

**TESTIMONY OF HERBERT FURHMAN
TO THE CONNECTICUT LEGISLATIVE LABOR AND PUBLIC EMPLOYEES
COMMITTEE, SESSION 2008**

In support of Raised House Bill 6192

Good afternoon Senator Prague, Representative Ryan and members of the Labor and Public Employees Committee. Thank you for allowing me to present this testimony.

My name is Herbert Furhman. I reside in New Milford, Connecticut, and I am an 18-year veteran of the State Department of Correction. I currently serve as a counselor at Garner Correction Institution, a maximum-security mental health prison in Newtown. I am also a Union Steward, Trustee and the Workers' Compensation Representative of AFSCME Council 4's Local 1565. I am a six-term president with more than 20 years of service with the Gaylordsville Volunteer Fire Department, and a retired 23-year permanent part-time certified police officer for the Town of Washington under the CT State Police.

Last year I came before this committee asking that MRSA, a highly communicable infectious disease, afflicting an increasing number of state correctional personnel in Connecticut, be considered a presumptively covered workers' compensation illness.

This year, hundreds of our agency's members hope that the Legislature will enact Raised House Bill 6192, an Act Concerning Workers' Compensation Presumptions for Methicillin-Resistant Staphylococcus Aureus for Employees of the Department of Correction.

For those of us in the prison system MRSA has become a bacterial occupational illness and disease. Although individuals can contract MRSA in educational and health care facilities, it has become most pervasive in prisons nation-wide. This is due to the close proximity to each other in which prisoners live, the overcrowding of our prison populations, and the lower hygiene standards of inmates due to numerous factors including their mental health, social skills and their limited access to available cleaning and hygiene supplies.

As the workers' compensation representative for AFSCME Correctional Employees Local 1565, I have represented injured and ill employees for several years. This has included representing a number of our state workers who have contracted this illness directly linked to their working environments.

These cases come from a number of our prisons, jails and parole field officers including Corrigan Institution, Gates, New Haven, Hartford and Bridgeport. Our staff effected by this occupational disease have included male and female correctional officers, maintenance, parole and counselors.

In all cases, I have had to vigorously fight our workers compensation company, GAB Robins, who immediately contests every MRSA case. They have told me that fighting cases are based on financial considerations even though I present documentation that these are occupational cases. They have told me they will continue to fight each and every case until this bill passes.

It is significant that I report to you that our three correctional NP-4 labor union locals and the senior administrators of the CT Dept of Correction have been working cooperatively during this year to develop a program to control and limit the spread of MRSA in our 18 facilities and parole field offices.

Recognizing that MRSA has become a significant problem in the prison system, the DOC created and implemented Administrative Directive 2.25, titled “MRSA Prevention and Management Protocols for Employees.” This new six-page directive was signed by Commissioner Theresa Lantz on February 2 of this year. The directive, which I am providing to you today, references CGS Section 18-81, The U.S. Centers for Disease Control, the US Dept of Health and Human Services, UConn Medical Center, the Department’s Training and Staff Development Unit, and the purchasing of new chemical products. This directive includes the creation of an infectious control manual, and I quote, “to include a policy dedicated to MRSA addressing specific areas, MRSA risk factors, intake screening of inmates, monitoring of cultures and transfers of inmates with serious MRSA infections.”

Administrative Directive 2.25 is dedicated to Employee Training, Awareness and Reference, Personal Protective Equipment, a Facility and Vehicle Sanitation Plan, and a section on Selection, Procurement and Distribution of Cleaning Products.

Both labor unions and management are jointly dedicated to eradicating MRSA within the prison system. Over the past three years, the CT DOC has documented hundreds of inmates testing positive for MRSA. Even our state’s workers’ compensation administrator has acknowledged that MRSA is occupationally related to our environment.

Nationally, combating MRSA is a top priority in our nation’s correctional systems. In fact, the Federal Bureau of Prisons produced a video on the challenges and concerns of MRSA in the federal prison system and the need for greater employee protections.

We urge you to support Raised Bill 6192.

