

GEORGIA DEPARTMENT OF CORRECTIONS



Standard Operating Procedures

Policy Name: Infection Control Program

Policy Number: 507.04.70

Effective Date: 2/1/2022

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Authority:
Commissioner

Originating Division:
Health Services Division
(Physical Health)

Access Listing:
Level I: All Access

I. Introduction and Summary:

An infection control plan will be implemented at each facility to establish a system of Surveillance, eliminate, or minimize the risk of infection and transmission of communicable diseases for offenders and employees, and provide for the reporting of diseases as required by local, state, and federal law. The infection control plan will be based on guidelines established by the Centers for Disease Control and Prevention (CDC), the Occupational Safety and Health Administration (OSHA), the Association for Professionals in Infection Control and Epidemiology (APIC) and other nationally recognized infection control organizations. This policy applies to all facilities that house Georgia Department of Corrections (GDC) offenders to include private and county prisons.

II. Authority:

A. O.C.G.A. § 31-12-13;

B. GDC Standard Operating Procedures (SOPs): 507.03.11 Health Related Training for Correctional Officers, 507.04.19 Receiving Screening, 507.04.47 Intravenous Therapy, 507.04.53 Transporting Offenders with Infections Diseases, 507.04.54 Management of GDC Offenders with Suspected or Active Tuberculosis, 507.04.55 Contact Investigation Following the Identification of a TB Suspected or Confirmed Case, 507.04.71 Environmental Health and Safety, 507.04.72 Food Service Workers, 507.04.73 Ectoparasite Control, 507.04.74 Exposure Control Plan: Bloodborne Pathogens, 507.04.75 Exposure Control Plan: Hepatitis B Vaccinations, Post-Exposure Evaluation, and Follow-Up, 507.05.10 Infection Control Precautions, 208.01 Management of Offenders Diagnosed Positive for the HIV Antibody, and 228.02 Facility/Center Barber/Cosmetology Shops;

C. O.S.H.A. Compliance Directive: 29 CFR Part 1910.134, Requirement of a Minimal Respirator Program;

D. O.S.H.A. Compliance Directive: 29 CFR Part 1910.134 (h) (3), Inspection Procedures for the Respiratory Protection Standard;

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- E. O.S.H.A. Compliance Directive: CPL 02-02-069, Enforcement Procedures for the Occupational Exposure to Blood Borne Pathogens, November 27, 2001;
- F. Federal Register, Occupational Exposure to Bloodborne Pathogens: Final Rule. 29 CFR 1910.1030. Vol. 56, No. 235. December 6, 1991;
- G. Federal Register, Occupational Exposure to Bloodborne Pathogens; Needlesticks and Other Sharps Injuries; Final Rule. 66:5317-5325. January 18, 2001;
- H. M.M.W.R.: "Prevention and Control of Tuberculosis in Correctional Facilities". June 7, 1996, Vol.45(RR-8);1-27;
- I. NCCHC Standard in Adult Facilities: P-B-01; and
- K. ACA Standards: 5-ACI-6A-12 (Mandatory), 5-ACI-1C-15, 5-ACI-3D-08 (Mandatory), 5-ACI-5C-13 (Mandatory), 5-ACI-5E-10, 5-ACI-6A-17 (Mandatory), 4-ACRS-1A-02, 4-ACRS-1A-04, 4-ACRS-4C-09, 4-ACRS-4A-04, 4-ACRS-4A-07, 4-ACRS-4C-08, 4-ACRS-4C-10, 4-ALDF-4C-14, 4-ALDF-4C-18, 4-ALDF-6A-07, 4-ALDF-7B-04, 4-ALDF-4A-15, 4-ALDF-4C-15, 4-ALDF-4C-16 and 4-ALDF-4C-17.

III. Definitions:

- A. **Disinfection** - The process of eliminating most or all microbes except spores.
- B. **Outbreak** - An excess over the expected incidence of a disease or infestation within the facility.
- C. **Sterilization** - The process of completely eliminating all microbes.
- D. **Surveillance** - The process of data collection, collation, and analysis in order to identify risk groups and develop control strategies.

