FEDERAL BUREAU OF PRISONS REPORT ON INFECTIOUS DISEASE MANAGEMENT

What is the purpose of this report?

The purpose of this report is to present the administrative policies and clinical guidelines for the medical management of infectious diseases used by the Federal Bureau of Prisons. The *Correctional Officer*s *Health and Safety Act,* of 1998, requires the United States Attorney General and the Secretary of Health and Human Services to provide guidelines for infectious disease prevention and detection, and treatment of inmates and correctional employees who face exposure to infectious diseases in correctional institutions.

Who will benefit from this?

Health care professionals at the state, county, and local levels who are developing policies and procedures on infectious disease and proper healthcare to inmates may benefit from reviewing the Bureau of Prisons' approach to managing disease among the inmate population.

What is the Federal Bureau of Prisons administrative policy on infectious disease?

Bureau of Prisons policy on infectious disease *(Infectious Disease Management,* P.S. 6190.02), addresses screening, testing, and education designed to prevent and control infectious diseases in the correctional setting. The program statement refers to treatment guidelines issued by:

- Federal Bureau of Prisons (FBOP),
- National Institutes of Health (NIH),
- Centers for Disease Control and Prevention (CDC),
- United States Public Health Service (USPHS), and others.

Additionally, this policy is guided by federal and state regulations, laws, and accreditation and correctional health care standards such as those issued by the *American Correctional Association.*

Why is administrative policy on infectious disease important for correctional settings?

The Bureau's policy provides a systematic approach to some of the most difficult issues that arise in the correctional setting including:

- Ethical and legal issues,
- housing and placement,
- inmate work assignments, and
- confidentiality issues surrounding the care and treatment of infectious diseases.

What are the key concepts found in the program statement on *Infectious Disease Management* (P.S. 6190.02)?

State and local agencies should develop policies that promote infectious disease programs that reflect their organizational structure and operation.

Policies should:

- Identify program objectives to describe responsibility for the clinical management. surveillance, prevention and control, and required inmate and employee training.
- Consider the safety and security for staff and inmates.
- Meet the recommended standards of patient care.
- Comply with federal, State, and local law.
- Direct employees when special housing is medically necessary to prevent infections spread by causal contact, such as tuberculosis.
- Direct employees in the proper management of inmates who refuse screening, testing, or treatment of medical conditions that could pose risks to the inmate population, employees, and the community.
- Provide direction for written *Exposure Control Plans* to:
  (a) protect employees and inmates exposed to blood and evaluate occupational

exposures to blood, required in the Blood borne Pathogens standards and issued by the Occupational Safety and Health Administration (OSHA).

(b) promote training at the start of employment or assignment, and annually thereafter.

- Support confidentiality of medical information and record-keeping under the Privacy Act, *5* U. S. C. §552a, based on the "need to know," to maintain continuity of care and report on infections required by the health department.

- Standardize processes for the identification of infectious diseases, such as:

For....	***We screen, assess, and test inmates...***
Tuberculosis (TB) infection and possible TB disease	▸ on initial incarceration before placed in general population, ▸ annually, ▸ when clinically indicated, and ▸ to find evidence of spread surrounding a case of contagious TB disease.
Human immunodeficiency Virus (HIV) infection	▸ if history of risk-behavior, ▸ clinical indications, ▸ before release, ▸ for surveillance purposes, and ▸ after an exposure.
Other infections transmittable by causal contact	▸ on intake and before placed in general population, ▸ before assigned to the food service area, ▸ Clinical indications, and ▸ With contact investigations.

What are the Federal Bureau of Prisons clinical guidelines for the medical management of infectious disease?

The Federal Bureau of Prisons clinical guidelines are in the form of a technical reference manual known as *Infectious Disease Management,* TRM 6100.02, which is continuously updated. The TRM guides the medical healthcare provider in the assessment, evaluation, clinical care, and treatment of infectious diseases found in inmates. The guidelines are derived from

publications of:

- CDC,
- NIH,
- Department of Health and Human Services (DHHS), and the
- USPHS.