Thank you,

 2/26/09

**Herbert Fuhman, AFSCME Local 1565
Workers’ Compensation Representative
60 Colonial Ridge Drive, Gaylordsville, CT 06755**

 State of Connecticut Department of Correction ADMINISTRATIVE DIRECTIVE	Directive Number 2.25	Effective Date 2/1/2009	Page 1 of 6
	Supersedes New Directive		
Approved By <i>Theresa C. Lentz</i>	Title MRSA Prevention and Management Protocols for Employees		

1. Policy. The Department of Correction (DOC) shall strive to protect the health of employees through training and the implementation of procedures designed to minimize possible health risks associated with MRSA.

2. Authority and Reference.
 - A. Connecticut General Statutes, Section 18-81.
 - B. United States Department of Health and Human Services, Centers for Disease Control and Prevention, Community Associated MRSA Information for the Public, February 2005.
 - C. United States Environmental Protection Agency (EPA), EPA's Registered Products Effective against Methicillin-resistant *Staphylococcus aureus* (MRSA) and Vancomycin-resistant *Enterococcus faecalis* or *faecium* (VRE), June 2008.
 - D. Connecticut Department of Public Health, MRSA Train-the-Trainer Manual, December 2008.
 - E. University of Connecticut Health Center, Correctional Managed Health Care, Infection Control Manual, Policy 1.03, Universal Precautions.
 - F. University of Connecticut Health Center, Correctional Managed Health Care, Infection Control Manual, Policy 1.03a Inmate Isolation Precautions.
 - G. University of Connecticut Health Center, Correctional Managed Health Care, Infection Control Manual, Policy 1.06, Red Bag Waste.
 - H. University of Connecticut Health Center, Correctional Managed Health Care, Infection Control Manual, Policy 1.12, Methicillin-resistant *Staphylococcus aureus* (MRSA).
 - I. University of Connecticut Health Center, Correctional Managed Health Care, Guidelines for the Management of MRSA, October 2008.
 - J. University of Connecticut Health Center, Correctional Managed Health Care, Policy G 2.05, Human Immunodeficiency Virus.
 - K. Administrative Directives 2.7, Training and Staff Development; 2.12, Employee Health and Safety; 5.8, Purchasing of New Chemical Products; 6.6, Reporting of Incidents; 7.2, Armories; and 8.11, Human Immunodeficiency Virus Infection/Acquired Immune Deficiency Syndrome.

3. Definitions. For the purposes stated herein, the following definitions apply:
 - A. Methicillin-resistant *Staphylococcus aureus* (MRSA). A type of bacteria that is resistant to certain antibiotics such as all penicillins, including methicillin. MRSA usually manifests itself as a skin infection such as boils, and can occur in otherwise healthy people.
 - B. Ozone-Driven Washing Machine. A washing machine employing an ozone generator for the purposes of sterilizing and deodorizing clothing being washed.
 - C. Personal Protective Equipment. Personal protective equipment shall include, but not be limited to, masks, disposable moisture proof gowns, hair covers, shoe covers, protective gloves, masks and mouth barriers for cardio-pulmonary resuscitation (CPR).

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- D. Standard/Universal Precautions. Precautionary measures based on the principle that all blood, body fluids, secretions, excretions (except sweat), non-intact skin and mucous membranes may contain transmissible infectious agents.
4. Administration of Infection Control Program. The Director of Health and Addiction Services in collaboration with the contracted health services provider shall develop and maintain an Infection Control Program that:
- A. promotes a safe and healthy environment for employees and inmates;
 - B. effectively monitors the incidence of infectious and communicable disease among inmates;
 - C. reduces the incidence and spread of these diseases;
 - D. ensures that inmates infected with these diseases receive prompt care and treatment; and,
 - E. provides for the completion and filing of all reports consistent with local, state and federal laws and regulations.
5. Infection Control Manual. The Director of Health and Addiction Services in collaboration with the contracted health services provider shall develop and maintain an Infection Control Manual which shall be reviewed at least annually, and revised as necessary. The Infection Control Manual shall be available for review in all health services units. The Infection Control Manual shall include a policy dedicated to MRSA which shall address, at a minimum, the following areas:
- A. MRSA risk factors;
 - B. Intake screening of inmates;
 - C. Monitoring of cultures; and,
 - D. Transfers of inmates with serious MRSA infections.
- In addition, the contracted health services provider shall develop and maintain guidelines for the management of MRSA infections, which shall outline diagnosis and treatment protocols.
6. Employee Training, Awareness and Reference.
- A. MRSA Instructor Training. All MRSA instructors shall be trained in relevant MRSA topics in accordance with the Connecticut Department of Public Health MRSA Train the Trainer Manual prior to instructing other employees.
 - B. Employee Training. All employees shall receive instruction on infectious diseases during pre- and in-service training in accordance with Administrative Directive 2.7, Training and Staff Development. The Director of Training and Staff Development in collaboration with the Director of Health and Addiction Services shall develop and update as necessary a lesson plan regarding infectious diseases. Such lesson plan shall include a chapter dedicated to MRSA which shall address, at a minimum, the following areas:
 - 1. General information on MRSA;
 - 2. Description of the signs and symptoms of MRSA;
 - 3. Information on how MRSA is spread; and,
 - 4. Information on how to reduce the spread of MRSA.

