

 <p><b>CD-176000</b></p>	<p><b>NEW MEXICO CORRECTIONS DEPARTMENT</b></p> <p><i>"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."</i></p> <p><b>Courage Responsibility Ethics Dedication - CREDibly serving the public safety of New Mexico</b></p>	
	<p><b>ISSUE DATE: 04/14/90</b></p> <p><b>EFFECTIVE DATE: 04/14/90</b></p>	<p><b>REVIEW/REVISED: 02/16/15</b></p>
	<p><b>TITLE: Infection Control Plans TB, HIV, Biohazard Waste Management and Decontamination of Medical and Dental Equipment</b></p>	

**AUTHORITY:**

- A. NMSA 1978, Section 33-1-6.
- B. 20.4.1-4 New Mexico Administrative Code, *Hazardous Waste*
- C. *New Mexico Hazardous Waste Act*, NMSA 1978, Sections 74-4-1 through 74-4-14 and 74-4-14 (as amended).
- D. Policy CD-010100.

**REFERENCES:**

- A. NMSA 1978 Comp., Section 24-2B-1 through 8.
- B. NMSA 1978 Comp., Section 24-1-7.
- C. ACA Standard 2-CO-4E-01, Standards for the Administration of Correctional Agencies, 1993.
- D. ACA Standards 4-4354 through 4-4358 Standards for Correctional Institutions 4th Edition.
- E. Center for Disease Control and Prevention (CDC) – Morbidity and Mortality Weekly Report (MMWR) July 7, 2006 / Vol. 55 / No. RR-9
- F. Panel on Antiretroviral Guidelines for Adults and Adolescents, Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Department of Health and Human Services. December 1, 2009; 1-161.  
Available at <http://www.aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf>
- G. Treatment of Tuberculosis, by the American Thoracic Society, CDC, and Infectious Diseases Society of America, of June 20, 2003 / 52(RR11);1-77, reprinted from American Journal of Respiratory and Critical Care Medicine (2003;167:603-62)
- H. EPA, *Hazardous Waste - Treatment, Storage & Disposal (TSD)* (link)

**PURPOSE:**

To provide necessary information to staff and inmates, and establish clinical guidelines to reduce the risk of spread and treatment of **HIV (including AIDS)**, Hepatitis A, B, C, or TB, and other infectious diseases, direct the management of bio-hazardous waste, and decontamination of medical and dental equipment.

**APPLICABILITY:**

All employees of the New Mexico Corrections Department (NMCD), contracted employees and facilities housing NMCD inmates within the State of New Mexico.

**FORMS:**

- A. **TB Symptom Screen Tool** form (*CD 176001.1*)
- B. **RDC Intake / Annual Inmate TB Screening** form (*CD 176001.2*)
- C. **HIV Screening** form (*CD 176002.3*)

**ATTACHMENTS:**

None

**DEFINITIONS:**

- A. *Acquired Immune Deficiency Syndrome (AIDS)*: A condition seen in advanced Human Immunodeficiency Virus (HIV) infection. The diagnosis of AIDS requires professional identification of certain specific medical signs and symptoms, and certain specific clinical and laboratory findings, as defined by the Center for Disease Control and Prevention (CDC).
- B. *Active Tuberculosis*: A form of infection by organisms of the *Mycobacterium tuberculosis* or *M. bovis* class during which the bacteria is actively growing. Persons who have active tuberculosis (TB) disease have symptoms that differ depending on the site of the infection. Active TB can be treated with appropriate medicines.
- C. *Antibody Test*: A test used to detect signs of previous exposure to an infectious virus, such as Human Immunodeficiency Virus (HIV), Hepatitis A virus, Hepatitis B virus, or Hepatitis C virus. An antibody test does not necessarily confirm the presence of active infection, but rather a history of previous exposure.
- D. *BCG (Bacillus Calmette-Guerin)*: A vaccination given in many other countries, such as Mexico and India, that causes persons vaccinated to falsely appear to be purified protein derivative (PPD)-positive.
- E. *Cleaning*: A process that removes contaminants including dust, soil, large numbers of microorganisms and organic matter (e.g. blood, vomit) from medical instruments and equipment. It is an essential prerequisite to disinfection and sterilization. It also removes the organic matter on which micro-organisms might subsequently thrive.

