

# ALASKA STATE LEGISLATURE

## LEGISLATIVE BUDGET AND AUDIT COMMITTEE

Division of Legislative Audit



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SUMMARY OF: A Special Report on the Department of Corrections (DOC), Selected Health and Safety Issues, Part 1, July 21, 2009.

### PURPOSE OF THE REPORT

In accordance with Title 24 of the Alaska Statutes and a special request by the Legislative Budget and Audit Committee, we conducted a performance audit to determine: (1) the frequency of methicillin-resistant staphylococcus aureus (MRSA) infections among inmates in Alaska's correctional facilities; (2) the frequency of MRSA infections among correctional officers (CO) of the Division of Institutions (DOI); (3) the adequacy of protocols for staff when handling incidents of MRSA among inmates; (4) the validity of DOI's methodology used for staffing patterns at the correctional facilities; and (5) the reasonableness of the staffing policies and procedures, including the minimum level of correctional officers at the correctional facilities.

This report is Part 1 of the Special Report on Department of Corrections, Selected Health and Safety Issues. In this report, we address the MRSA related issues identified above in numbers one through three. The remaining selected health and safety issues relate to staffing levels, which will be addressed at a later date in a separate report.

### REPORT CONCLUSIONS

- During the two-year period of 2007 and 2008, the population of inmates infected with MRSA was less than six percent in each of Alaska's four correctional facilities. We reviewed medical records of inmates incarcerated at the four correctional facilities located in Anchorage, Fairbanks, Nome, and Seward to determine if inmates had MRSA. Inmates were identified as "having" MRSA if they either (1) had a confirmed positive MRSA culture or (2) had a skin infection that was not cultured but was treated by health care staff as if the infection was MRSA.
- The exact percentage of MRSA infections among correctional officers cannot be determined. COs are not required to disclose MRSA infections to DOC or any other state or federal agency. However, we reviewed workers' compensation claims filed by COs between January 2007 through December 2008. We identified nine claims that were filed

by COs who had MRSA infections, and believed it was contracted at the correctional facility.

- DOC's health and safety protocols appear adequate. DOC's policies and procedures contain the necessary health and safety protocols to prevent and manage MRSA infections.

# ALASKA STATE LEGISLATURE

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September 10, 2009

Members of the Legislative Budget  
and Audit Committee:

In accordance with the provisions of Title 24 of the Alaska Statutes, the attached report is submitted for your review.

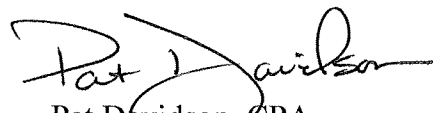
### DEPARTMENT OF CORRECTIONS SELECTED HEALTH AND SAFETY ISSUES, PART 1

July 21, 2009

Audit Control Number  
20-30053A-09

The purpose of the audit was to determine the frequency of methicillin-resistant staphylococcus aureus (MRSA) infections among inmates and correctional officers and the adequacy of health and safety protocols for handling incidents of MRSA. This report only addresses three of the five objectives of the original audit request, and as such, is identified as Part 1.

Generally accepted government auditing standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions. Since correctional officers are not required to disclose MRSA infections to the Department of Corrections or any other state agency, we could not accurately determine the frequency of MRSA infections among correctional officers. As a result, portions of our audit were not conducted in accordance with generally accepted government auditing standards. Fieldwork procedures utilized in the course of developing the conclusions presented in this report and the effect of the scope limitation are discussed in the Objectives, Scope, and Methodology.

  
Pat Davidson, CPA  
Legislative Auditor



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# OBJECTIVES, SCOPE, AND METHODOLOGY

In accordance with Title 24 of the Alaska Statutes and a special request by the Legislative Budget and Audit Committee, we have conducted a performance audit related to health and safety issues within Alaska's correctional facilities.

## Objectives

The objectives of this audit are as follows:

1. Determine the frequency of methicillin-resistant staphyococcus aureus (MRSA) infections among inmates in four of Alaska's correctional facilities during the two year period of January 2007 through December 2008;
2. Determine the frequency of MRSA infections among the correctional officers of Alaska's correctional facilities during the two-year period of January 2007 through December 2008;
3. Determine the adequacy of the Department of Corrections' (DOC) health and safety protocols for handling incidents of MRSA.
4. The validity of the Division of Institutions' (DOI) methodology used for staffing patterns at the correctional facilities;
5. The reasonableness of the staffing policies and procedures, including the minimum level of correctional officers at the correctional facilities.