What do the clinical guidelines offer?

The TRM on *Infectious Disease Management* (TRM 6100.02), discusses infections which are significant for incarcerated populations including:

- viral hepatitis (A, B, C, and D),
- HIV infection,
- tuberculosis disease,
- tuberculosis chemoprohylasis,
- sexually transmitted diseases,
- endocarditis prophylaxis, and
- varicella.

Each chapter identifies references and defines terminology, and discusses:

- diagnosis,
- medical evaluation and treatment,
- prevention,
- infection control measures,
- contact investigation,
- post-exposure management,
- counseling,
- regulatory documentation, and
- training.

Appendices are available within the chapters that may give treatment algorithms, fact sheets

for counseling, monitoring forms, and required consent! declination forms. The manual includes a self-assessment study guide and review test on infectious disease treatment protocols.

What key resources did we use to develop the TRM?

Centers for Disease Control and Prevention! U.S. Department of Health and Human Services, Atlanta, Georgia. (www.cdc.gov)

- Core Curriculum on Tuberculosis, 1994.
- DHHS Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents, Last updated January 28, 2000.
- Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Health-Care and Public Safety Workers. MMWR, Vol. 38, No. S-6, June 23, 1989.
- Guidelines for Preventing Transmission of *Mycobacterium Tuberculosis* in Health-Care Facilities, *MMWR,* Vol.43/No. RR-13, October 28, 1994.
- 1998 Guidelines for the Treatment of Sexually Transmitted Diseases, MMWR, Vol. 47. No.RR-1, January 23, 1997.
- Hepatitis B Virus: A Comprehensive Strategy for Eliminating Transmission in the United States Through Universal Childhood Vaccination, MMWR. Vol. 40/No. RR-13, November 22, 1991.
- Immunization of Health-Care Workers, Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC),MMWR, Vol. 46,No. RR-18, December26, 1997.
- Prevention and Control of Tuberculosis in Correctional Facilities, Recommendations of the Advisory Council for the Elimination of Tuberculosis, MMWR Vol. 45/No. RR-8. June 7, 1996.
- Prevention of Hepatitis A Through Active or Passive Immunization, Recommendations of the Advisory Committee on Immunization Practices (ACIP), *MMWR,* Vol. 48, No. RR12, October 1, 1999.

- Prevention and Treatment of Tuberculosis Among Patients Infected with HIV: Principles of Therapy and Revised Recommendations, *MMWR,* Vol. 47, No. RR-20, October 30, 1998.

- Prevention of Varicella Updated Recommendations of the Advisory Committee on Immunization Practices (ACIP), MMWR, Vol 48, No. RR-06; 1-5, May 28, 1999.

- Public Health Service Guidelines for the Management of Health-Care Worker Exposures to HIV and Recommendations for Postexposure Prophylaxis, *MMWR,* Vol. 47, No. RR-7, May *15,* 1998.

- Recommendations for Follow-Up of Health-Care Workers After Occupational Exposure to Hepatitis C Virus, MMWR Vol.46/No. 26, July 4, 1997.

- Recommendations for Prevention and Control of Hepatitis C Virus (HCV) Infection and HCV-Related Chronic Disease, *MMWR,* Vol. 47/No. RR-19, October 16, 1998.

- 1993 Revised Classification System for HIV Infection and Expanded Surveillance Case Definition for AIDS Among Adolescents and Adults, *MMWR,* Vol. 41, No. RR-17 December 18, 1992.

- *"Self-Study Modules on Tuberculosis,* 1995 and 2000:

- USPHS/IDSA Guidelines for the Prevention of Opportunistic Infections in Persons Infected with Human Immunodeficiency Virus, *MMWR,* Vol. 48, RR-10, August 20. 1999.

- U.S. Public Health Service Task Force Recommendations for Use of Antiretroviral Drugs in Pregnant Women Infected with HIV-1 for Maternal Health and for Reducing Perinatal HIV-l Transmission in the United States, Perinatal HIV Work Group, February 25, 2000.

