is the policy of the DDOC that offenders will be screened for infectious diseases, offered treatment as appropriate and be enrolled in the appropriate Chronic Care Clinic as necessary for those conditions which require ongoing treatment and monitoring.

STATE OF DELAWARE DEPARTMENT OF CORRECTION	POLICY NUMBER B-01	PAGE NUMBER 2 of 18
SUBJECT: INFECTION CONTROL PROGRAM		

1. The DDOC contracts with medical contractors to provide all the direct medical and dental care for offenders in accordance with BCHS policy 11-A-01, *Access to Care*.
  2. As a general rule, every attempt to house offenders in general population will be made unless there is specific contagiousness than requires separation from the general population, e.g. active ectoparasites, suspected active TB infection, or those with uncontrolled vomiting or diarrhea.
- C. It is the policy of the DDOC that BCHS will provide selected prevention strategies such as immunizations, e.g. Hepatitis B vaccine, Influenza vaccine and educational programs to DDOC employees on a voluntary basis to mitigate the potential of an occupational exposure to an infectious disease.
- D. It is also the policy of the DDOC that some prevention strategies are mandatory, such as an annual Tuberculosis (TB) Skin Test for all offenders, DDOC employees, employees of other state agencies that routinely work in DDOC facilities, contract provider employees, and volunteers who regularly interact with offenders under the custody of the DDOC.
1. The requirements for these mandatory prevention programs may be met by obtaining the testing through scheduled DDOC programs or by obtaining the testing through the employee's private physician and submitting the results to the BCHS.
- E. In accordance with BCHS policy 11-A-0-9, *Privacy of Care*, healthcare encounters are carried out in a manner and location that promotes confidentiality within the dictates of security and safety. Whenever possible clinical encounters and discussions occur in private, without being observed or overheard. Security staff is present during clinical encounters only if the patient poses a probable risk to the safety of the healthcare professional or others.
- F. The Contract Medical Provider, in consultation with BCHS, will develop an Infection Control Manual and the Contract Medical Provider leadership at each Level 4 and Level 5 facility will develop site-specific procedures to implement this policy and the Contractor Medical provider's Infection Control Manual.

## VII. PROCEDURES:

### A. Orientation and Training

<p style="text-align: center;"><b>STATE OF DELAWARE</b> <b>DEPARTMENT OF CORRECTION</b></p>	<p style="text-align: center;"><b>POLICY NUMBER</b> B-01</p>	<p style="text-align: center;"><b>PAGE NUMBER</b> 3 of 18</p>
<p><b>SUBJECT: INFECTION CONTROL PROGRAM</b></p>		

1. DDOC employees: All Correctional and Probation Officers will be provided initial training during the Correction Employee Initial Training (CEIT) and Basic Officer Training Courses (BOTC) on infection control, fit testing with the N-95 mask and exposure control and during the refresher training.
2. Contract Providers employees: All Contract Provider staff who have more than once monthly contact with offenders will be provided initial and annual training on infection control, fit testing with the N-95 mask and exposure control.
3. All infection control and communicable disease orientation and annual training lesson plans must be approved by the Responsible Health Authority.

**B. Contract Medical Provider Exposure Control Plan and Infection Control Manual**

1. The Contract Medical Provider will submit a site-specific Exposure Control Plan and Infection Control Manual for each Level 4 and Level 5 facility outlining a plan for site-specific surveillance for infectious and communicable disease, prevention, control of communicable disease and fit-testing of the N-95 mask.
2. The site Health Services Administrator or designee completes and files all communicable disease reports with local, state and federal rules and regulations. These reports must also be reported monthly during the Medical Advisory Committee (MAC) meetings (Attachment A).

**C. Ectoparasites**

1. Ectoparasites are insects such as fleas, lice, pediculosis or scabies which live on the skin and have significant potential to spread within a facility and cause secondary infections.
2. Every offender will be screened during the Intake Screening process by a Registered Nurse to identify offenders with an ectoparasite infection and if infected, housed in the infirmary until treated and the infection is eradicated.