- F. *TB Converter:* A person with a positive (PPD) skin test result who has previously had a PPD. Such a person has been exposed to someone with active TB. Their risk of developing active disease is significant and may have to be treated. A converter infected with TB, but without symptoms of active TB, may be classified as having LTBI (latent TB infection).
- G. *Disinfection:* A process used to reduce the number of microorganisms but not usually bacterial spores on medical instruments and equipment. The process does not necessarily kill or remove all microorganisms, but reduces their number to a level which is usually not harmful to health.
- H. *High risk instruments:* Items that come into close contact with a break in the skin or mucous membranes, or are introduced into a normally sterile body area. e.g. surgical instruments, needles, urinary, and other catheters. Sterilization is required for this group of instruments.
- I. *Human Immunodeficiency Virus (HIV):* The Human Immunodeficiency Virus (HIV) infects and destroys the CD4+T-lymphocyte, a type of white blood cell that is important to the body's immune response. This causes chronic infection with HIV. Individuals with HIV infection do NOT necessarily have AIDS.
- J. *HIV Antibody Test:* A test used to detect infection with the virus that causes AIDS, called the Human Immunodeficiency Virus (HIV). A positive result must be followed by the "Western Blot Test", to confirm the positive infection.
- K. *Isoniazid (INH):* A drug used both in the treatment and the prevention of active tuberculosis and other mycobacterial disease.
- L. *Intermediate risk instruments:* Items that come into close contact with mucous membranes or are contaminated with particularly virulent or readily transmissible organisms. e.g. some types of respiratory equipment including laryngoscope blades, endotracheal and tracheostomy tubes, oropharyngeal and nasal airways. Disinfection is required for this group of instruments.
- M. *Low risk instruments:* Items that only come into contact with normal intact skin. e.g. stethoscopes or washing bowls. Cleaning and drying is usually adequate for this group of instruments.
- N. *PPD:* A purified protein derivative extracted from the mycobacterium *M. tuberculosis*. It is a common form of skin testing for the history of TB infection. The PPD tuberculin test is done by intradermal injection of PPD and is also known as the Mantoux test.

- O. Sterilization: A process that removes or destroys all forms of microbial life including bacterial spores.
- P. Tuberculosis (TB) A condition of being infected with *Mycobacterium tuberculosis*, most TB infections occur in the lungs and can be latent or active.
  - a. Latent TB is diagnosed in patients who have a positive PPD test, but do not exhibit symptoms of the bacteria actively growing. Latent TB can be treated with INH to prevent TB disease.
  - b. Active TB is diagnosed in patients who have a positive PPD test, are exhibiting symptoms of TB, and the presence of TB is confirmed with a chest x-ray. This condition requires immediate airborne precautions and treatment.

**POLICY: [2-CO-4E-01]**

- A. The diagnosis of tuberculosis is a professional medical opinion which derives from information and evidence, including inmate medical history, TB Symptom Screening Tool, PPD tuberculin skin test and, if indicated, chest radiography. As the risk of untreated LTBI emerging in confined conditions is uncommon, but has profound consequences, treatment of suspected LTBI is a clinical practice judgment.
- B. The NMCD shall provide staff and inmates with information and education regarding communicable diseases, including Hepatitis B virus, Hepatitis C virus, HIV infection, and AIDS in the process of health care delivery.
- C. Peer education, instructional materials, and all available methods of risk reduction education should be combined in an interdisciplinary approach to prevent high risk behavior, and thus serious chronic infection.
- D. All inmates with contagious conditions will be transferred to the Long-Term Care Unit (LTCU) at Central New Mexico Correctional Facility in Los Lunas, if medically appropriate, and placed in isolation if necessary. The Epidemiology Division of the Department of Health shall be consulted as medically appropriate.
- E. Contractor shall be responsible for compliance with requirements for reporting any reportable disease, including provisions in the New Mexico Administrative Code 7.4.3.6, that directs the control of diseases and conditions of public health significance through the prompt identification of disease, notification of responsible health authorities, and institution of preventive and ameliorative measures.

