

ANNE ARUNDEL COUNTY DEPARTMENT OF DETENTION FACILITIES ADMINISTRATIVE DIRECTIVE	AD NO: 10.08 DATE: March 3, 2023 SUBJECT: Health Care Services TITLE: MRSA FOR PUBLIC RELEASE: Yes
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- I. References: Federal Bureau of Prisons Clinical Practice Guidelines – Management of Methicillin-Resistant Staphylococcus aureus (MRSA) Infections, April 2012; SOD 01.0D
- II. Applicable to: Anne Arundel County Department of Detention Facilities (AACDDF)
- III. Purpose: To establish guidelines for the prevention and control of MRSA in the correctional setting.
- IV. Definitions:
 - A. **Colonization** – the presence of bacteria on or in the body without causing infection.
 - B. **Staphylococcus aureus** – often referred to as staph is a commonly occurring bacterium that is carried on the skin and in the nose of healthy persons. May cause minor skin or soft tissue infections such as boils, as well as more serious infections such as wound infections, abscesses, pneumonia and sepsis.
 - C. **MRSA** – staph bacteria that have become resistant to beta-lactam antibiotics, including: penicillin, ampicillin, amoxicillin, amoxicillin/clavulanate, methicillin, oxacillin, dicloxacillin, cephalosporins, carbapenems and the monobactams. MRSA causes the same types of infections as staphylococcal bacteria that are sensitive to beta-lactam antibiotics
 - D. **MRSA Outbreak** – a clustering of two or more epidemiologically-related, culture-positive cases of MRSA infection.
- V. Policy: It shall be the policy of the AACDDF to control MRSA within its facilities by instituting measures which serve to prevent its spread and ensure prompt detection and treatment.
 - A. Prevention
 - 1. Personal Hygiene and Facility Sanitation
 - a. Hand-washing shall be promoted by posting of signs and supplying all inmate housing areas and staff restrooms with liquid soap. Additionally, office areas shall be supplied with waterless hand sanitizer.

- b. Liquid soap shall be issued to each inmate for bathing. Bar soap for personal use will be available for purchase through the commissary.
- c. Disinfectant wipes shall be available for sanitizing phones in the visiting areas, offices and interview rooms. Additionally, wipes shall be available in recreation yards and the staff fitness room for sanitizing exercise equipment.
- d. In cold weather months, inmates shall receive jackets as part of the jail-issue uniform for their personal use in recreation yards. The jackets shall be laundered with other personal items and turned in upon release from custody for laundering and reissuance.
- e. Inmate workers assigned to the kitchen shall be issued boots and jackets for their personal use for the duration of their assignment. Workers shall be responsible for sanitizing their boots daily using disinfectant spray. Boots shall be sanitized prior to reissuance by Food Service staff.
- f. Kitchen workers shall be supplied with oven mitts and other such protective gear for their personal use each day as required for performance of their duties. Mitts shall not be shared and shall be laundered prior to re-issuance.
- g. Inmate workers with Minimum-Outside clearance assigned to outside work details shall be issued protective gear and outerwear appropriate to the nature of the duties and weather conditions. Items shall be issued for the personal use of the worker for the duration of the assignment and shall be laundered/sanitized prior to re-issuance. For off-site work details, items shall be controlled by detail supervisors who shall ensure proper issuance and laundering based on guidelines provided by AACDDF. AACDDF supervisors, when conducting weekly off-site visits and inspections of these details, shall review compliance with detail supervisors and shall document the discussion in an Incident Report summarizing the visit.
- h. Cloth rags shall be available for sanitizing separate surfaces in the Kitchen and shall not be re-used. Rags shall be laundered after use each day.
- i. Disinfectant and paper towels shall be available in all housing areas for cleaning surfaces, including sinks, toilets, showers,

chairs, table tops and benches. Rags shall not be issued. Inmates shall be expected to clean surfaces following use and to maintain the cleanliness of the area in general.

- j. Inmates shall be provided with disinfectant wipes for sanitizing their mattress/pillow upon transfer to a new housing area. Officers supervising the transfer shall be responsible for issuing the wipes.
- k. Hair care equipment and finger and toenail clippers shall be sanitized in barbicide after each use. Barbicide shall be replaced on a daily basis by designated inmate workers.
- l. Laundering at ORCC shall be in hot water (160 degrees). At JRDC, laundering shall be in hot water if the ozone generator fails to inject ozone into the wash water.

2. Education and Training

- a. Information on MRSA shall be included in Inmate Orientation Booklets.
- b. Informational posters shall be displayed throughout both facilities.
- c. A video promoting regular hand-washing, maintaining personal hygiene and prompt reporting of skin infections shall be shown in intake areas facilities, and on a routine basis on televisions in housing areas.
- d. Signs to encourage hand-washing shall be posted near sinks in housing areas and staff restrooms.
- e. Information on the transmission, prevention, treatment and containment of MRSA shall be presented to staff in the Correctional Entrance Level, Pre-Service and In-Service Training Programs.

B. Detection and Treatment

- 1. Inmates shall be evaluated for MRSA during the Intake Medical Screening and in the course of all routine contacts with Medical personnel, including History & Physical, clearance for work assignment and Sick Call.
- 2. Inmates who report or are observed by correctional staff to have skin conditions shall be immediately referred to and evaluated by Medical.

3. MRSA infections shall be diagnosed by routine aerobic bacterial culture of wound drainage. If a culture cannot be obtained, an empiric diagnosis shall be made. In all cases, the course of treatment shall be determined by the Medical Director in compliance with Federal Bureau of Prisons Clinical Practice Guidelines.