STATE OF DELAWARE DEPARTMENT OF CORRECTION	POLICY NUMBER B-01	PAGE NUMBER 4 of 18
SUBJECT: INFECTION CONTROL PROGRAM		

3. The site-specific Exposure Control Plan and Infection Control Manual must include a plan to identify, treat and prevent contagion through clothing, bedding, etc.
4. Offenders identified as having ectoparasites will be housed in a single-cell until treatment is completed.
5. The incidence of ectoparasite infestation will be reported monthly through the MAC meetings (Attachment A).

#### D. Air-borne Infection

1. Air-borne Infections are those communicable through spread of droplets produced by coughing and sneezing. Examples of air-borne infections are tuberculosis and influenza.
2. The site-specific Exposure Control Plan and Infection Control Manual must include a plan to identify, treat and prevent contagion for air-borne infections.

#### E. Tuberculosis (TB)

1. The facilities of the DDOC are categorized as a "non-minimal risk" for TB as defined by the CDC MMWR 55(RR09); 1-44.
2. TB offender screening
  - a. Every offender undergoes an Intake Screening in Booking and Receiving within two hours of arrival which includes among other screens (refer to policy 11-E-02 *Receiving Screening-Intake*);
    - i. a review of previous positive Tuberculin Skin Tests, previous LTBI treatment, the presence of symptoms of TB; i.e. persistent cough (one lasting greater than 3 weeks), blood-tinged sputum, lethargy, generalized weakness, unexplained weight loss, loss of appetite, fever or night sweats;
    - ii. a Tuberculin Skin Test placed on the left forearm unless there is documentation in iCHRT of a previously positive Tuberculin Skin

**SUBJECT:** INFECTION CONTROL PROGRAM

- Test. If there is no documentation available of the previously positive test the offender will have the Tuberculin Skin Test placed. The Tuberculin Skin Test and blood tests to detect TB infection are not contraindicated for persons who have been vaccinated with Bacillus Calmette-Guerin (BCG) vaccine. BCG vaccination status does not affect the interpretation of a positive PPD test. TB skin testing is considered both valid and safe throughout pregnancy;
- iii. the Tuberculin Skin Test may be deferred if a previous Tuberculin Skin Test was performed within the previous 6 weeks in the DDOC and the results are annotated in iCHRT;
  - iv. during Intake Screening a Release of Medical Information Form is obtained from the offender to query pharmaceutical databases to determine if the offender has been prescribed any immunosuppressive medicines that may make them more susceptible to TB such as HIV medications, anti-tumor necrosis factor agents, (e.g. Humira or Remicade), long-term corticosteroids or transplant anti-rejection medications, (Cellcept, tacrolimus or cyclosporine). Offenders having been prescribed these medications will have a Tuberculin Skin Test placed as listed above but may have a false negative Tuberculin Skin Test result and may require a chest x-ray to be performed.
  - v. The iCHRT will automatically schedule a reading and measurement of the Tuberculin Skin Test by medical personnel who will annotate the reading and measurement in the iCHRT immunization module.
  - vi. Offenders who have a previous history of active TB disease (not LTBI) will not have the Tuberculin Skin Test placed and will be housed in airborne infection isolation (AII), also known as the negative pressure room in the infirmary until a chest x-ray is

<b>STATE OF DELAWARE DEPARTMENT OF CORRECTION</b>	<b>POLICY NUMBER B-01</b>	<b>PAGE NUMBER 6 of 18</b>
<b>SUBJECT: INFECTION CONTROL PROGRAM</b>		

interpreted as negative, or until a Pulmonary consultation is completed.

b. Annual TB screening

- i. Every offender will have an annual TB skin test unless there is documentation in iCHRT of a previous positive test. These annual tests are automatically scheduled through iCHRT based upon the previous negative skin test date. Any offenders refusing TB skin testing will be housed in AII, also known as the negative pressure room in the infirmary until the skin test is completed and referred for possible disciplinary action.

c. Chronic Care Clinic

- i. For purposes of offenders entering or housed in a DDOC facility, an area of induration (not erythema) of 5mm will be considered a positive TB skin test result.
- ii. Those offenders who have a newly positive TB skin test will be referred for a chest x-ray within 3 days and enrolled into the Pulmonary Chronic Care Clinic.