- F. There is a written program to address the management of communicable and infectious diseases in inmates. The program plan shall include procedures for: [4-4354]
- Prevention to include immunizations, when applicable;
  - Surveillance (identification and monitoring);
  - Inmate education and staff training;
  - Treatment to include medical isolation, when indicated;
  - Follow-up care;
  - Reporting requirements to applicable local, state, and federal agencies;
  - Confidentiality/protected health information;
  - Appropriate safeguards for inmates and staff; and,
  - Post-exposure management protocols particularly for HIV and viral hepatitis infection.
- Communicable disease and infection control activities are discussed and reviewed at least quarterly by a multidisciplinary team that includes clinical, security, and administrative representatives.
- G. Management of tuberculosis (TB) in inmates includes procedures as identified in the communicable disease and infection control program. In addition, the program for TB management shall include procedures to determine: [4-4355]
- When and where inmates are to be screened/tested;
  - Treatment of latent tuberculosis infection and tuberculosis disease;
  - Medical isolation, when indicated; and
  - Follow-up care, including arrangements with applicable departments of health for continuity of care if offender is released prior to completion of therapy.
- H. The medical vendor shall have a written plan for the management of inmates with Methicillin Resistant *Staphylococcus aureus* (MRSA) infection that includes requirements identified in the communicable disease and infection control program elsewhere in CD-176000. In addition, the program for MRSA management shall include procedures for evaluating and treating infected inmates in accordance with an approved practice guideline, medical isolation, when indicated, follow-up care, including arrangements with appropriate health care authorities for continuity of care if inmates are relocated prior to the completion of therapy, and categorizing degree of infection (systemic, superficial, other.) The plan shall include quality review of health records including laboratory reports, medical isolation logs, and treatment plans, observations, and interviews. [4-4354-1]
- I. The medical vendor shall have a written plan to address the management of biohazardous waste and for the decontamination of medical and dental equipment. [4-4358]

- J. Management of HIV infection in inmates includes procedures as identified in the communicable disease and infection control program. In addition, the program for HIV management shall include: **[4-4357]**
- When and where inmates are to be HIV tested;
  - Pre- and post-test counseling;
  - Immunization and other prevention measures, when applicable;
  - Treatment protocols;
  - Confidentiality/protected health information; and
  - When and under what conditions inmates are to be separated from the general population; but only medical indication shall direct movement based on ID status.
- K. HIV antibody screening of inmates will be done in the NMCD on a voluntary basis. HIV testing shall be offered to all inmates upon intake into the system and at any time when medically indicated or requested by the inmate. Those who have engaged in high-risk behaviors should be urged to be tested. Using the **HIV** screening form (*CD 176002.3*) HIV testing shall be consistent with statutory obligations including Chapter 24, Article 2B NMSA 1978, and the "Human Immunodeficiency Virus Test Act".
- L. Pre-test and post-test counseling, education and documentation for all inmates who receive positive test results for HCV and HIV or any other Infectious Disease.
- M. All information regarding an inmate's HCV or HIV status shall be confidential. Failure on the part of NMCD or vendor staff to maintain confidentiality shall result in disciplinary action, up to and including termination.
- N. Housing and work assignments shall be made without regard to HCV or HIV status, unless there is a medical indication or legitimate penological necessity.



---

Gregg Marcantel, Secretary of Corrections  
New Mexico Corrections Department

02/16/15  
Date

 <p><b>CD-176001</b></p>	<h1>NEW MEXICO CORRECTIONS DEPARTMENT</h1> <p><i>"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."</i>  <b>Courage Responsibility Ethics Dedication - CREDibly serving the public safety of New Mexico</b></p>	
	<b>ISSUE DATE: 04/14/90</b>	<b>REVIEW/REVISED: 02/16/15</b>
	<b>EFFECTIVE DATE: 04/14/90</b>	
<b>TITLE: Infection Control Plans: Tuberculosis (TB)</b>		