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- C. Employee Awareness. The Unit Administrator or designee shall ensure that signage stressing the importance of hand washing is posted in prominent locations throughout the facility/unit.
- D. Facility Infectious Disease Reference Manual. The Unit Administrator or designee shall develop and maintain an Infectious Disease Reference Manual that includes, at a minimum, the following components:

1. Administrative Directive 2.25, MRSA Prevention and Management Protocols for Employees;
2. University of Connecticut Health Center, Correctional Managed Health Care, Policy 1.12, Methicillin-resistant *Staphylococcus aureus* (MRSA);
3. MRSA Train-the-Trainer Manual in accordance with Section 2(D) of this Directive;
4. Administrative Directive 8.11, Human Immunodeficiency Virus Infection/Acquired Immune Deficiency Syndrome, including the Bloodborne Pathogen Post-Exposure Protocol;
5. University of Connecticut Health Center, Correctional Managed Health Care, Policy G 2.05, Human Immunodeficiency Virus;
6. DOC lesson plan on infectious diseases;
7. Employee Information Sheet - Post Exposure Prophylaxis (Basic and Extended); and,
8. OSHA Bloodborne Pathogens Standard.

The Facility Infectious Disease Reference Manual shall be maintained in the Shift Commander's Office and other locations as determined by the Unit Administrator.

7. Personal Protective Equipment. The Department shall provide protective equipment as needed, to protect employees from exposure to infectious diseases such as MRSA. Personal protective equipment shall be available at all DOC facilities.
8. Facility Sanitation Plan. The Unit Administrator or designee shall ensure that the facility sanitation plan is updated as needed and implemented on a daily basis. Facility cleanliness and sanitation shall be assessed on a daily basis by each Shift Commander or designee with any deficiencies promptly corrected. Particular attention shall be given to the following areas:
- A. Occupied Living Areas. Routine cleaning of occupied living areas shall be completed daily or on an as needed basis as determined by the Unit Administrator or designee.
 - B. Unoccupied Living Areas. Cleaning of unoccupied living areas shall be completed before new inmate(s) move into the cell or bunk. This shall include cleaning the bunk frame, mattress, pillow, toilet, sink, chair and desk.
 - C. Common Areas. Cleaning of visiting rooms, dayrooms, classrooms, gymnasiums, inmate waiting areas and holding cells shall be completed daily or on an as needed basis as determined by the Unit Administrator or designee. Such cleaning shall include, but not be limited to, bathrooms, toilets, showers, chairs and seats, tables, desks, exercise equipment (benches, seats, bars, handles, etc.), door handles and knobs, inmate telephones, etc.

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- D. Vehicles. Cleaning of inmate transportation vehicles (seats, handles, etc.) shall be completed daily or on an as needed basis as determined by the Unit Administrator or designee.
- E. Restricted Areas. An employee assigned to an inmate-restricted area shall be responsible for cleaning that area.

Inmate cleaners shall be properly trained prior to beginning their assignment. Inmate cleaners must use authorized DOC cleaning materials, disinfectants and equipment. All inmate cleaners must wear disposable gloves while cleaning (eye protection, masks and/or gowns may be issued as needed). The Unit Administrator or designee shall ensure that inmate cleaners have the necessary cleaning materials, disinfectants and equipment to perform their cleaning assignment.

- 9. Selection, Procurement and Distribution of Cleaning Products. Cleaning products shall be selected from the list of recommended products established by the Environmental Protection Agency in accordance with Section 2(C) of this Directive. Procurement of such cleaning products shall be in accordance with Administrative Directive 5.8, Purchasing of New Chemical Products.