This report is Part 1 of audit on DOC selected health and safety issues. In this report, we address the MRSA related issues identified in numbers one through three above. The remaining two issues related to staffing will be addressed in a separate report.

## Scope and Methodology

DOC operates 12 correctional facilities throughout Alaska. However, our review of MRSA related issues was limited to four correctional facilities. These four facilities were selected based on: (1) inmate grievances; (2) tracking reports of inmates with suspected and confirmed MRSA infections; (3) laboratory expenditures for inmates; (4) correctional officer grievances; and (5) correctional officers' workers compensation claims, for the time period of January 1, 2007 through December 31, 2008. Geographical dispersion was also factored into consideration in selecting the examined facilities. The facilities are located in: Anchorage, Fairbanks, Nome, and Seward.

There were 39,718 inmates incarcerated at the four facilities between January 1, 2007 and December 31, 2008.<sup>1</sup> The inmate population used for testing was reduced by 18,063 due to the exclusion of inmates who were released on the same day they were placed in the facility. The four facilities' inmate populations sampled are as follows: 13,621 from Anchorage; 4,748 from Fairbanks; 1,534 from Nome; and 1,752 from Seward.

Four separate representative samples, one from each correctional facility, were selected from the remaining inmate populations at each correctional facility. The samples size was based on a confidence level of 95 percent with a precision of +/-7 percent. The samples were selected using a random number generator. The total number of inmates' medical records tested from the four correctional facilities was 726.

We classified inmates as having MRSA if they either (1) have had a confirmed, positive MRSA culture, or (2) have a skin infection that was not cultured but was treated by health care staff as if the infection was MRSA.<sup>2</sup>

In order to assess if an inmate had MRSA, inmates records that we reviewed included:

1. Progress notes identifying if an inmate had a type of skin infection indicative of MRSA<sup>3</sup> and the health care staffs' assessment of the infection.
2. Lab cultures determining if a cultured skin infection was positive or negative for MRSA.
3. Inmate's requests to be seen by the health care staff for a MRSA type skin infections.
4. Typical prescription drugs<sup>4</sup> administered to the inmate for MRSA treatments – but only as they relate to a MRSA type skin infections as these drugs are also used for other skin issues such as acne.

Since COs are not required to report MRSA infections to DOC or any other state agency, and personal medical records are not available to the Division of Legislative Audit, we are unable to accurately determine the frequency of MRSA infections among correctional officers.

In order to estimate the frequency of MRSA infection among corrections officers:

1. We reviewed worker's compensation claims between January 1, 2007 and December 31, 2008 to identify COs who believed they contracted MRSA while at the correctional facility.

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<sup>1</sup>The 39,718 is an unduplicated count of the inmate population. Some inmates were incarcerated more than once at the same facility; therefore, we only counted them once.

<sup>2</sup>Treatment of skin infections that do not involve a culture are direct heat, hot compresses, or an incision and drain.

<sup>3</sup>MRSA skin infections look like spider bites, pimples, boils or bumps that are red and swollen or have pus or filled with fluid.

<sup>4</sup>Prescription drugs include clindamycin, tetracycline, and doxycycline.



2. We interviewed union officials representing COs who reported contracting MRSA infections to their union
3. We interview several COs.

We also:

- Reviewed the laboratory expenditures and culture results of inmates who were present at the four selected facilities from January 1, 2007 through December 31, 2008 and tested for MRSA.
- Interviewed DOC's management, superintendents, COs, and health care staff to determine what protocols are followed when responding to an inmate with a MRSA infection.
- Researched literature to identify any standard community associated MRSA prevention and treatment protocols.
- Analyzed DOC's policy and procedures to determine if they sufficiently covered MRSA related health and safety issues.
- Researched federal and other states' websites to identify national or state norms specific to MRSA infections among inmates in other correctional facilities.

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## ORGANIZATION AND FUNCTION

The mission of the Department of Corrections (DOC) is to protect the public by incarcerating and supervising offenders who have been convicted of violating state law. To carry out these responsibilities, the department utilizes around 1,500 personnel and an operating budget of more than \$246 million.