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IV. Statement of Policy and Applicable Procedures:

A. Development and Implementation of a Statewide Infection and Communicable Disease Control Program:

1. The Office of Health Services (OHS) will develop infection control policies and update the Infection Control Manual as needed to be used by all GDC facilities.
2. The Infection Control Coordinator or designee at each facility will monitor trends in infectious diseases and report notifiable diseases and clusters of infections or infestations to the contract vendor Statewide Medical Director, GDC Statewide Medical Director, Office of Health Services, and the institutional Continuous Quality Improvement Committee (CQI) in addition to the Georgia Department of Public Health.
3. The Office of Health Services and/or the Statewide Medical Director will make recommendations regarding infection control monitoring and practices.
4. The Office of Health Services requires that new technology relating to engineered sharps protection be evaluated and implemented at all facilities providing health services in accordance with the OSHA Bloodborne Pathogen Standard Compliance Directive 02-02-069 and O.C.G.A. § 31-12-13.
5. A Statewide Infection Control Committee has been initiated as a subcommittee of the statewide CQI Committee.
 - a. Membership will include representative nursing staff from the facilities, physician, dentist, laboratory technician, and representatives from GDC-OHS, and vendor/contractor.
 - b. Subcommittee meetings will be held on a quarterly basis.

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- c. The subcommittee will evaluate and make recommendations for the purchase of sharps with engineered protection against percutaneous injury with the aim of standardizing the equipment throughout the system.
- d. In addition, the subcommittee will assist with planning statewide infection control training for staff.
- e. Other areas of interest related to infection control will be added to meeting agendas as appropriate.

B. Institutional Infection Control Committee:

1. Every GDC facility to which this SOP applies will establish an Infection Control Committee (ICC), which may be a subcommittee of the Continuous Quality Improvement Committee (CQI). Small facilities near a larger prison may be included in the committee at the nearby larger prison.
2. The committee will be comprised of the following members:
 - a. Institutional Medical Director or Clinician;
 - b. Dentist or Representative, if applicable;
 - c. Director of Nursing, if applicable;
 - d. Health Services Administrator;
 - e. Infection Control Coordinator;
 - f. A representative from facility administration as designated by the Warden/Superintendent (e.g., Sanitation Officer, DWCT, etc.); and

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- h. Provide oversight to ensure institutional sanitation workers receive appropriate training for handling and disposing of biohazardous materials, blood and body fluid spills, and other chemicals.

C. Infection Control Coordinator:

1. Each facility (except ASMP, which will designate a Registered Nurse) will designate a licensed health care provider to serve as the Infection Control Coordinator. The responsibilities of this position include but are not limited to:
 - a. Collects or coordinates the collection of data on communicable diseases or conditions through review of appropriate sources (e.g., Tuberculin skin testing logs, laboratory culture reports, skin infection log, etc.). Culture results are documented on the Infection Control Surveillance Log or other approved tracking log.
 - b. Reports the above data to the institutional infection control committee. Identifies and reports quarterly and annual trends (at a minimum).
 - i. Utilizes the Surveillance Summary Log (P-54-0001-08) or other approved log to collect monthly statistical data on new cases of infectious disease and other infection control issues.
 - ii. Collects data for the OHS monthly statistical report as required and submits it to the designated person at the facility to ensure timely reporting to the OHS.
 - c. Reports communicable diseases and test results that are required by local, state, and/or federal law by using the Georgia Notifiable Disease/Condition Report Form (Form 3095-Department of Public Health). A record of these reports should be maintained in the patient medical record.