The Unit Administrator or designee shall appoint an employee responsible for the proper labeling, diluting and distributing of cleaning products.

- 10. Methicillin-resistant *Staphylococcus aureus* Prevention Measures. Employees may reduce their risk of infection to MRSA by observing the following measures:

- A. Know the Facts. Each Unit Administrator shall post in prominent areas of each facility/unit Attachment A, MRSA Fact Sheet for review by employees.
- B. Adhere to Standard/Universal Precaution Protocols. Standard/Universal precautions shall apply to ALL individuals regardless of suspected or confirmed infection status. Observance of precautionary measures shall not be limited to individuals but may include equipment or items that may have become contaminated by an infectious substance. If an employee is likely to come into contact with an infected individual or contaminated equipment/items, the following shall be strictly adhered to:
 1. Gloves shall be worn whenever there is a risk of touching blood, body fluids, mucous membranes or non-intact skin;
 2. Mouth barriers shall be used when initiating mouth-to-mouth resuscitation;
 3. Masks and protective eye wear shall be worn to prevent the exposure of the mucous membranes of the mouth, nose and eyes during procedures that are likely to expose the employee to an infectious agent(s). If contact occurs, eyes and/or mucous membranes shall be thoroughly flushed with water;
 4. If contaminated with an infectious agent, hands and other skin surfaces shall be washed immediately and thoroughly with soap and running water for a minimum of 20 seconds. Hands shall be washed AFTER gloves are removed. Hands shall be dried via hand dryer or disposable paper towels.
 5. Jumpsuits or gowns shall be worn whenever there is the possibility of exposure by splashing blood and/or bodily fluids.

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C. Implement Personal Precautionary Measures.

1. Wash hands thoroughly and frequently with soap and running water for a minimum of 20 seconds. Hands shall be dried via hand dryer or disposable paper towels;
2. Use hand sanitizer when soap and water is not available for hand washing (wash hands with soap and water as soon as possible). Hand sanitizer must contain a minimum of 60 percent alcohol to be effective;
3. Do not touch the mucous membranes of the mouth, nose and eyes;
4. Keep cuts and scrapes clean and covered with a bandage until healed;
5. Avoid contact with other individual's wounds and/or bandages;
6. Avoid sharing personal items; and,
7. Wear protective gloves whenever possible during contact with inmates with non-intact skin.

D. Prevent the Spread of Contagion. If an employee has a MRSA infection, the employee can prevent the spread to others by:

1. Covering the Wound. Draining wounds or abscesses shall be kept covered with clean, dry bandages. Employees shall follow their healthcare provider's instructions on the proper care of an infected wound. Drainage or pus from infected wounds can contain MRSA, so keeping the wound covered will help prevent the spread to others. Contaminated bandages and tape shall be placed in a leak-proof bag prior to disposal.
2. Hand Washing. Employees in close contact with others shall wash their hands frequently with soap and running water (minimum of 20 seconds) and/or use a hand sanitizer (when soap and running water are not immediately available), especially after changing the bandage or touching the infected wound.
3. Not Sharing Personal Items. Employees shall avoid sharing personal items that may have come into contact with the infected wound or bandage.

E. Be Aware of the Environment. If an employee observes an inmate with, or an inmate reports any of the following:

1. open draining wound(s);
2. abscess(es);
3. visible sore(s) or wound(s);
4. boils;
5. insect/spider bites;
6. other skin infections; and/or,
7. clothing/linen heavily soiled drainage.

The employee shall promptly advise the Shift Commander or designee and the Health Services Unit of the situation. The Health Services Unit shall assess the inmate and implement the appropriate treatment and/or control measures. If health services personnel are not present on site, the Shift Commander or designee shall consult with the on-call physician.

11. Cleaning of Contaminated Restraints and Protective Gloves. The cleaning of contaminated restraints and protective gloves shall be in accordance with the guidelines established in Administrative Directive 7.2, Armories.

