

Australian Capital Territory

Corrections Management (Infectious Diseases) Policy 2007*

Notifiable instrument NI2007-441

made under the

Corrections Management Act 2007, section 14(1) (Corrections policies and operating procedures)

1 Name of instrument

This instrument is the *Corrections Management (Infectious Diseases) Policy 2007*.

2 Commencement

This instrument commences on the day after it is notified.

3 Policies and operating procedures

Under section 14 of the *Corrections Management Act 2007* (the Act), I make the

INFECTIOUS DISEASES POLICY

in Schedule 1 to this instrument, to facilitate the effective and efficient management of correctional services.

James Ryan
Executive Director
ACT Corrective Services
17 December 2007

*Name amended under Legislation Act, s 60



**Belconnen Remand Centre (BRC)
Symonston Temporary Remand Centre (STRC)
Court Transport Unit (CTU)
Symonston Periodic Detention Centre (PDC)**



INFECTIOUS DISEASES POLICY

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Purpose

To provide direction for the management of prisoners who are known to have a communicable disease.

Authority

Legislation

Corrections Management Act 2007, sections 14, 53, 77, and 92

Public Health Act 1997

Occupational Health and Safety Act 1989

Policy

1 Principles

- 1.1 ACTCS has a duty of care in promoting a high level of hygiene in their correctional centres.

- 1.2 The correctional environment presents occupational health and safety risks resulting from the exposure to bodily fluids or bodily products. This exposure may take the form of:
 - needle stick injury (deliberate or accidental);
 - injury to an employee or prisoner resulting in bleeding or blood splashes;
 - contact with saliva through spitting or biting;
 - exposure to other body fluids or body products; and
 - the need to administer First Aid, including Cardio Pulmonary Resuscitation (CPR).

- 1.2.1 Blood and body substances includes blood, all body substances, secretions and excretions except sweat. Risk from exposure exists regardless of whether or not the substance

contains visible blood, non-intact skin, and mucous membranes.

- 1.3 As the infection status of other people is unknown it is essential that these procedures be applied in all cases. Adopting the position that all people are a possible source of infection will provide the core standard for protection in the event of exposure.
- 1.4 The effective management of prisoners who are suspected or known to be carrying a communicable disease is essential in reducing the risk of transmitting and contracting communicable diseases in a correctional centre.

2 Reporting possible exposure to infectious/contagious disease

- 2.1 Health Professionals within correctional centres have a duty of care to advise Correctional Officers and other staff of any medical condition that may place other prisoners or staff at risk.
- 2.2 If a prisoner reports a possible exposure to an infectious/contagious disease, the Superintendent should be notified.
- 2.3 Health Professionals at the BRC/STRC should notify the Superintendent if a prisoner is found to be suffering from an infectious/contagious disease or any sickness that presents a threat to the welfare of any person. The Health Professional should discuss the management of the prisoner with the Superintendent and the Superintendent should take action that is consistent with the recommendations of the Health Professional.

3 General hygiene

- 3.1 The Duty Chief is to ensure that:
 - cells are cleaned and wet areas disinfected by prisoners on at least a weekly basis;
 - cells have been thoroughly cleaned and wet areas disinfected by prisoners when accommodation arrangements are altered;
 - all communal showers and toilets are cleaned and disinfected on a daily basis;
 - educational material (posters and pamphlets) on infection control is prominently displayed and made available to all prisoners; and
 - ample hand washing equipment is available to all personnel, including hospital grade disinfectant washes, antibacterial gel, and running water.

4 Catering, food handling and hygiene

- 4.1 The Superintendent must ensure that all Correctional Officers and prisoners involved in food preparation are familiar with relevant safety and hygiene standards.

- 4.2 Prisoners working in areas of food preparation should be monitored for any health condition that prevents them from performing their kitchen duties. Health Professionals should provide treatment and monitor the health condition until the prisoner's condition is resolved.
- 4.3 Prisoners who are declared temporarily unfit to work in the kitchen are to return to work only after they have been assessed and provided with a certificate of clearance from a doctor.
- 4.4 All kitchen workers need to be screened for blood borne communicable diseases by a Health Professional.
- 4.5 All Correctional Officers and prisoners employed in areas involving food handling will, at all times, use disposable gloves whilst handling food.

5 Disposal of sharps

- 5.1 Staff will have access to sharps disposal kits. Prisoners may access these kits through the Correctional Officers in charge of their accommodation block.
- 5.2 All sharps must be disposed in accordance with the *Infectious Disease Procedure*.

6 Management of prisoners with communicable diseases

- 6.1 In the interest of protecting a prisoner against any unlawful or unjustified discrimination, prejudice or ostracism, a prisoner who has, or may have, a notifiable condition (which includes communicable diseases) is to be afforded the right to privacy.
- 6.2 Prisoners will be made aware of their responsibilities to prevent transmission of the disease, both in correctional centres and in the community through information prepared by Health and disseminated through the Prisoner Information Handbook. This may include discussing issues around needle sharing and cleaning methods, needle exchange programs, the use of condoms and dental dams, and practising basic personal hygiene and infection control procedures.
- 6.3 The management of prisoners who have an infectious disease and are known to be engaging in unsafe behaviour, which may result in the infection of another person, should be dealt with on a case-by-case basis through the Superintendent and a Health Professional. Actions to reduce the risk of infectious disease transfer may include moving the prisoner into a cell by himself or herself, or in the most serious circumstance the prisoner may be segregated.

Related policies and procedures

Infectious Diseases Procedure

References

ACTCS Occupation Exposure and Infection Control Policy 2003;
Infection Diseases Control Guidelines (IDCG) (2004);
Infection Control and Needlestick Injury Guidelines (Justice and Community Safety, ACT Corrective Services);
Needle Syringe Awareness (ACT Government 1998); and
First Aid in the Workplace: OHS Policy No P-03. (ACT Public Service 1998).