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- d. The Responsible Health Authority has the ultimate responsibility to ensure that all required reporting has taken place.
- e. Monitors infection control practices of providers in the health care unit and other areas of the facility. Identifies areas requiring improvement and makes recommendations to the appropriate authority (e.g., Nursing or Medical Director, Health Administrator, Sanitation Officer, and Warden/Superintendent, etc.).
- f. Identifies infection control issues by monitoring institution sanitation reports and making periodic inspections in the facility. The Infection Control Coordinator will make quarterly rounds in the kitchen, laundry, and barbershop. A different housing dorm will be inspected each quarter with all dorms being inspected within a 12-month period. The Infection Control Coordinator will perform monthly medical environmental inspections. Infection control inspections are documented on the Infection Control Environmental Inspection form (P-54-0001-05) or other approved form. Follow up inspections will be done as needed to ensure any corrective actions have been implemented.
- g. The facility personnel office coordinates and monitors employee health programs required by the Occupational Safety and Health Administration (OSHA) as well as recommendations by the Centers for Disease Control and Prevention (CDC). This includes employee Tuberculin skin testing, and Hepatitis B training and vaccination, Tuberculosis, and bloodborne pathogen post-exposure follow-up.
- h. Monitors sharps injuries of contract vendor staff and records information on the Sharps Injury Report Form (P-54-0007-10) or other approved form as appropriate and ensures post-exposure protocols and paperwork are complete. Evaluates the exposure incident and makes recommendations for corrective actions. The GDC facility personnel office will conduct this monitoring for GDC employees.

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- i. The GDC personnel office establishes and maintains the confidentiality of employee health records which are OSHA required.
 - i. Individual health records should be established for all employees with a risk of occupational exposure to airborne and bloodborne pathogens.
 - ii. These records should be identified by name and employee ID number, kept in a secure location in health services and retained for the length of employment plus thirty (30) years. These records are not part of personnel files maintained by the GDC facility personnel office (refer to the Infection Control Manual, Section XI). Private facilities will follow their own policies on infection control.
- j. Provides education regarding communicable diseases to health care and correctional personnel. Education will be provided during initial and annual In-service Training. Medical training records are maintained by the facility Health Authority and correctional personnel training records will be maintained by the facility training officer. Training records must be kept for three (3) years.
- k. Attends Infection Control Committee meetings and coordinates the keeping of committee minutes. Minutes should include all the information listed above and other infection control issues reported at each meeting. Data collection will be facilitated by using the infection control forms that are located on Captiva (P-54-0001-05 through P-54-0001-10) or other approved forms.
- l. Each facility will identify and cross-train an alternate qualified health care professional to assume infection control activities should the infection control coordinator be on extended leave or vacate the position.

D. Components of the Infection Control Program:

1. Exposure Control Plan:

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The exposure control plan defines the departments' approach to eliminating or minimizing employee exposure to bloodborne and airborne pathogens as required by OSHA guideline. (SOP 507.04.74, Exposure Control Plan: Bloodborne Pathogens) The plan can also be found in the Infection Control Manual, Sections I and II.

2. Training of Health and Correctional Personnel regarding Communicable Diseases:

All health and correctional personnel with potential for occupational exposure to blood and airborne pathogens will be provided training on communicable diseases, personal protective equipment, work control practices, and engineering controls at the time of hire and annually thereafter. (SOP 507.04.74, Exposure Control Plan: Bloodborne Pathogens)

3. Employee Health:

Employees will be required to have annual Tuberculin skin testing, Hepatitis B vaccination and post-exposure follow up in compliance with CDC guidelines and OSHA requirements (SOP 507.04.75, Hepatitis B Vaccination, Post Exposure Evaluation, and Follow-Up).

4. Guidelines for Infection Control in the Ambulatory Care Areas:

- a. Offenders with possible communicable diseases will be examined promptly and their disposition determined as quickly as possible.
- b. Medical examinations are conducted for any offender and required for any employee suspected of having a communicable disease.
- c. Standard precautions will be followed with all offender contacts.
- d. All offenders will be assessed for possible infectious diseases or processes upon admission to any GDC facility and appropriate precautions taken.