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12. Contaminated Clothing and Footwear. In a case of contamination or suspected contamination, an employee shall be issued a clean uniform and undergarments, as needed. The contaminated uniform/clothing shall be placed and sealed in a red biohazard bag. The bag shall be taken to the facility laundry where the contaminated clothing shall be washed and dried.
- Contaminated clothing shall be washed with an EPA-approved detergent in accordance with Section 2(C) of this Directive and/or with bleach, as appropriate. The washing of contaminated clothing must be done in either an ozone-driven washing machine OR a washing machine capable of reaching 160 degrees Fahrenheit. Once cleaned, the clothing shall be placed in a dryer capable of reaching 175 degrees Fahrenheit for drying (staff must ensure that the clothing is thoroughly dried). Once cleaned and dried, the clothing shall be returned to the employee.
- Footwear may be cleaned with a 10:1 ratio of water/bleach solution. Employees shall wear protective gloves whenever handling contaminated clothing or footwear.
13. Handling of Contaminated Material/Waste. All contaminated or potentially contaminated material/waste shall be placed in a red biohazard container/bag. Such material/waste shall be handled in accordance with the Bloodborne Pathogen Exposure Control Plan. Employees must wear protective gloves whenever handling contaminated material or waste.
14. Reporting Exposure to Infectious Agents. An employee who believes that he or she has come into direct contact with an infectious agent shall promptly decontaminate (i.e., wash, rinse, flush, remove contaminated clothing (if needed) and/or shower (if requested)) and notify the Shift Commander or designee of the potential exposure. The employee shall complete CN 6601, Incident Report outlining the details of the potential exposure in accordance with Administrative Directive 6.6, Reporting of Incidents. The Shift Commander or designee shall complete Attachment B, DAS First Report of Injury (WC-207) and initiate the appropriate reporting protocols in accordance with Administrative Directive 2.12, Employee Health and Safety.
15. Forms and Attachments. The following forms and attachments are applicable to this Administrative Directive and shall be utilized for the intended function:
- A. Attachment A, MRSA Fact Sheet; and,
 - B. Attachment B, DAS First Report of Injury (WC-207);
16. Exceptions. Any exceptions to the procedures in this Administrative Directive shall require prior written approval from the Commissioner.

 ADMINISTRATIVE DIRECTIVE Approved By Cordon Rule Copy Revised 10/16/2008	Supersedes Employee Health, dated 1/1/2008
	Title Employee Health

1. Policy The Department of Correction (DOC) shall strive to enhance the protection of the public, staff and inmate population from potential or existing public health risk(s) by offering and/or mandating participation in health screening or testing in order to prevent and/or eliminate possible health threats.

2. Authority and Reference.

- A. Connecticut General Statutes, Section 18-81.
- B. Code of Federal Regulations, 29 CFR 1910, Occupational Safety and Health Administration (OSHA), Occupational Exposure to Bloodborne Pathogens.
- C. United States Department of Health and Human Services Public Health Service, Centers for Disease Control, MMWR, May 12, 1989, Vol. 38, no. 18.
- D. United States Department of Health and Human Services Public Health Service, Centers for Disease Control, MMWR, May 18, 1990, Vol. 39, no. RR-8.
- E. Centers for Disease Control and Prevention, Division of Tuberculosis Elimination, Core Curriculum on Tuberculosis, 2000.
- F. Centers for Disease Control and Prevention, Viral Hepatitis Fact Sheet, July 26, 2007.
- G. Centers for Disease Control and Prevention, Community Associated MRSA Information for the Public, February 2005.
- H. University of Connecticut Health Center, Correctional Managed Health Care, Infection Control Manual, Policy 1.03, Universal Precautions.
- I. University of Connecticut Health Center, Correctional Managed Health Care, Infection Control Manual, Policy 1.06, Red Bag Waste.
- J. University of Connecticut Health Center, Correctional Managed Health Care, Infection Control Manual, Policy 1.12, Methicillin-Resistant *Staphylococcus aureus* (MRSA).
- ~~K. Administrative Directives 2.6, Employee Discipline; 2.7, Training and Staff Development; 2.12, Employee Health and Safety; and 6.6, Reporting of Incidents.~~
- L. American Correctional Association, Standards for Administration of Correctional Agencies, Second Edition, April 1993, Standard 2-CO-1C-19.
- M. American Correctional Association, Standards for Adult Correctional Institutions, Fourth Edition, January 2003, Standard 4-4062.
- N. American Correctional Association, Performance-Based Standards for Adult Local Detention Facilities, Fourth Edition, June 2004, Standard 4-ALDF-7B-04.
- O. American Correctional Association, Standards for Adult Probation and Parole Field Services, Third Edition, August 1998, Standard 3-3059.
- P. ~~Administrative Directives 2.6, Employee Discipline; 2.12, Employee Health and Safety; and 6.6, Reporting of Incidents.~~

3. Definitions. For the purposes stated herein, the following definitions apply:

- A. Hepatitis B. A disease caused by a virus that attacks the liver. The virus can cause lifelong infection and serious liver disease. Hepatitis B is a bloodborne pathogen and is transmitted when

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3. Not Sharing Personal Items. Employees shall avoid sharing personal items (e.g., towels, washcloths, razors, clothing, uniforms, etc.) that may have come into contact with the infected wound or bandage.