DOC is composed of three divisions and the commissioner's office. Discussed below is the mission of each division.

**Commissioner's Office:** The commissioner's office is responsible for direct oversight of classification, population management, training, prisoner transportation, compliance, audits, policy and procedures, victim's advocacy and rural affairs as well as establishing policy for the three divisions. This office also coordinates inter-governmental affairs with other federal, state, and local governments, courts, legislature, media, public, and special interest groups.

**Division of Administrative Services (DAS):** DAS provides services in the areas of budget, human resources, accounting, procurement, and data processing that allow DOC's divisions or components to accomplish their respective missions.

Inmate Health Care (IHC) - Although the majority of IHC's personnel work in the correctional facilities because they provide the required inmate medical services in January 2003 through Administrative Order No. 207, IHC was transferred from DOC's Division of Institutions (DOI) to DAS. Approximately 70 percent of IHC's funding is provided by the general fund. The remaining funding is from the mental health trust authority and permanent fund dividend appropriation in lieu of dividends to inmates since they are ineligible to receive the funds while incarcerated.

During FY 09, IHC had 160 budgeted positions<sup>5</sup> spread out in the 12 correctional facilities in Alaska. These positions provide essential, legally required, medical, and mental health services to inmates who are committed to the custody of DOC.

**Division of Institutions (DOI):** The mission of DOI is to provide overall leadership to support the incarceration and supervision of offenders that are committed to the custody of DOC.

DOI operates 12 correctional facilities which are located around the State and house approximately 3,000 inmates. DOI contracts with an out-of-state private correctional facility to house approximately 1,000 state offenders.

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<sup>5</sup>Budgeted positions include; 96 medical, 42 mental health, 21 support, and 1 dental staff.

**Division of Probation and Parole:** The mission of the Division of Probation and Parole is to provide public safety through the supervision of adult felons in its jurisdiction.

## BACKGROUND INFORMATION

Methicillin-resistant staphylococcus aureus (MRSA)<sup>6</sup> has emerged recently as a more frequent cause of skin infections in community settings, including correctional facilities such as: prisons, jails, and detention centers. Although MRSA infections in Alaska's correctional facilities have not been formally tracked until recently, the Department of Corrections (DOC), Division of Institutions (DOI) has confirmed incidents of MRSA infections among inmates and correctional officers.

The Center for Disease Control (CDC) identifies inmates and correctional facilities as individuals and environments where MRSA is easily transmitted. There is also a higher risk for contracting MRSA in correctional facilities due to overcrowding, frequent skin-to-skin contact, cuts or abrasions, contaminated surfaces, and poor hygiene.

Even though the majority of MRSA infections occur among patients in hospitals or other healthcare settings (HA-MRSA), it is becoming more common in community settings. Infections that are acquired by persons who have not been recently (within the past year) hospitalized nor had a medical procedure are known as community-associated MRSA (CA-MRSA) infections. A recent study by the CDC suggests that CA-MRSA infections are becoming more frequent.

CA-MRSA normally causes skin infections that often first look like spider bites, pimples, boils or bumps that are red, swollen, and painful. They might also be filled with pus or other bodily fluids which may require incision and drainage. Although outbreaks of CA-MRSA usually involve skin infections, MRSA can also cause severe, sometimes fatal, invasive skin disease. This more serious variety of bacteria, known as invasive MRSA, can cause pneumonia, bloodstream infections, and death. Although invasive MRSA is more common among HA-MRSA infections, it has been identified in individuals with CA-MRSA infections.<sup>7</sup>

MRSA is a potentially dangerous type of staph infection. It is a contagious infection typically spread through direct skin-to-skin contact with an infected person, who has an open draining wound or contact with a surface (such as a towels, bandage, personal hygiene items, or athletic equipment) that was contaminated by wound drainage.<sup>8</sup>

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<sup>6</sup>Source of MRSA information is from the Center for Disease Control website at [www.cdc.gov](http://www.cdc.gov).

<sup>7</sup>According to the CDC, 94,000 invasive MRSA infections caused 19,000 deaths in the United States (US) in 2005. The finding was based on data obtained from nine cities throughout the US, of which none were in Alaska. The study identified 15% of the invasive MRSA infections were CA-MRSA.