d. Latent Tuberculosis Infection (LTBI) Treatment guidelines

- i. Every newly diagnosed LTBI offender will be offered treatment. The treatment guidelines are based upon current CDC guidelines (Attachment B) and as such are not mandatory and may be modified at the discretion of the treating provider. However, the reason for deviating from the CDC guidelines must be annotated in iCHRT.
- ii. Offenders who refuse LTBI treatment shall be enrolled into the Pulmonary Chronic Care Clinic and during each visit counseled concerning the risk of developing active TB disease and the refusal and counseling will be noted in the iCHRT Progress notes.

e. Active TB Disease

<p style="text-align: center;">STATE OF DELAWARE DEPARTMENT OF CORRECTION</p>	<p style="text-align: center;">POLICY NUMBER B-01</p>	<p style="text-align: center;">PAGE NUMBER 7 of 18</p>
<p><b>SUBJECT: INFECTION CONTROL PROGRAM</b></p>		

- i. Those offenders who have a chest x-ray suggestive of active TB disease will be housed in the AII until a Pulmonary Consultation is obtained.
  - ii. During transportation and anytime the offender is outside the AII they must wear a surgical mask and DDOC personnel and Contract Provider staff will wear an N-95 mask.
  - iii. Offenders with active TB disease are beyond the scope of care for a DDOC infirmary and must be treated as an in-patient in a local medical facility under the care of the Pulmonologist with discharge back to the facility only after the offender has been on anti-tubercular medication and is no longer contagious, usually after a number of weeks on anti-tubercular medication. If during an offender's treatment while incarcerated, there is question of possible contagion, the site Medical Director may transfer the offender back into AII until Pulmonary Consultation is obtained.
  - iv. If an offender has active tuberculosis and refuses treatment, he will be placed in an AII. The offender will be housed in that area until such time as they are no longer considered contagious. The offender will be considered for referral to the DAG and Division of Public Health for forced medication under policy 11-I-2.1 *Non-Emergency Involuntary Medication Administration* and Public Health Policies.
3. DDOC and Contract Provider employee screening and follow-up
- i. As a condition of employment, all DDOC employees, state employees of other agencies, i.e. Department of Education employees and Contract Provider employees who, on average have more than once monthly contact with or will be working in areas where offenders are present; and Contract Provider Staff who have more than once monthly contact with or will be working in areas

<b>STATE OF DELAWARE DEPARTMENT OF CORRECTION</b>	<b>POLICY NUMBER B-01</b>	<b>PAGE NUMBER 8 of 18</b>
<b>SUBJECT: INFECTION CONTROL PROGRAM</b>		

where offenders are present will have a pre-employment Tuberculin Skin Test or QuantiFERON-TB Gold, or T-Spot blood test performed with the results submitted to BCHS personnel. If the Tuberculin Skin Test is performed by the employee's or contractor staff's private physician, the results must include the date and reading measurement of the area of induration, along with the lot number of the serum used in testing and the printed name and signature of the licensed medical personnel measuring the result. If the blood test is performed a copy of the laboratory report must be submitted to BCHS. If the blood test result is indeterminate the test or a Tuberculin Skin Test must be repeated.

- ii. If the DDOC prospective employee or contractor staff has a positive Tuberculin Skin Test or blood test result they must contact their DDOC or contractor supervisor to annotate a First Notice of Injury Worker's Compensation Claim which will enable them to obtain a chest x-ray and follow-up with either their private physician or the state Public Health Clinic. Contract Provider staff and volunteers must follow-up with their private physician and submit documentation of testing, chest x-ray, and/or LTBI prophylaxis as needed to BCHS. Before they may begin employment they must have documentation of a normal chest x-ray or being appropriately treated by a private physician or Public Health Clinic. A current DDOC employee is not relieved from duty pending the chest x-ray report. The x-ray report must be forwarded to BCHS as soon as possible after the positive skin test result is noted.
- iii. As a condition of continued employment, all DDOC employees, state employees of other agencies, i.e. Department of Education