**AUTHORITY:**

Policy CD-176000

**PROCEDURES: [4-4354] [4-4355] [2-CO-4E-01]**

A. Tuberculosis (TB):

1. At Reception and Diagnostic Center initial screening (CNMCF and NMWCF), the nurse will assess inmates for the possibility that the inmate has signs and /or symptoms of tuberculosis using **TB Symptom Screening Tool** form (*CD-176001.1*).
2. Any inmate suspected of having TB disease will be reported to the facility Medical Provider and the Medical Vendor's Regional Medical Director and reviewed for the possibility of active tuberculosis. Inmates found to be positive or may possibly be infected shall be given medical orders for immediate transfer to CNMCF-LTCU and housed in negative-pressure isolation until a definitive diagnosis is reached.
3. During the initial Reception and Diagnostic Center health screening, if there is no evidence of active TB disease, the nurse will seek written evidence showing whether the inmate has ever been previously tested for TB. If the inmate has never been previously screened, or previous screening was negative, then the inmate will be tested using a two-stage TB screening Mantoux tuberculin skin test (PPD), using **RDC Intake/Annual Inmate TB Screening** form (*CD 176001.2*).
4. During the initial Reception and Diagnostic Center health screening, the nurse will check if the inmate has previously tested positive, had BCG (a TB vaccine which produces false negative results) and /or has been treated for TB with antimycobacterial chemotherapy. If so, the inmate will be referred to a Medical Provider within 7 days for further work-up, chest x-ray and / or antimycobacterial therapy as indicated.
5. All persons incarcerated in the NMCD will be subjected to annual TB screening, if indicated. All annual TB screening will be single-stage, or two-stage if clinically indicated. TB screening will be done with Tubersol® or equivalent agent.

6. Inmates in need of treatment for TB will be treated using current best practices for the treatment of infectious diseases, including reference to recommendations to the US Public Health Service rating system and CDC/MMWR therapeutic guidelines. The current Consensus Statement, *Treatment of Tuberculosis*, by the American Thoracic Society, CDC, and Infectious Diseases Society of America, of June 20, 2003 / 52(RR11);1-77, reprinted from *American Journal of Respiratory and Critical Care Medicine* (2003;167:603-62) can be found online at <http://www.cdc.gov/mmwr> and will be supplied to medical vendor upon request. Inmates will be enrolled in chronic care clinic (infectious diseases) during TB antimycobacterial treatment.
7. All NMCD employees and contract employees who have direct and continuing contact with inmates will receive the same PPD tuberculin skin test for TB screening as indicated for inmates, initially upon employment as per policy in Stage III (*CD-030202*) and thereafter annually (*CD-036200*).
8. Tuberculosis is a nationally notifiable infectious disease as defined by the Centers for Disease Control, and is subject to reporting under *CD-176000* Section E above. The reporting form used is the *New Mexico Department of Health Tuberculosis Record*.
9. Directly observed therapy (DOT) is the preferred initial management strategy for all regimens and should be used whenever feasible. All inmates being given drugs less than seven (7) days per week (5, 3, or 2 days/week) must receive DOT for at least the first three months of treatment. (*Treatment of Tuberculosis, ibid.*)



---

Gregg Marcantel, Secretary of Corrections  
New Mexico Corrections Department

02/16/15

Date

## NEW MEXICO CORRECTIONS DEPARTMENT

### TB Symptom Screen Tool

**This TB screening tool is to be used for initial and annual screening for any inmate.**

**Note:** This tool is used for those inmates who have a current / past history of a positive PPD.

Date of last TB skin test which was positive \_\_\_\_\_ Results mm: \_\_\_\_\_  
(Obtain documented history, if possible) \_\_\_\_\_ Where: \_\_\_\_\_

1)

IN THE PAST YEAR HAVE YOU EXPERIENCED:	YES	NO
Unexplained weight loss of 10 lbs. or greater		
Prolonged cough (lasting >3 weeks)		
Coughing up bloody sputum or mucous		
Fever / Chills without known infection		
Night sweats		
Loss of appetite		
Easily fatigued or weakness		
Chest Pain		

Comments: \_\_\_\_\_  
\_\_\_\_\_

2) Have you ever taken any medication for TB? Y    N  
If yes; \_\_\_\_\_  
How long treated: \_\_\_\_\_  
Treatment started: \_\_\_\_\_  
Treatment completed: \_\_\_\_\_

3) Date of last chest X-Ray: \_\_\_\_\_ (Obtain report if possible)  
Why: \_\_\_\_\_  
Where: \_\_\_\_\_

4) Have you been around anyone who has been diagnosed with TB? Y    N  
If yes; \_\_\_\_\_  
When: \_\_\_\_\_  
Where: \_\_\_\_\_  
How long: \_\_\_\_\_