<sup>8</sup>MRSA can survive on some surfaces for hours, days or even months, depending on temperature, humidity, the amount of bacteria present, and the type of surface (porous or nonporous). When surfaces are not cleaned and conditions are ripe for bacterial growth, MRSA is more likely to survive for longer periods.

Since MRSA is resistant to all commonly prescribed beta-lactam antibiotics, such as penicillin, these infections may require treatment with alternative antibiotics. When health clinicians must treat infections before the cause has been identified, drug selection may be challenging.

MRSA has different levels of complexity from: minor skin infections, which may be treated with the use of warm soaks and compresses, to invasive MRSA that requires intravenously administered antibiotics.

Health care for inmates provided by DOC's Inmate Health Care (IHC).

During the inmate's booking and admittance process into the correctional facility, health care staff performs a physical assessment of the inmate. This consists of a visual screening for obvious injuries and inquiring about any medical problems.<sup>10</sup> A health care record consisting of the screening and inquiry information is generated at that time.

Inmates may receive a health appraisal within 14 days of admittance.<sup>11</sup> The health appraisal includes: mental, physical, dental assessments, and a mandatory

Exhibit 1

**Ways to Prevent the Spread of MRSA**

1. Keep wounds that are draining and have pus covered with clean, dry bandages until healed.
2. Wash hands frequently with soap and water or use an alcohol-based hand sanitizer.
3. Avoid sharing personal items, such as towels, washcloths, razors, clothing, or uniforms that may have had contact with the infected wound or bandage.
4. Wash sheets, towels, and clothes with water and laundry detergent. Use a dryer to dry clothes completely.
5. Inform a health care professional who provides treatment that you have or had a staph or MRSA skin infection.

**Steps for Employers to Prevent the Spread of MRSA at the Workplace**

1. Place an importance on worker safety and health protection.
2. Ensure availability of adequate prevention supplies (gloves and hand sanitizer) and encourage workers to practice good hygiene.
3. Ensure routine housekeeping/sanitation is followed.
4. Ensure contaminated equipment and surfaces are cleaned with detergent-based cleaners, chlorine bleach, or Environmental Protection Agency registered disinfectants.

*From the Center for Disease Control website<sup>9</sup>*

<sup>9</sup>[http://www.cdc.gov/ncidod/dhqp/ar\\_mrsa\\_ca\\_public.html](http://www.cdc.gov/ncidod/dhqp/ar_mrsa_ca_public.html); <http://www.cdc.gov/niosh/topics/mrsa/>

<sup>10</sup>If a new inmate is admitted during hours when no health care staff is on duty, correctional officers perform the screening.

<sup>11</sup>According to health care staff, this health appraisal is generally performed after the first year the inmate is admitted due insufficient health care staff resources.

laboratory testing for tuberculosis.<sup>12</sup> A test for human immunodeficiency virus (HIV) is available upon request.

While at the correctional facility, inmates can request to receive medical services by completing sick call slips on which they indicate their medical need or problem. The health care staff reviews the requests and schedules the necessary appointments. These appointments are normally scheduled within 24 hours after the request is reviewed, but give priority to the inmates that require immediate attention.

IHC established a tracking system for inmate MRSA infection.

The CDC does not require states to report incidents of MRSA. According to the CDC, the decision to make a particular disease reportable to public health authorities is made by each state based on the needs of that individual state. MRSA is a reportable disease in some states, but not in Alaska.

Since IHC's management viewed MRSA as a serious issue, beginning in early 2004 they began to informally track MRSA infections among inmates at some of the correctional facilities. IHC's management requested that some health care staff take cultures of anything that looks like cellulitis<sup>13</sup> or a possible MRSA infection and to submit copies of positive MRSA cultures for tracking purposes. Several more correctional facilities were included in tracking MRSA for a limited time period (one to three months). IHC's management stipulated that these correctional facilities were to include all cultures that were taken from "any lesion looking like a possible MRSA infection" and not just positive MRSA cultures for tracking purposes.

Formal tracking of MRSA began in May 2008 when IHC's management distributed an email instructing all correctional facility health care staff to track MRSA infections among the inmates in the correctional facility. The health care staff in each correctional facility submits weekly the tracking information to IHC's management with the following information: (1) inmates with MRSA of any kind, their identifying specifics; (2) a short description of where the infection is; and (3) if the infection is being treated. The instructions also requested that health care staff "should probably culture anyone with active pus."