<b>STATE OF DELAWARE DEPARTMENT OF CORRECTION</b>	<b>POLICY NUMBER B-01</b>	<b>PAGE NUMBER 9 of 18</b>
<b>SUBJECT: INFECTION CONTROL PROGRAM</b>		

employees and Contract Provider employees who, on average have more than once monthly contact with or will be working in areas where offenders are present; and contractor staff who have more than once monthly contact with or will be working in areas where offenders are present will have an annual Tuberculin Skin Test or blood test. The Contract Medical Provider will provide annual skin tests for those DDOC or Contract Provider employees who wish to have their test performed by the Department. The DDOC employee has the option of having the skin test or blood test performed by their private physician and submitting the reports to BCHS. If the employee chooses to have their private physician perform the annual tests any co-payments are the responsibility of the employee. Contractor staff and volunteers must follow-up with their private physician and submit documentation of testing, chest x-ray, and/or LTBI prophylaxis as needed to BCHS.

- iv. If an employee or contractor staff has a newly positive Tuberculin Skin Test or blood test they must have a chest x-ray performed to rule out active TB disease before they may return to work.
- v. DDOC employees that refuse to have the annual testing will be subject to disciplinary action. Contractor Provider staff that refuse will have their security clearance suspended pending review by DDOC.
- vi. The Contract Medical Provider provides annual fit-testing of the N-95 mask worn by Correctional Officers when assigned to the infirmary or pharmacy, performing medical runs, and to all medical and behavioral health contractor staff.

#### 4. DDOC Volunteers

<b>STATE OF DELAWARE DEPARTMENT OF CORRECTION</b>	<b>POLICY NUMBER B-01</b>	<b>PAGE NUMBER 10 of 18</b>
<b>SUBJECT: INFECTION CONTROL PROGRAM</b>		

- i. As a condition of volunteering, all DDOC volunteers who have more than once monthly contact with offenders will have a pre-volunteer and annual TB skin test or QuantiFERON-TB Gold, or T-Spot blood test performed with the results submitted to BCHS personnel as noted above. The skin test may be obtained through BCHS or their private physicians.
- ii. Those volunteers who have a positive TB skin test will be referred to their private physician for follow-up and must present the results of their chest-x-ray to BCHS before volunteering or continuing to volunteer.
- iii. DDOC volunteers that refuse to have the annual testing will have their clearance to enter facilities suspended until the results are submitted:

**F. Influenza**

1. The DDOC offers influenza vaccine to all offenders, DDOC employees and contractor employees to minimize the risk of an in-house endemic.
2. In the United States, flu season occurs in the fall and winter. The peak of flu season has occurred anywhere from late November through March. The site-specific Exposure Control Plan and Infection Control Manual must include a plan to identify, treat and prevent influenza contagion and submit a weekly report of Influenza-like Illnesses (ILI) to BCHS based upon the iCHRT Sick Call requests for ILI.
3. Offenders who have a characteristic fever will have a nasal swab submitted to the Public Health Laboratory to confirm and identify the type of influenza for reporting purposes.
4. Treatment of Influenza will be based upon CDC Guidelines for influenza (Attachment B).

<b>STATE OF DELAWARE DEPARTMENT OF CORRECTION</b>	<b>POLICY NUMBER B-01</b>	<b>PAGE NUMBER 11 of 18</b>
<b>SUBJECT: INFECTION CONTROL PROGRAM</b>		

5. In times of very high prevalence of influenza in Delaware as reported by the CDC FluView Weekly U.S. Influenza Surveillance Report, the Commissioner may order visitors to be screened for elevated body temperatures or restrict visitors to facilities.