5) Other Medical factors: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6) Referred to provider within 24 hrs. if any symptoms otherwise in 7 days.  
Appointment date: \_\_\_\_\_

Nurse Signature: \_\_\_\_\_

--	--	--	--	--

Inmate Name \_\_\_\_\_ NMCD# \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Facility \_\_\_\_\_  
NMCD Approved \_\_\_\_\_ Medical Record Section 2

## NEW MEXICO CORRECTIONS DEPARTMENT

### RDC Intake / Annual Inmate TB Screening

#### Test #1

Purified Protein Derivative Testing (0.1 cc)  
(planted intradermally)

INMATE SIGNATURE TO VERIFY TEST #1 PLANTED

a. Date/Time Planted \_\_\_\_\_ right / left forearm  
(circle one)

Nurses Signature

Lot # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Manufacturer \_\_\_\_\_

**\*RETURN TO CLINIC IN 72 HOURS FOR READING**

b. Date/Time Read \_\_\_\_\_

INMATE SIGNATURE TO VERIFY TEST# 1 READ

Results \_\_\_\_\_ m.m. induration

Nurses Signature

If Positive do TB Symptom Screening Tool #214 and Schedule with Provider with in 24 hours.  
(HIV positive 5 m.m.; all others 10 m.m.)

**IF TEST #1 READ NEGATIVE, PLANT TEST #2, 14 DAYS FROM DATE TEST #1 READ  
\*RETURN TO CLINIC IN 72 HOURS FOR READING**

#### Test #2

Purified Protein Derivative Testing (0.1 cc)  
(planted intradermally)

INMATE SIGNATURE TO VERIFY TEST #2 PLANTED

a. Date/Time Planted \_\_\_\_\_ right / left forearm  
(circle one)

Nurses Signature

Lot # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Manufacturer \_\_\_\_\_

b. Date/Time Read \_\_\_\_\_

INMATE SIGNATURE TO VERIFY TEST #2 READ

Results \_\_\_\_\_ m.m. induration

Nurses Signature

If Positive do TB Symptom Screening Tool and Schedule with Provider with in 24 hours.  
(HIV positive 5 m.m.; all others 10 m.m.)

( ) **Inmate has documented past positive TB test. PPD is not planted. Do TB Symptom Screen Tool #214.  
Refer to provider for screening, to include a chest X-ray.**

**Appointment date:** \_\_\_\_\_

Nurse Signature: \_\_\_\_\_

**NOTE: INMATE SIGNATURE MUST BE OBTAINED**

Inmate Name NMCD Approved	NMCD# Medical Record Section 3	RDC INTAKE <input type="checkbox"/>	Facility
		Annual <input type="checkbox"/>	

 <p><b>CD-176002</b></p>	<p><b>NEW MEXICO CORRECTIONS DEPARTMENT</b></p> <p><i>"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."</i></p> <p>Courage <b>R</b>esponsibility <b>E</b>thics <b>D</b>edication - <b>CRED</b>ibly serving the public safety of New Mexico</p>	
	<p><b>ISSUE DATE: 04/14/90</b></p> <p><b>EFFECTIVE DATE: 04/14/90</b></p>	<p><b>REVIEW/REVISED: 02/16/15</b></p>
	<p><b>TITLE: Infection Control Plans: Human Immunodeficiency Virus (HIV)</b></p>	

**AUTHORITY:**

Policy CD-176000

**PROCEDURES: [4-4354] [2-CO-4E-01]**

A. Human Immunodeficiency Virus (HIV) [4-4357]:

1. **Confidentiality:**

- a. Testing results are confidential, and only Health Services staff are authorized to look at them.
- b. Inmates who test positive for HIV, e.g., positive by ELISA screening and Western Blot confirmation, will be reported to the New Mexico Department of Health as required by law.

2. **Security and Housing**

- a. If there is a clear and present protection issue or security risk, any inmate may be separated into voluntary or involuntary protective custody, in the usual and customary practice of Classification operations in the New Mexico Corrections Department.
- b. Condoms are to be available for all inmates for conjugal visits for protection against sexually transmitted diseases. Condoms are to be provided by security personnel.

**3. Treatment**

- a. Guidelines will follow an orderly and authoritative source for treatment of Human Immunodeficiency Virus (HIV), such as Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents, Department of Health and Human Services. December 1, 2009; 1-161, at <http://www.aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf> or the Federal Bureau of Prisons corollary source.