IHC's management periodically updates the MRSA tracking system to include the culture results for the inmate based on laboratory results received from the laboratory contractor.

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<sup>12</sup>DOC policy and procedures 807.14D(1)(b) for health appraisal .

<sup>13</sup>Definition of *cellulitis* is "an acute spreading bacterial infection below the surface of the skin characterized by redness (*erythema*), warmth, swelling, and pain."

Health and safety protocols necessary to prevent and management of MRSA infections among inmates already exists in DOC's policy and procedures.

The health and safety protocols are incorporated in various components of DOC's policy and procedures for institutions. One significant component is IHC's nursing protocols that cover inmates' medical care and infection control. The medical care portion of the protocols addresses wound<sup>14</sup> care and includes collecting specimens for cultures and dressing the wounds. The nursing protocols covering infection control include: appropriate hand washing hygiene for staff; decontamination and disinfection of the medical area; and isolation precautions.

In November 2008, IHC developed nursing protocols for isolation precautions that provide guidelines for maintaining a consistent approach to isolating patients with a known or suspected diseases. According to the nursing protocols, isolation involves the following two-tier approach:

1. *Universal and Standard Precautions* – Designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection. Standard precautions are designed for the care of all patients regardless of their diagnosis or presumed infection status.
2. *Transmission-Based Precautions* – Designed only for the care of specific patients who are known or suspected to be infected by epidemiologically important pathogens spread by: (a) airborne; (b) droplet transmission; or (c) contact with dry skin or contaminated surfaces.

DOC's policies and procedures also include a section for institutional sanitation and inmate hygiene. In particular, institutional sanitation for each correctional facility has procedures for (1) specific instruction for cleaning techniques and correct formula for solutions; (2) cleaning schedules; and (3) decontamination protocols to include universal precautions.<sup>15</sup> The policy for inmate hygiene allows the inmate to groom and dress as they wish, but their appearance is not permitted to conflict with the safety, security and hygiene required by DOI. It is DOI's policy to refer inmates whose grooming and personal hygiene habits threaten their personal health or the health of others to health care staff.

Another DOC policy and procedure is for the controls of blood borne pathogens.<sup>16</sup> The policy for blood borne pathogens is that universal precautions will be observed by all department staff to prevent contact with blood or other potentially infection materials. The

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<sup>14</sup>The definition of a *wound* is “an injury, especially one in which the skin or other external surface is torn, pierced, cut, or otherwise broken.”

<sup>15</sup>“Universal precautions” is a term that refers to the assumption that the blood and certain body fluids of any and all persons may be contaminated with an infectious agent; therefore, appropriate barrier precautions should be used to attempt to minimize contact with the fluids.

<sup>16</sup>DOC Policy and Procedures 202.03 states, “Blood borne pathogens are pathogenic microorganisms that may be present in the human blood and can cause disease in humans.”



blood borne pathogen policy covers specific decontamination methods to be used when cleaning any area with the potential for contamination. Lastly, the policy notes that there is an occupational exposure risk for health care staff and correctional officers.

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## REPORT CONCLUSIONS

As part of a two-part audit, we were requested to determine the frequency of methicillin-resistant staphylococcus aureus (MRSA) infections among inmates and correctional officers (COs) for a two-year period. We were also requested to assess the adequacy of health and safety protocols related to the management and prevention of MRSA infection within Alaska’s correctional facilities.

During the two-year period of January 1, 2007 through December 31, 2008, inmate samples taken from four of Alaska’s correctional facilities evidenced that less than six percent of inmates were infected with MRSA.

As shown below in Exhibit 2, less than six percent of the inmates were infected<sup>17</sup> with MRSA during the two-year period at the four correctional facilities; at most of the facilities, the proportion was less than three percent. Although the Center for Disease Control (CDC) is “concerned about the increasing reports of community-associated MRSA” and says, “Controlling the spread of MRSA is a high priority,”<sup>18</sup> there is no available data for comparison of MRSA among inmates in Alaska’s correctional facilities to national norms or other states’ correctional facilities.