**G. Blood/body fluid-borne Infection**

1. Blood/body fluid-borne Infections are those communicable through contact with bodily fluids i.e. saliva, mucus, vomit, feces, sweat, tears, breast milk, urine, and semen. Examples of blood-borne infections are human immunodeficiency virus and hepatitis; of body-fluids is Ebola. The CDC offers guidance for these types of occupational exposures;

<http://www.cdc.gov/nhsn/PDFs/HPS-manual/exposure/3-HPS-Exposure-options.pdf>

a. Attachment C lists the Personal Protective Equipment supplied by BCHS for cleaning and disinfecting areas contaminated by blood/body-fluids and for evaluating offenders who screen positively for hemorrhagic fevers such as Ebola.

2. The site-specific Exposure Control Plan and Infection Control Manual must include a plan to identify, treat and prevent contagion for blood/body fluid-borne infections.

**H. Human Immunodeficiency Virus (HIV)**

1. Delaware has adopted an “Opt-in” approach to HIV testing, i.e. the tests are offered to any offender and they may decline testing. Confidentiality regarding the HIV/AIDS status of an offender is maintained in accordance with Delaware state regulation and community standards.
2. Those offenders who have a positive HIV test will be enrolled into the Infectious Disease Chronic Care Clinic. Treatment of HIV disease will be based upon CDC Guidelines (Attachment B) along with the recommendation of the Contract Medical provider Infectious Disease Consultant.

<b>STATE OF DELAWARE DEPARTMENT OF CORRECTION</b>	<b>POLICY NUMBER B-01</b>	<b>PAGE NUMBER 12 of 18</b>
<b>SUBJECT: INFECTION CONTROL PROGRAM</b>		

- i. Offenders with HIV disease are not separated from the general population unless they have active tuberculosis as a complication.
  - ii. As sexual contact among offenders is prohibited through Bureau of Prisons policy 8.60, *Prison Rape Elimination Act (PREA)*, prophylactic medications and condoms are not supplied to offenders.
- 3. Discharge Planning will refer offenders with HIV positive tests to the Christiana Care HIV Clinic upon release.
- 4. The numbers of offenders with HIV positive tests will be reported during the monthly MAC meeting (Attachment A).
- 5. Cleaning protocols of blood/body fluids of offenders will be performed using the current CDC recommendations for universal personnel protective equipment.
- 6. Any potential occupational or offender exposures to HIV will be treated according to current CDC guidelines for occupational exposures and prophylaxis and a First Notice of Injury Worker's Compensation form will be completed by the employee's supervisor.
  - i. Stock medication to initiate prophylaxis for occupational HIV exposure is maintained at each facility.

#### I. Hepatitis

- 1. DDOC offers vaccines against Hepatitis A and B to all offenders and DDOC employees in contact with offenders.
- 2. DDOC offers testing for the different types of hepatitis whenever the clinical situation indicates, e.g. IV drug use or multiple unprotected sexual contacts of potentially infected partners.
- 3. Those offenders who have a positive test result for hepatitis will be enrolled into the Infectious Disease Chronic Care Clinic. Treatment of hepatitis will be based upon CDC Guidelines (Attachment B), the Delaware Medicaid

<b>STATE OF DELAWARE DEPARTMENT OF CORRECTION</b>	<b>POLICY NUMBER B-01</b>	<b>PAGE NUMBER 13 of 18</b>
<b>SUBJECT: INFECTION CONTROL PROGRAM</b>		

Hepatitis C treatment policy and the recommendations of the Contract Medical Provider Infectious Disease Consultant.

- i. Offenders with Hepatitis are not separated from the general population.
- 4. Cleaning protocols of blood/body fluids of offenders will be performed using the current CDC recommendations for universal personnel protective equipment. (Attachment C).
- 5. Any potential occupational or offender exposures to hepatitis will be treated according to current CDC guidelines for occupational exposures and prophylaxis and a First Notice of Injury Worker's Compensation form will be completed by the employee's supervisor.

**J. Other Sexually Transmitted Disease**

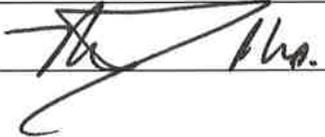
- 1. DDOC offers testing for the different types of sexually transmitted disease whenever the clinical situation indicates, e.g. IV drug use or multiple unprotected sexual contacts of potentially infected partners.
- 2. Treatment of sexually transmitted diseases will be based upon CDC Guidelines (Attachment B).