---

Gregg Marcantel, Secretary of Corrections  
New Mexico Corrections Department

02/16/15  
Date

**NEW MEXICO CORRECTIONS DEPARTMENT  
HIV Screening**

HIV Laboratory Testing

HIV testing is voluntary. If you provide consent, we will perform an HIV test.

It is recommended that HIV testing be done if you are, or have ever been in any of these high risk groups:

1. I.V. drug use history
2. Men who have sex with men
3. Multiple sex partners
4. Tattoos / body piercing

Also, you may have other reasons to suspect you may have been exposed to the HIV virus and would like to be tested. HIV testing will be done at any time during incarceration by request.

This HIV test will be kept in your confidential Medical Record and will not be entered into your custody file. However, if you are positive and someone else is at high risk of exposure, they need to be informed of the possible exposure with your consent. Throughout this process, your Name will not be released.

You will be scheduled for an appointment with a Medical Provider for counseling when your lab results are received.

\_\_\_\_\_ I DO WANT THE HIV TEST \_\_\_\_\_  
Inmate Signature and Date

\_\_\_\_\_ I DO NOT WANT THE HIV TEST \_\_\_\_\_  
Inmate Signature and Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Inmate Name

\_\_\_\_\_  
NMCD #

\_\_\_\_\_  
D.O.B.

\_\_\_\_\_  
Facility

**Medical Record Section 3**

**NMCD Approved**

 <p><b>CD-176003</b></p>	<h1>NEW MEXICO CORRECTIONS DEPARTMENT</h1> <p><i>"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."</i></p> <p><b>Courage Responsibility Ethics Dedication - CREDibly serving the public safety of New Mexico</b></p>	
	<b>ISSUE DATE: 04/14/90</b>	<b>REVIEW/REVISED: 02/16/15</b>
	<b>EFFECTIVE DATE: 04/14/90</b>	
	<b>TITLE: Infection Control Plans: Biohazard Waste Management and Decontamination of Medical and Dental Equipment</b>	

**AUTHORITY:**

Policy CD-176000

**PROCEDURES:**

A. Standard Precautions:

1. All employees of the NMCD, contracted employees and facilities housing NMCD inmates, for their own safety, shall observe universal blood and body fluid precautions in all inmate encounters. Disposable gloves and face masks should be provided for this purpose. All transport teams should have such gloves and masks with them in the event of an accident or incident en route. Standard Precautions are satisfactorily summarized by the Centers for Disease Control and Prevention under the title of "Universal Precautions for Prevention of Transmission of HIV and Other Blood borne Infections".

B. Housing and Work Assignments:

Housing and work assignments shall be made without regard to HIV or AIDS status except as follows:

1. Inmates, who are ill with Human Immunodeficiency Virus (HIV), with or without AIDS, shall be housed as determined by requirements necessary for the medical benefit of the inmate. Inmates infected with HIV shall not be deprived of reasonable access to programs and services available to uninfected inmates, unless a clear medical necessity or a legitimate penological reason exists.
2. Any inmate with any transmissible infectious disease, who acts in a way that endangers others by engaging in behavior risking transmission to others, shall be counseled and may be separated in voluntary or involuntary protective custody, in the usual and customary practice of Classification operations in the NMCD.

3. Condoms are to be available for all inmates for conjugal visits for protection against sexually transmitted diseases. Condoms are to be provided by security personnel.
4. Inmates infected with HIV or any other transmissible disease shall be treated, managed, and housed in a way that respects their privacy regarding their medical condition.

C. Waste and Decontamination of Medical and Dental Equipment:

1. Health care staff and sanitation workers will be trained on the appropriate methods for instruments and equipment sterilization, sharps disposal containers, and the handling of biohazardous material.
2. All medical waste and infectious waste generated in medical areas shall be discarded as required by city, state, and federal regulations.
3. Biohazardous waste will be removed from the site by the contracted vendor at least every other week, not to exceed thirty (30) days.
4. Contract medical vendors shall have a comprehensive plan for the decontamination of all medical and dental equipment.



---

Gregg Marcantel, Secretary of Corrections  
New Mexico Corrections Department

02/16/15

Date