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| MICHIGAN DEPARTMENT OF CORRECTIONS POLICY DIRECTIVE | | EFFECTIVE DATE 10/21/2013 | NUMBER 03.04.110 |
| SUBJECT CONTROL OF COMMUNICABLE DISEASES | | SUPERSEDES 03.04.110 (07/19/10) | |
| | | AUTHORITY MCL 333.2843(b), 333.5101 et seq., 791.203, 791.267 | |
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POLICY STATEMENT:

Potentially communicable diseases shall be identified and appropriate responses taken to control the threat of outbreak within Correctional Facilities Administration (CFA) and Field Operations Administration (FOA) facilities.

RELATED POLICIES:

- 02.04.110 Control of Tuberculosis in Employees
- 03.04.115 Control of Tuberculosis in Offenders
- 03.04.120 Control of Communicable Bloodborne Diseases

POLICY:

GENERAL INFORMATION

- A. For purposes of this policy, "prisoner" includes probationers in the Special Alternative Incarceration Program and parolees in Reentry and FOA Facilities.
- B. CFA and FOA have primary responsibility for control of communicable diseases passed from objects, animals, and insects within their respective facilities. The Bureau of Health Care Services (BHCS) has primary responsibility for control of communicable diseases which are transmitted from person-to-person within CFA and FOA facilities.
- C. The Chief Medical Officer (CMO), BHCS, shall ensure that the control and treatment of communicable diseases is in accordance with the most recent guidelines of the Centers for Disease Control and Prevention (CDC), the Advisory Committee on Immunization Practices (ACIP), the Occupational Safety and Health Administration (OSHA), and the Michigan Occupational Safety and Health Administration (MIOSHA).
- D. There shall be an Infectious Disease Control Committee comprised of staff designated by the BHCS Administrator and at least one staff member designated by the CFA and FOA Deputy Directors. The Chief Medical Officer, BHCS, shall be the committee chairperson. The committee shall address all issues related to control of communicable diseases within Department facilities. Committee recommendations for changes in policy, procedure, or practice shall be sent to the BHCS Administrator.
- E. Facilities with inpatient health care units also shall establish and maintain infection control committees.

REPORTING, SCREENING, AND TREATMENT

- F. The Department shall cooperate with health officials (local, county, state, and federal) in the reporting, investigation, and management of cases or outbreaks of communicable disease in Department facilities. Regional Medical Officers or designees are responsible for prompt reporting to the appropriate health department as required by law or when they consider a case or outbreak to be of public health significance to the facility, the community, or the Department.
- G. After consultation with the health department, the Regional Medical Officer or designee shall promptly convey recommendations for control of the outbreak or potential outbreak to the CMO, BHCS Administrator, and, as appropriate, the Warden or FOA facility supervisor and appropriate Deputy Director. The CMO or designee shall

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notify other appropriate Department staff.

- H. Control measures which should be considered include isolation of prisoner cases, immunization programs, elimination of nonemergency prisoner transfers, reassignment of pregnant or other "at risk" staff, partner notification and follow up, and notification of staff, visitors, and prisoners. Appropriate BHCS staff shall notify the facility head when it is necessary to post a notice advising staff and visitors of a potential outbreak; in such cases, the facility head shall ensure that the standardized notice available from BHCS is posted at the entrance to the facility and/or at other locations within the facility as deemed appropriate (e.g., information desk; front gate).
- I. Prisoners shall be screened and tested for communicable diseases at reception facilities and retested as determined by the Chief Medical Officer, BHCS, and as set forth in PD 03.04.120 "Control of Communicable Bloodborne Diseases" and PD 03.04.115 "Control of Tuberculosis in Offenders", as appropriate.
- J. Regional Medical Officers shall ensure that prisoners with communicable diseases are offered appropriate treatment consistent with the current guidelines of the CDC or other bodies as identified by the Chief Medical Officer.
- K. If a prisoner who has a communicable disease identified in Department of Community Health Administrative Rule 325.9031 dies in a Department facility, and the physician who signs the death certificate has knowledge of the infection, the physician shall ensure the funeral director or his/her agent is notified, before the body is released, of appropriate infection control precautions to be taken.

REFUSAL OF REQUIRED MEDICAL SCREENING, TESTING, OR TREATMENT

- L. Although a prisoner may decline required medical screening, testing, or treatment due to his/her religious beliefs, those beliefs will not excuse the prisoner from the requirements set forth in this section.
- M. If a prisoner declines any required medical screening, testing, or treatment for communicable diseases, the Regional Medical Officer shall determine if the prisoner needs to be quarantined or if other action may be taken which ensures the safety of prisoners and staff. If the Regional Medical Officer determines that the prisoner needs to be quarantined, the prisoner may be quarantined in a single cell or room away from other prisoners and with limited staff contact, including in administrative segregation, provided that the Regional Medical Officer believes such placement meets the quarantine requirement. The Regional Medical Officer shall determine what medical precautions need to be taken if the prisoner is transferred to another facility; sending staff shall notify receiving staff in advance of the prisoner's current status.
- N. Unless the prisoner is already classified to administrative segregation, a hearing must be conducted pursuant to PD 04.05.120 "Segregation Standards" prior to classifying a prisoner to administrative segregation for quarantine. The hearing shall be conducted by the Department of Licensing and Regulatory Affairs (LARA) to verify the prisoner's refusal of required medical screening, testing, or treatment. The prisoner shall be placed in temporary segregation pending the hearing.
- O. A quarantined prisoner shall be reevaluated by BHCS staff at least every 15 calendar days to determine if the prisoner wants to submit to required medical screening, testing, or treatment and, if not, whether there is a continued need for the prisoner to remain on quarantine status. The prisoner shall be counseled at each reevaluation regarding the importance of the required medical screening, testing, or treatment. The prisoner's agreement or continued refusal to submit to the required medical screening, testing, or treatment shall be documented in the unit log book and in the prisoner health record. If the prisoner still declines required medical screening, testing, or treatment after a period of 90 calendar days and there remains a need for the prisoner to remain on quarantine status, the CMO or designee shall notify the BHCS Administrator, who shall notify the CFA Deputy Director. If necessary, a court order for involuntary testing may be sought by contacting the Administrator of the Office of Legal Affairs.
- P. A quarantined prisoner may at any time agree to submit to the required medical screening, testing, or treatment. If this occurs, the medical screening, testing, or treatment shall be completed in a timely manner and the prisoner subsequently released from quarantine when medically cleared and, if in administrative segregation, consistent

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with PD 04.05.120 "Segregation Standards".

EDUCATION

- Q. Health care staff shall provide prisoners with information regarding communicable diseases in the reception facilities and during the annual health screening performed pursuant to PD 03.04.100 "Health Services".

PROCEDURES

- R. The FOA Deputy Director shall ensure that procedures are developed as necessary to implement requirements set forth in this policy directive for FOA facilities; Wardens and the appropriate Regional Health Administrator shall ensure that joint procedures are similarly developed for CFA institutions. Procedures shall be completed within 60 calendar days after the effective date of the policy directive. This requirement includes ensuring that their existing procedures are revised or rescinded, as appropriate, if inconsistent with policy requirements or no longer needed.

AUDIT ELEMENTS

- S. A Primary Audit Elements List has been developed and is available on the Department's Document Access System to assist with self audit of this policy pursuant to PD 01.05.100 "Self Audit of Policies and Procedures".

APPROVED: DHH 10/3/13