**K. Biohazardous waste and Sharps Control**

- 1. The site-specific Exposure Control Plan and Infection Control Manual must include a plan for biohazardous waste and cleaning/decontamination of medical/dental equipment and sharps control.
- 2. Reports of the dental sterilization spore testing will be reported monthly at the MAC meeting (Attachment A).
- 3. Report of the sharps inventory control will be reported monthly at the MAC meeting (Attachment A).

<p align="center"><b>STATE OF DELAWARE DEPARTMENT OF CORRECTION</b></p>	<p align="center"><b>POLICY NUMBER</b> B-01</p>	<p align="center"><b>PAGE NUMBER</b> 14 of 18</p>
<p><b>SUBJECT: INFECTION CONTROL PROGRAM</b></p>		

**Approval:**

<p align="center"><b>Marc Richman, Ph.D. BCHS Bureau Chief</b></p>	<p align="center"><b>Date</b></p>	<p align="center"><b>Robert Coupe Commissioner</b></p>	<p align="center"><b>Date</b></p>
	<p align="center">8/11/16</p>		<p align="center">8/29/16</p>

Infection Control Report

Facility \_\_\_\_\_ Reporting period \_\_\_\_\_

HSA Signature \_\_\_\_\_

Topic		Action Required and Follow-up
MRSA	# Cases # Terminal Cleanings	
Hepatitis	# Hepatitis B enrolled in Chronic Care # Hepatitis C enrolled in Chronic Care	
HIV	# Cases enrolled in Chronic Care	
Isolations housed in Infirmary	# Isolations and Reasons TB _____; MRSA _____; Ectoparasites _____ All Negative Pressure Room _____	
PPD status All refusal forms must be scanned into iCHRT	# Active TB cases enrolled in the Chronic Care Clinic # Latent TB enrolled in Chronic Care # initial PPD planted _____; read _____ # annual planted _____; read _____	

	# positive reactors	
Vaccines All refusal forms must be scanned into iCHRT	Influenza _____ refused _____ T-dap _____ refused _____ Tetanus _____ refused _____	
Juvenile vaccines All refusal forms must be scanned into iCHRT	Hepatitis A _____ refused _____ Meningococcal _____ refused _____ Gardasil _____ refused _____	
STDs	# Chlamydia cases _____ # Gonorrhea cases _____ # Trichomonas cases _____	
Bloodborne Pathogen Exposure and needles sticks ID Consults	# cases _____ # started on prophylaxis _____ # cases _____	All BBP exposures must be reported to BCHS as a Sentinel Event
Safety & Environmental Rounds		

## Attachment B

Influenza pandemic

[http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6306a1.htm?s\\_cid=rr6306a1\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6306a1.htm?s_cid=rr6306a1_w)

TB

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm>

TB in Corrections Facilities

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5509a1.htm>

Hepatitis B in Corrections Facilities

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5201a1.htm>

Occupational Exposures

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm>

Hepatitis C

<http://www.cdc.gov/mmwr/preview/mmwrhtml/00055154.htm>

Health Care workers

<http://www.cdc.gov/mmwr/PDF/RR/RR4618.pdf>

Correctional Facilities general

<http://www.cdc.gov/correctionalhealth/>

Sexually Transmitted Diseases

<http://www.cdc.gov/std/treatment/>

Attachment C Personal Protective Equipment for Body Fluids Protection

1 – Level 4 impermeable

1 – Pair 17” boot/shoe covers

1 – Hair cover

1 – Surgical Molded Mask

1 – Full Face Fluidshield (No Mask)

2 – Pair Extended Cuff Latex free gloves (M&L)

1 – 7-10 gallon bio bag

1 – Vionex Hand Wipe

1 – Impermeable Gown

Each kit will be packed in gallon size bag.

Supplier: Southeastern Emergency Equipment

1 - Tyvek IsoClean Hoods with Full Face Opening mrf. No. 1C668BWH0001000B

Supplier: Thomas Scientific: (1224F88/1224H70)

Updated 11/24/2014