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- i. If Tuberculosis (TB) is suspected, the offender will be given a surgical mask to wear, and arrangements made for transfer to ASMP or other community healthcare facility for evaluation. The Statewide TB Coordinator at ASMP will be notified to obtain detailed instructions.
 - ii. A NIOSH approved mask (e.g., N 95) will be provided to staff when transporting a TB suspect. See SOP 507.04.53, Transporting Offenders with Infectious Diseases.
 - e. Eyewash stations shall be provided within the health service area (e.g., dental suite, trauma room, lab, operatory) and will be compliant with OSHA guidelines. In locations where hazardous chemicals are handled by employees, proper eyewash and body drenching equipment shall be available no more than 100 feet from the workstations.
 - i. The Infection Control Nurse will test the functionality of the eyewash stations quarterly.
 - f. Standard precautions will be followed for all dressing changes and contaminated dressings disposed of in appropriate biohazard containers. If offenders are given dressing material to do their own dressings, they will be instructed on proper technique and disposal, and given the appropriate materials. The vendor will make available and provide access to standardized guidance for wound care management.
5. Disinfection/Sterilization Procedures:
- a. To prevent the spread of infection, all non-disposable items used for offenders will be Disinfected or Sterilized between uses according to the following guidelines:
 - i. Any non-disposable item must be washed and dried prior to Disinfection or Sterilization in order to remove any organic matter (organic material interferes with Disinfection and Sterilization).

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- ii. Personal protective equipment will be worn when cleaning any contaminated equipment.
 - iii. The specific Disinfection or Sterilization procedure depends on the type of equipment used.
- b. Environmental Surfaces will be Cleaned as Follows:
- i. Low-level Disinfection using a 1:10 bleach solution, alcohol, or other EPA approved germicide can be used on items that do not come into contact with non-intact skin or mucous membranes. This includes but is not limited to furniture, blood pressure cuffs, bedpans, and crutches.
 - ii. Intermediate level Disinfection using alcohol or other EPA approved germicide may be used for thermometers, hydrotherapy tanks, etc. Electronic thermometers with disposable probe covers are preferred and in use in most facilities.
 - iii. High-level Disinfection using a 1:10 bleach solution or other EPA approved germicide is used for objects that come in contact with non-intact skin or mucous membranes. This includes but is not limited to laryngoscopes, endotracheal tubes, and respiratory therapy equipment.
 - iv. Sterilization is essential for critical items (items which enter tissue or the vascular system) including but not limited to scalpels, needles, some dental equipment, and all surgical instruments.
 - v. Steam Sterilization will be used according to manufacturer's recommendations. See the Infection Control Manual for documentation and record keeping required.
6. Isolation Techniques - Guidelines to Prevent the Spread of Infection:
- a. Standard precautions are to be used for all offender contacts. Standard

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precautions are designed to reduce the risk of transmission from recognized and unrecognized sources of infection.

- b. In addition to standard precautions, use airborne precautions for patients suspected of having a disease spread through droplet nuclei (e.g., TB, Measles, and Varicella).
 - c. In addition to standard precautions, use droplet precautions for patients suspected of having a disease spread through large particle droplets that do not remain suspended in the air (e.g., Influenza, Corona Virus, Meningitis, Mumps, Rubella, and Group A Streptococcus).
 - d. In addition to standard precautions, use contact precautions for patients suspected of having a disease spread by direct patient contact or indirect contact such as with items in the patient's environment (e.g., Gastro-Intestinal, Respiratory, Skin or Wound Infections including MRSA, E. coli, Hepatitis A, and Scabies).
 - e. Details on precautions are found in the Infection Control Manual, Isolation Section. Specific guidelines for the managements of MRSA are found in Clinical Update 03.02 – *Practice Guidelines for Managing Skin Infections Caused by Methicillin Resistant Staphylococcus aureus*. Clinical Updates are found on Captiva > Resources > Health Services Documents > 02 Physical Health > Clinical Updates > 2003 Clinical Updates > CU-03-02.
7. Surveillance Activities:
- a. The GDC Statewide Medical Director and contract vendor Statewide Medical Director should be notified immediately of infectious disease Outbreaks at your facility.
 - b. Each GDC facility will abide by local, state, and federal regulations regarding the reporting of infectious diseases.