National Institutes of Health (www.nih.gov)

- National Institutes of Health Consensus Development Conference Statement, *Management of Hepatitis C,* March, 1997.

- Report of the NIH Panel to Define Principles of Therapy of HIV Infection and Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents, *MMWR,* Vol. 47, No. RR-5, April 24, 1998, U.S. Department of Health and Human Services. Centers for Disease Control and Prevention, Atlanta, Georgia.

Other Resources

- American Thoracic Society, CDC, Diagnostic Standards and Classification of Tuberculosis in Adults and Children. *AMY. Respir. Crit Care Med.* Vol. l6lpp. 1376-395. 2000.

- American Thoracic Society, CDC, Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection. *AMJ Respir Crit Care Med.* Vol. l6lpp. 5221 -247. 2000.

- Occupational Safety and Health Administration, Blood borne Pathogens, final standard. Federal Register, 56:64175-64181, December 6, 1991. (www.osha.gov).

- Prevention of Bacterial Endocarditis: Recommendations by the American Heart Association, JAMA, 1997; 277:1794.

Additional Websites

- www.corrections.com, The Corrections Connection, see *healthcare.*

- www.corrections.com/aca, American Corrections Association (ACA).

- www hivatis.org, HIV/AIDS Treatment Information Service.

- www.ncchc.org, National Commission on Correctional Healthcare (NCCHC).

- www.ojp.usdjp.usdoj .gov/nij, National Institutes of Justice, see *corrections.*

- www.cdc.gov/niosh, National Institute for Occupational Safety and Health (NOSH).

What are other important considerations for infectious disease management?

Training of inmates and employees:

The Bureau of Prisons provides training on infectious diseases to all inmates at the time of the initial incarceration. This inmate training is included in the *Admission and Orientation* (A&O) program, which is designed to address some of the issues that often arise during incarceration. Additional training we provide includes:

- Inmates receive clinical counseling on infectious diseases throughout the incarceration period.

- Inmates who are assigned work duties placing them at risk for exposure to blood and body fluids receive additional training.

- We provide training about the prevention and control of Blood borne pathogens to all employees at the start of employment and annually thereafter.

- We make supplementary training available for our health care employees to support the clinical expertise necessary for providing proper care and treatment.

Processes for Evaluating and Making Improvement:

To ensure the proper application of policies and guidelines at all federal prisons, the Bureau of Prisons takes the following steps:

1. Each institution designs a **Quality improvement** program.

2. The Bureau's Central Office conducts a **Program Review** of the health services operation at each facility every two to three years.

3. Each institution performs an **Operational Review** against the same national guidelines.

4. Lastly, the Bureau routinely seeks to maintain accreditation through the review process held by the *Joint Commission on the Accreditation of Healthcare* ***Organizations (JCAHO)***.

Integration of Community Services:

Specialized services and community resources can provide substantial support for prison programs regarding infectious disease and can help insure continuity of care. Agencies can link into community services through telemedicine, community consultants made available through the local public health department, or contractual arrangements.

The Bureau of Prisons is making efforts to formalize discharge planning procedures which involve medical staff, psychology staff, case management and community corrections staff. This

plan will increase the consistency of follow-up care for inmates with chronic infectious diseases and other chronic illnesses.

Conclusion.

The prevention, control and transmission of infectious diseases is particularly challenging in the correctional setting. It is especially important in a correctional setting to have an administrative policy that promotes a systematic approach to the overall management of issues related to the control of infectious diseases.

A program for infectious disease management cannot function without additional procedures and protocols applicable to the specific settings that consider risk, cost, size of the population, turnover, and the impact on the prison and community environment. Agencies can enhance the training provided to inmates and employees in order to promote disease prevention, provide appropriate treatment, and control infections.

Finally, the documents used by the Bureau of Prisons can promote direction and consistency in the care and treatment of inmates for the many correctional systems who face similar challenges. The documents are available on the Internet at the Bureau of Prisons website. located at http://www.bop.gov. under FOIA *I* Policy. The clinical guidelines can also be located at the National Institute of Corrections website, at www.nicic.org/services/news/bop-medical.htm