VI. Procedure:

A. Preventative Measures

1. The Support Services Manager shall be responsible for ensuring the availability of supplies referenced in Section IV.A. of this directive for facility sanitation and personal hygiene. Supplies shall be replenished by a designated inmate worker in cooperation with the Quartermaster and Post Officer.
2. The MRSA video shall be shown in accordance with the following:
 - a. JRDC Intake Housing – for new inmates during dayroom hours, once per shift.
 - b. ORCC Receiving – for new inmates, during the receiving process.
 - c. ORCC Housing Areas – for the general population, prior to or following showing of movies.

B. Screening and Diagnosis

1. Qualified Health Care Professionals (QHCPs) shall screen inmates for MRSA in the course of all routine medical assessments and examinations. In screening for MRSA, the QHCP shall assess for sores, wounds, spider bites, cellulitis, other skin conditions and for MRSA risk factors.
2. If the QHCP identifies an area of concern, s/he shall review the MRSA Tracking Log (Appendix 1) to determine if the inmate has previously been confirmed to have MRSA. The QHCP shall obtain a culture if the area of concern is draining and/or the inmate's name does not appear on the Log.
3. The QHCP shall determine whether an inmate with suspected or confirmed MRSA requires removal from general population and assignment to medical isolation. In general, inmates with non-draining wounds or wounds with minimal drainage, contained by a simple dressing, may be housed in general population. Though the decision concerning the medical necessity of isolation rests with the QHCP, the Shift Supervisor may assign the inmate to alternative housing if s/he believes that

remaining in the same housing area would put the inmate at risk from other inmates.

- a. If it is determined that medical isolation is required, the QHCP shall contact the Shift Supervisor to initiate assignment to Administrative Segregation in accordance with SOD 01.0D. The inmate shall be housed alone in a Medical cell unless the QHCP expressly authorizes sharing of a cell with another inmate who is similarly infected and colonized.
 - b. Inmates with suspected or confirmed MRSA who remain in general population shall be counseled on the importance of keeping the area covered. If directed by a QHCP, an inmate remaining in general population shall be required to shower in the Medical Unit on a daily basis rather than in the housing unit. Shower areas in Medical shall be disinfected after each use by the assigned inmate worker.
4. Upon return of a positive culture, Medical shall initiate appropriate treatment in accordance with Federal Bureau of Prisons Clinical Practice Guidelines.

C. Inmate Work Program

1. Inmates being evaluated by QHCPs for work clearance shall undergo a visual examination for lesions, sores and other skin conditions. Inmates with a history of hepatitis or MRSA shall be excluded from assignment to the kitchen.
2. Upon assignment of an inmate to a Minimum-Outside clearance position, the Correctional Program Specialist (CPS)/Work Program Coordinator shall notify the Laundry Supervisor so that required gear and outerwear may be issued. The Laundry Supervisor shall likewise be notified as inmates are removed from outside clearance positions so that items may be retrieved and laundered for reissuance.
3. Upon clearance of an inmate for a kitchen position, the QHCP shall counsel him on the necessity of self-reporting all skin infections, no matter how minor.
4. At the beginning of each shift, Food Service staff shall inspect kitchen workers for visible sores, and shall inquire if any have appeared that are beneath clothing. Workers who report or are observed to have sores, and/or who are wearing armbands of any nature, shall be immediately taken to Medical for examination.

5. On a weekly basis, a QHCP shall examine all kitchen workers to ensure no sores or other skin conditions have developed and shall forward documentation to the Support Services Manager.
6. In the event a Kitchen worker is identified with possible MRSA, the QHCP shall immediately contact the Shift Supervisor to arrange for his immediate transfer to medical isolation. Additionally, the QHCP shall request that his/her housing area be thoroughly sanitized and shall examine all other Kitchen workers. Should MRSA be confirmed, the inmate may not be returned to assignment in the Kitchen following treatment; rather, the CPS/Work Program Coordinator shall assign him/her to another position that does not involve food service.

D. Outbreak Management

1. In the event two or more cases of epidemiologically-related MRSA infections, the Health Services Administrator (HSA) shall immediately initiate an investigation to determine if an outbreak has occurred. The investigation shall include determination of a possible common source of infection (i.e., shared housing or work assignments). Should a common source be suspected, all potential inmate contacts shall be examined.
2. If necessary due to the number of infected inmates, alternative housing shall be identified in cooperation with the Correctional Facility Administrator (CFA), Assistant Correctional Facility Administrator (ACFA) and Captain.
3. The HSA shall comply with MRSA Guidelines concerning laboratory confirmation, tracking and containment in the event of a suspected or confirmed outbreak.


E. Tracking and Documentation

1. The HSA or designee shall enter confirmed MRSA cases on the MRSA Tracking Log (Appendix 1). The log shall serve as a perpetual list of inmates ever confirmed to have MRSA and shall be checked as new or probable cases are identified. Additionally, confirmed cases shall be documented on a case tracking report that includes recording of sensitivities and case closure information.
2. The HSA shall report the number of suspected and confirmed MRSA cases each month on the Health Services Statistical Report. Five or more new diagnoses of facility-associated (symptoms occurring more than 72

hours after entry) MRSA within a calendar month shall be reported to the Health Department.

3. Suspected and confirmed MRSA Outbreaks shall be reported to the ACFA, CFA, Superintendent and Department of Health.

This directive shall be reviewed at least annually and revised as necessary.



Christopher Klein
Superintendent

Appendix 1 - MRSA Tracking Log