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- c. Each facility will obtain a list of reportable diseases and the time frame in which they must be reported.
 - d. The Georgia list of notifiable diseases and the Georgia Notifiable Disease/Condition Report Form (Form 3095-Department of Public Health) may be obtained from your local health department or online at dph.georgia.gov. The Division of Public Health SENDSS System can be used to document positive PPD tests, treatment for LTBI, completion of treatment etc. The Infection Control Coordinator or other designee is responsible to enter this data, to include county and private facilities.
 - e. Diseases reported to the Department of Public Health will be discussed at the quarterly Infection Control Meeting.
8. Recommended Infection Control Practices for Dentistry:
- a. All employees in the dental department have a risk of occupational exposure and must use Standard Precautions.
 - b. Two handed re-capping of needles must never be done. A needle guard device, sheath holder, forceps, or other commercially available recapping device should be available and routinely used.
 - c. Gloves are mandatory for direct patient treatment and for all intraoral procedures.
 - d. Masks and protective eye wear (with side shields) or face shields should be worn during procedures that are likely to generate droplets or cause aerosolization of blood or other body fluids, e.g., wound irrigations, surgical procedures, and any dental treatment involving the use of high-speed handpieces.
 - e. If spatter or spraying from procedures is anticipated, a disposable fluid impervious gown should be worn.

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- f. Handpieces should be changed, cleaned, and Sterilized between patients. See the Infection Control Manual for more information.

9. Ancillary Departments:

a. Hemodialysis:

- i. All staff will use standard precautions with each patient, at a minimum. A supervisor will evaluate any staff member with an open lesion or communicable disease prior to going on duty.
- ii. Each patient will be assigned a specific dialysis station. Chairs should be Disinfected after each dialysis. Do not share clamps, scissors, blood pressure cuffs, or other instruments unless Sterilized or Disinfected between patients. Prepare and distribute medications from a central area away from the treatment area. Patients may be served meals, but staff may not eat or drink in the treatment area.
- iii. Hepatitis B infected patients should be treated in a separate area and on dedicated machines. Staff members caring for these patients should not care for Hepatitis B susceptible patients at the same time. All susceptible patients should be vaccinated for Hepatitis B.
- iv. Clean supplies should be stored at sufficient distance from patient treatment areas to avoid contamination.
- v. Specific instructions on dialysis procedures are in the Infection Control Manual, Section VIII.

b. Physical Therapy:

- i. Staff will use standard precautions with all patients undergoing physical therapy.

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- ii. Cleaning and Disinfection of tables, mats, whirlpools, and other equipment will be performed between patients and at the end of the day. All equipment will be cleaned then Disinfected and staff will wear appropriate personal protective equipment during these procedures.

c. Laboratory Procedures:

- i. Standard precautions will be used in collecting and handling specimens. Gloves will be worn when collecting and handling specimens, handling contaminated equipment, cleaning equipment, counters, or spills.
- ii. Equipment will be cleaned and Disinfected in accordance with manufacturer's directions. All sharps will be disposed of in a leak-proof, puncture resistant container and emptied when 2/3 full or as designated on the container.
- iii. Specimens must be transported in a puncture resistant container that is closed and either color-coded (red) or labeled with the approved biohazard label.
- iv. If specimens are stored in a refrigerator, the temperatures will be monitored and documented daily. The refrigerator and/or freezer will have the biohazard label and will not be used to store food or medication. The refrigerator should be kept in a locked room or have a separate lock.
- v. Centrifuges will have a cover to be used whenever it is in operation.

d. Radiology:

- i. Standard precautions will be used for all patients brought to the radiology department.