Exhibit 2

Percentage of MRSA Among Inmates January 1, 2007 through December 31, 2008				
	<u>Anchorage</u>	<u>Fairbanks</u>	<u>Nome</u>	<u>Seward</u>
Number of Inmates	13,621	4,748	1,534	1,752
<i>Sample:</i>				
Number of Inmates	190	200	164	172
Percent w/ possible MRSA	2.63%	1.00%	1.22%	0.58%
Number w/ possible MRSA	5	2	2	1
Percent w/ positive MRSA	0.00%	0.00%	0.61%	4.65%
Number w/ positive MRSA	0	0	1	8
Overall percent w/ MRSA	2.63%	1.00%	1.83%	5.23%
Number w/ MRSA	5	2	3	9
<i>Projection to Population:</i>				
Overall percentage w/ MRSA	2.50% – 2.76%	0.95% - 1.03%	1.76% - 1.89%	4.97% - 5.54%
Number w/ MRSA	340-376	45-49	27-29	87-97

<sup>17</sup>Inmates were classified in Exhibit 2 as being infected with MRSA if they either: (1) have a confirmed positive MRSA culture; or (2) have a skin infection that was not cultured but was treated by health care staff as if the infection was MRSA.

<sup>18</sup>CDC September 23, 2003 press release, “CDC Awards \$3 Million for Study of Community-Associated Methicillin Resistant Staphylococcus Aureus (CA-MRSA).”

The exact percentage of MRSA among COs cannot be determined.

Since COs are not required to disclose MRSA infections to DOC or any other state or federal agency, the frequency of MRSA infection among COs in Alaska's correctional facilities cannot be determined.

However, we reviewed 270 workers' compensation claims filed by COs between January 2007 and December 2008. There were nine claims filed by COs who had MRSA and believed it was contracted while at the correctional facility. Additional information, obtained from the COs' union, identifies 27 COs who informed their union that they contracted MRSA. Interviews conducted with ten<sup>19</sup> of the 27 COs support that some of the COs did not file a worker's compensation claim.

Although COs must notify DOC's management within 24 hours of exposure to blood or other high risk fluids, COs are not always aware of the exposure until they become infected with MRSA. As noted by the CDC, MRSA can be transferred by personal items, such as towels, washcloths, razors, clothing, or uniforms, which may have had contact with the infected wound or bandage. Also, MRSA infections look like a spider bite, pimple, or boil and, therefore, are not always treated immediately.

DOC's health and safety protocols for handling MRSA appear adequate.

The CDC does not provide guidelines specific to the management and prevention of MRSA in correctional facilities. However, there are various publications regarding MRSA including "Management of Multidrug-Resistant Organisms in Healthcare Settings, 2006" and "Environmental Management of Staph and MRSA in Community Settings," issued in July 2008. The publications, available on the CDC's website, mainly provide information in the areas of cleaning, disinfecting, and laundry practices.

Guidelines issued by the Federal Bureau of Prisons on the prevention and control of MRSA in correctional facilities are also available on the CDC's website. The guidelines cover: inmate screening, infection diagnosis, infection treatment, infection control, and outbreak management.

Health and safety protocols necessary for handling MRSA exist in DOC's policies and procedures for institutions. The policies and procedures include various procedures directed to Inmate Health Care's (IHC) health care staff and the Division of Institutions' (DOI) COs. IHC's health care staff performs an integral role in the prevention and management of MRSA infections among inmates as they provide the necessary medical attention to the inmates in DOI's custody. The health care staff's assessment and treatment of an inmate's medical condition is the foundation that determines the actions related to the health and

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<sup>19</sup>Of the ten correctional officers interviewed, five are part of the nine correctional officers who filed workers' compensation claims noted above.

safety protocols required in prevention and management of MRSA infections. However, in order to effectively prevent and manage MRSA infections among inmates, the assistance of COs is imperative as they interact daily with inmates to provide constant, direct supervision.

Several COs at the four facilities stated that they are not informed when an inmate has a MRSA infection. According to IHC's management, health care staff does not inform the COs of the diseases the inmate has contracted. *"They may conjecture [that the inmate has MRSA] when they see a bandaged wound."*

Although the health care staff does not provide the specifics on an inmate's medical condition, they do request the assistance from COs to ensure the inmates maintain proper wound care. COs ensure the inmates are: keeping the wound covered, disposing of the medical waste appropriately, taking medication as prescribed, and scheduling follow up treatment with the health care staff. Furthermore, health care staff inform COs if additional clothing and bedding will be required for the inmate and any work or physical activity restrictions.

