



Request for Inclusion or Revision to an Administrative Directive

Connecticut Department of Correction

CN 1301
REV 02/06/15

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| Administrative Directive Number: 6.4 | Title: Transportation and Community Supervision of Inmates |
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I recommend the following inclusion or revision to the above referenced Administrative Directive (provide detailed explanation): Transportation protocol for inmates with C. Diff or MDRO.
I recommend the following inclusion to language in AD 6.4 adding section 17 Transport Protocol of an Inmate with Active or Suspected Infectious Condition. Transportation staff shall comply with the following criteria when transporting an inmate with active or suspected Clostridium difficile or Multidrug- Resistant Organism (MDRO).

- A. Transportation officers shall be notified and educated on Infection Control measures, including the importance of hand hygiene, protective measures, safe disposal of contaminated dressings, and decontamination of security devices and reusable restraints (e.g., handcuffs, leg irons, chubb cuffs and belly restraints).
- B. Transportation officers shall use personal protective equipment (PPE): Barrier protection is recommended for use by an individual to prevent disease transmission.
- C. Transportation officers should use disposable restraints when feasible.
- D. The inmate shall be transported individually if possible.
- E. If the inmate has a wound, it should be securely bandaged prior to the transport.
- F. Upon arrival at the receiving facility, the inmate shall be taken directly to the medical department.
- G. Transportation officers shall use hand sanitizer enroute and shall wash hands with soap and water as soon as available.
- H. The cleaning and disinfecting of vehicle surfaces and equipment shall be conducted after every transport of an inmate with suspected or active Clostridium difficile or MDRO. Priority shall be given to items and surfaces that could be implicated in transmission. The necessary method of cleaning is to mix one (1) part bleach to ten (10) parts water. All vehicle surfaces should be wiped with a cloth or rag that is moistened with this mixture.

See attached documents

ORIGINATOR

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|-----------------------|-------------------|----------------------------|
| Name: [REDACTED] | Title: [REDACTED] | Date: 02/08/2015 <i>JK</i> |
| Signature: [REDACTED] | | Facility/Unit: [REDACTED] |

UNIT/DISTRICT/DIVISION RECOMMENDATIONS

| Approved | Denied | Signature | Date |
|-------------------------------------|--------------------------|--|----------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Unit Administrator's signature: <i>Lillian F. Maurer</i> | Date: 2/8/2016 |
| <input type="checkbox"/> | <input type="checkbox"/> | District Administrator's signature: N/A <small>(only needed if originating from facility)</small> | Date: N/A |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Division Administrator's signature: <i>[Signature]</i> | Date: 2/23/16 |

COMMISSIONER'S DECISION

This request is: **APPROVED** **DENIED** Effective date of request: As practicable

The language/provisions of this inclusion/revision shall be effective as of: _____ and subsequently added to the Administrative Directive at the next update.

This inclusion/revision shall be added to the Administrative Directive prior to: _____

This inclusion/revision shall be added immediately to the Administrative Directive.

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| Commissioner's signature: <i>[Signature]</i> | Date: 2/25/16 |
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