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- ii. Any incidents of exposure to bloodborne or airborne pathogens will be managed according to established procedures.
- iii. Cleaning and Disinfection of tables and other equipment will be performed between patients and at the end of the day.

10. Miscellaneous Infection Control Practices and Recommendations:

- a. Pediculosis and Scabies - Offenders entering any GDC diagnostic facility or returning from court from a non GDC facility will be prophylactically treated for ectoparasites in order to prevent possible institutional infestation. Refer to SOP 507.04.43.
- b. Intravenous Therapy:
 - i. Aseptic technique will be utilized for the implementation and administration of intravenous therapy in accordance with established guidelines in SOP 507.04.47, Intravenous Therapy.
- c. Disposal of Sharps:
 - i. All sharp objects such as needles and razors will be considered contaminated after use and disposed of in approved sharps disposal units and removed from the facility as biohazard waste.
 - ii. The facility will obtain approved sharps containers (of a size suitable for the size of the facility) for the used disposable razors. When 2/3 full or as designated on the container, facility staff will package and store the containers as biohazard waste in the designated storage area. These containers will be removed from the institution through biohazard waste.
 - iii. Sharps disposal containers will not be emptied. Sharps disposal containers and other biohazard materials will be stored in a secure area

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and in a secondary container that will be provided by the contracted biohazard waste disposal company. Sharps disposal should follow OSHA standards and guidelines.

d. Barber/Cosmetology Services:

- i. Haircutting will be performed in accordance with recognized procedures that control and prevent the spread of infectious diseases as described in facilities SOP 228.02, Facility/Center Barber/Cosmetology Shops.
- ii. Offenders who are assigned to haircutting will use standard precautions. Haircutters with a contagious disease will be work restricted until no longer contagious. No client with open lesions on the scalp, neck, or facial area shall be serviced.
- iii. Scissors, reusable razors, nippers, combs, brushes, tweezers, and metal files all require Disinfection after each use, when dropped on the floor, or when cuts occur.
- iv. Barbering instruments used in direct contact with a client will be washed with soap and water prior to immersion in an EPA or Georgia Department of Public Health approved disinfectant solution. The length of time of immersion will be according to the solution manufacturer's directions.
- v. Styptic pencils, neck dusters, or any other equipment or implement that cannot be Disinfected or sanitized may not be used on more than one client.
- vi. If either the client or the haircutter has a bloodborne exposure, report to the supervisor and then to medical for evaluation.

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e. Post-Mortem:

- i. A human body is not considered regulated waste under the bloodborne pathogen standard.
- ii. A human body whose blood or body fluids may be a source of occupational exposure comes under the definition for a “source individual” as defined in the standard. The risk of exposure from human remains is considered similar to that from a living human being.
- iii. Personal protective equipment will be selected as with any other task that has a risk of occupational exposure based upon the anticipated type of exposure to blood or other body fluids during the task/procedure.
- iv. Standard Precautions will be used as with all patient contact.
- v. If the deceased has been diagnosed with Hepatitis, Tuberculosis, an STD, HIV or AIDS, the physician shall prepare written notification of this to accompany the body. Complete the Post- Mortem Notification of Infectious Disease form (P54-0005.04). The original copy should be placed in the offender’s health record and a copy accompanies the remains.
- vi. Any person who picks up the body shall present this written notification to any other person taking possession of the body (e.g., funeral director).
- vii. The information contained in the written notification is privileged and confidential and may only be disclosed as described above.

NOTE: The forms described herein are found in the Infection Control Manual, OHS, Updated 2019 and the GDC Intranet at Captiva/Resources/Health Services Documents/02 Physical Health/Health Record Manual/05 Infection Control Forms. The Georgia Notifiable Disease/Condition Report Form (Form 3095-

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Department of Public Health) can be found at your local health department or online at dph.georgia.gov.

V. **Attachments:** None.

VI. **Record Retention of Forms Relevant to this Policy:** None.