4. Employee Awareness. If an employee observes an inmate with an open draining wound or an abscess, or an inmate reports any of the following:

1. open draining wound(s)
2. abscess(es)
3. visible sore(s) or wound(s)
4. boils
5. insect/spider bites, and/or
6. other skin infections

The employee shall promptly advise the shift supervisor and the Health Services Unit of the situation. The Health Services Unit shall assess the inmate and implement the appropriate treatment and/or control measures.

12. Facility/Unit Sanitation Plan. The Unit Administrator or designee shall ensure that the facility/unit sanitation plan is updated as needed and implemented on a daily basis. Facility/Unit cleanliness and sanitation shall be assessed on a daily basis by each Shift Commander or designee with any deficiencies promptly corrected. Particular attention shall be given to inmate living, sleeping, bathroom, recreation and all other areas within the facility/unit where close skin-to-skin contact or the sharing of personal hygiene items is likely to occur.

13. Contaminated Clothing. In a case of contamination or suspected contamination, an employee shall be issued clean uniform and undergarments, as needed. The contaminated uniform/clothing shall be placed and sealed in a red biohazard bag. The bag shall be taken to the facility laundry where the contaminated clothing shall be washed and dried. Clothing must be washed with detergent in either an ozone driven washing machine OR a washing machine capable of reaching at least 140 degrees Fahrenheit. Once cleaned, the clothing shall be returned to the employee.

Boots/shoes may be cleaned with a 10:1 ratio of water/bleach solution.

14. Management of Contaminated Material/Waste. All contaminated or potentially contaminated material/waste shall be placed in a red biohazard container/bag. Such material/waste shall be handled in accordance with the Bloodborne Pathogen Exposure Control Plan.

15. Reporting Exposure to Infectious Agents. An employee who believes that he or she has come into contact with an infectious agent shall promptly decontaminate (i.e., wash, rinse, flush, remove contaminated clothing (if needed) and/or shower (if requested)) and notify the shift supervisor of the potential exposure. The employee shall complete CN 6601, Incident Report outlining the details of the potential exposure in accordance with Administrative Directive 6.6, Reporting of Incidents. The shift supervisor shall complete Attachment A, DAS First Report of Injury (WC-207) and initiate the appropriate reporting protocols in accordance with Administrative Directive 2.12, Employee Health and Safety.

Methicillin-Resistant Staphylococcus Aureus Treatment Plan (MRSA)

INMATE NUMBER		DATE OF BIRTH	
INMATE NAME (LAST, FIRST, INITIAL)			
SEX	RACE/ETHNIC		FACILITY
M F	B W H O		

Problem	Short Term Goal	Long Term Goal	Standard Intervention	Individualized Interventions	Date Resolved
Potential for alteration in skin integrity.	-Patient will state understanding of infection prevention education.	-Preservation of skin integrity.	-Patient education.		
Alteration in skin integrity as evidenced by draining wound.	-Patient will state understanding of need for adequate wound care and demonstrate wound care as appropriate.	-Restored skin integrity.	-Patient education regarding wound care		
Knowledge deficit- Current condition.	-Patient will verbalize understanding of current condition.	-Patient will verbalize understanding of interventions. -Patient will participate in the plan of care.	-Pharmacologic therapy. -Patient education. -Adjust antibiotics based on results of culture and susceptibility. -Monitor response to therapy.		
Knowledge deficit - Self-care, infection prevention.	-Patient will state understanding of infection control/prevention measures.	-Patient will demonstrate infection control/prevention measures by practicing learned skills (i.e. not sharing personal care items, good hand-washing etc.).	-Patient education regarding measures to prevent the spread of infection.		

Inmate -Patient Signature _____

Date _____

Clinician Signature _____

Date _____