Based on information provided by the health care staff, COs ensure the inmates adheres to the health care staff work and physical activity restrictions, clothing and bedding is requested and changed, the inmate is segregated if required, and the inmate's cell and housing unit is decontaminated as outlined in DOC's policy and procedures.

DOC's health and safety protocols incorporate many of the guidelines and information available from CDC's website. Although there are no specific MRSA protocols, the health and safety protocols that already exist through various sections of DOC's policy and procedures appear adequate in the prevention and management of MRSA among inmates.

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# STATE OF ALASKA

DEPARTMENT OF CORRECTIONS  
Office of the Commissioner

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October 20, 2009

RECEIVED

OCT 20 2009

LEGISLATIVE AUDIT

Pat Davidson, CPA  
Legislative Auditor  
PO Box 113300  
Juneau, AK 99811-3300

Re: Department of Corrections Preliminary Audit Report Response

Dear Ms. Davidson.

In response to the Preliminary Report on the Department of Corrections, Selected Health and Safety Issues, the Department raises two concerns with the statements in the Preliminary Report Conclusions.

**Conclusion One: "During the two-year period of 2007 and 2008, the population of inmates infected with MRSA was less than six percent in each of Alaska four corrections facilities."**

Department of Corrections response: Based upon the sample of 726 inmate records identified in Exhibit 2, the overall number of inmates with positive or suspect MRSA infections is 19. When this is converted into a percentage rate, it would be 2.6% for the four institutions. We believe this is a more accurate representation of the actual infection rate.

The department's monitoring of confirmed and suspect MRSA during 2008 and 2009 indicates an in-state facility prevalence rate of approximately 5 per 1,000 on a monthly basis. Due to the nature of the Alaska correctional system's management of un-sentenced and sentenced inmates, and the population movement between facilities, a 5 per 1,000 prevalence rate is more representative of MRSA infections within the statewide institutional system.

**Conclusion Two: "We identified nine claims that were filed by COs who had MRSA infections and believed it was contracted at the correctional facility."**

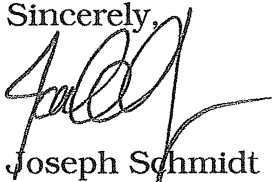
Department of Corrections response: MRSA is endemic within the general community. Like any communicable disease, it can be contracted

through contaminated surfaces and individuals. Unlike all other non-health care settings, correctional institutions have a controlled environment with health care staff, screening protocols for booking inmates, and health/cleaning procedures to maintain safety. The precautions taken in the institutions exceed those found in other community settings such as schools, public transportation, gyms, stores and office buildings.

While an argument is presented that MRSA infections are contracted in the institutions for workers compensation claims, it can not easily be proved or disproved either way if the claimant in fact contracted MRSA in DOC facility. If and when staff is exposed to MRSA at work, the source of each individual infection is exceedingly difficult to determine and it is up to the Division of Workers Compensation to make a final determination. Given the prevalence and epidemiology of MRSA in our communities, the Conclusion statement of "believe it was contracted at the correctional facility" is impossible to substantiate and thus is inappropriate.

Thank you for the opportunity to respond on the report findings.

Sincerely,

A handwritten signature in black ink, appearing to read "Joe Schmidt", written over the printed name.

Joseph Schmidt  
Commissioner,  
Department of Corrections



# ALASKA STATE LEGISLATURE

## LEGISLATIVE BUDGET AND AUDIT COMMITTEE

### Division of Legislative Audit



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October 28, 2009

Members of the Legislative Budget  
and Audit Committee:

We have reviewed the Department of Correction's response to this audit and nothing contained in the response causes us to revise or reconsider the report's conclusions. However we offer one point of clarification.

The Department of Corrections suggests that the results of each institution testing could be simply added together to arrive at an overall 2.6% infection rate for all four correctional institutions. That would not be a statistically valid analysis of the results of the testing performed. As described in the Objective, Scope and Methodology section of this report, we selected separate, representative samples in each institution. The intent is to identify the rate of infection in the four institutions separately not in the aggregate.

Sincerely,

A handwritten signature in black ink that reads "Pat Davidson".

Pat Davidson, CPA  
Legislative Auditor