Department of Juvenile Justice
Health Services Operating Procedure

HSOP VOL IV – 4.3 – 2.02	**Statutory Authority:** Title 66 of the Code of Virginia
Subject: **Infectious Disease Control**	**Regulations:** 6VAC35-71-1000 **Board Policy:** None.
	ACA # 4-JCF-4C-22 **NCCHC #**

2.02-1.0 PURPOSE

To create a plan to address the management of communicable and infectious diseases within the Department of Juvenile Justice (DJJ) facilities and provide direction for infectious disease education, prevention, immunizations, identification, surveillance, treatment, follow-up, medical isolation, and reporting to applicable local, state, and federal agencies.

2.02-2.0 SCOPE

These procedures apply to all Juvenile Correctional Center (JCC) and halfway house employees and staff assigned to the JCCs and halfway houses by other units, agencies, or departments.

2.02-3.0 DEFINITIONS

Acquired Immunodeficiency Syndrome (AIDS) – A condition in which the immune system is depressed and certain opportunistic infections can occur - AIDS is caused by infection with HIV which is commonly transmitted in infected blood, especially during intravenous drug use and in bodily secretions (such as semen) during sexual intercourse.

Health Services Staff – The staff at the JCC consisting of Licensed Practical Nurses, Registered Nurses, dental assistants, and providers who provide health services to residents.

Hepatitis - A disease or condition marked by inflammation of the liver characterized by diffuse or patchy hepatocellular necrosis. The major causes of hepatitis are viral infections, drug toxicity, and alcohol or drug abuse.

Hepatitis A – Caused by a virus (HAV) transmitted through ingestion of raw or undercooked vegetables exposed to fecal contamination. HAV's severity is usually associated with age (more severe in the young and the old) and complete recovery is expected.

Hepatitis B – Caused by a virus (HBV) transmitted through blood and body fluid contamination. HBV is associated with a wide spectrum of liver disease, from a subclinical carrier state to acute hepatitis, chronic hepatitis, cirrhosis, and hepatocellular cancer.

Hepatitis C – A type of hepatitis spread by means similar to Hepatitis B. Frequently milder than hepatitis B during the acute stage but more often leads to chronicity.

Human Immunodeficiency Virus (HIV) – Any of several retroviruses that infect and destroy

helper T cells of the immune system causing the marked reduction in their numbers that is diagnosed as AIDS.

HIV Seropositivity (HIV+) – The presence of antibodies to HIV, indicative of exposure to the virus; refers to the first stage of infection with HIV, before symptoms develop.

Methicillin Resistant Staphylococcus Aureus (MRSA) – An antibiotic resistant staph infection commonly carried on the skin or in the nose. Most of these skin infections are minor (such as boils and pimples) and can be treated without antibiotics. Others can cause serious infection (such as surgical wound infections, bloodstream infections, and pneumonia).

Occupational Exposure – Exposure to a hazard during the course of performing activities normally associated with one's occupation. The primary occupational exposure most likely to place an employee at risk is from .blood-borne pathogens such as HIV or HBV through percutaneous injury (e.g., a needle stick or cut with a sharp object). Secondary exposures include contact of mucous membranes or abraded skin with blood, semen, or vaginal secretions.

Medical Department – The location at which the health services staff are located in the JCCs to provide health services to residents. The medical department includes the nursing station, examination room, infirmary, and dental office.

Tuberculosis (TB) – An airborne communicable disease caused by Mycobacterium Tuberculosis or the tubercle bacillus. Tuberculosis is an acute or chronic infection chiefly of the lungs, spread primarily through inhalation of droplets coughed up by an infected patient.

Venereal Disease – Includes syphilis, gonorrhea, chancroid, granuloma inguinale, chlamydia, and any other sexually transmittable disease determined by the Board of Health to be dangerous to the public health.

2.02-4.0 PROCEDURES

Each facility shall have quarterly multidisciplinary continuous quality improvement infection control meetings to review communicable disease and infection control activities. This meeting shall include clinical, security, and administrative representatives. Meeting minutes shall be maintained by the Local Health Authority.

2.02-4.1 Universal Precautions

Medical history and examinations cannot reliably identify all persons with HIV or blood-borne pathogens. Therefore, blood and body-fluid precautions shall be used consistently for all persons. This approach, recommended by the Centers for Disease Control (CDC), and known as universal blood and body-fluid precautions, or simply Universal Precautions, is especially important during emergency medical care due to the increased risk of blood exposure.

Summarized, the principles of Universal Precautions include:

1. All workers who may come in contact with blood and other potentially infectious material in order to perform their jobs, especially health services staff, shall routinely use barrier precautions to protect skin and mucous membranes. This includes the regular use of gloves, face masks, face shields, eyewear, and gowns or aprons as needed. Disposables shall be used,

as much as possible, and discarded in an approved manner after each use.

2. Hand and other skin surfaces shall be immediately and thoroughly washed if contaminated with blood and body fluids. Hands shall be washed immediately after gloves are removed.

3. All health services staff shall take diligent precautions to prevent injuries caused by needles, scalpels and other "sharps" during their use, cleaning, and disposal.

4. Mouthpieces, resuscitation bags or other ventilation devices shall be made available to minimize the need for mouth-to-mouth resuscitation in areas where the need for CPR can be predicted.

5. Health services staff who have open cuts or weeping skin lesions shall refrain from direct patient care and from handling patient-care equipment until the condition has resolved.

6. Pregnant women are not known to be at greater risk for occupational-related transmission of HIV infection than non-pregnant women. However, because of the high risk of perinatal transmission of HIV to the infant, pregnant women should especially be familiar with universal precautions and rigidly adhere to its practice.

7. HIV-infected health services staff must receive clearance from the Chief Physician and Health Services Administrator before administering direct patient care.

8. Other medical isolation procedures shall be used, as indicated, if associated conditions, such as infectious diarrhea or tuberculosis, are suspected or diagnosed.

9. Medical isolation means the physical separation including confinement or restriction of movement of a resident who is infected with, or is reasonably suspected to be infected with, a communicable disease of public health threat in order to prevent or limit the transmission of the disease. There are three types of isolation:

    a. Isolation Complete – The full-time confinement or restriction of movement of a resident infected with, or reasonably expected to be infected with, a communicable disease in order to prevent or limit the transmission of the disease to uninfected and unexposed individuals.

    b. Isolation Modified – The selective, partial limitations of freedom of movement or actions of a resident infected with, or reasonably expected to be infected with, a communicable disease. Modified isolation is designed to meet particular situations to include restrictions from engaging in certain occupations or using public transportation or requiring use of devices or procedures intended to limit disease transmission.

    c. Isolation Protective – The physical separation of a susceptible residents not infected with or not reasonably suspected to be infected with, a communicable disease from an environment where transmission is occurring, or is reasonably suspected to be occurring, in order prevent the individual from acquiring the disease.

2.02-4.2 Training and Education

1. Training of health services staff

a. All health services staff shall possess knowledge of the principles of Universal Precautions and adhere to it whenever they engage in tasks or activities which involve direct contact with blood or other body fluids.

b. All health services staff shall be trained in tuberculosis control practices in accordance with HSOP VOL IV-4.3-1.08 (Staff Training and Professional Development).

c. All health services staff shall have a working knowledge of current HIV laws regarding reporting, confidentiality, informed consent, and the principle of deemed consent.

d. All health services training shall be conducted and documented in accordance with HSOP VOL IV-4.3-1.07 (Staff Orientation) and SHOP VOL IV-4.3-1.08 (Staff Training and Professional Development).

2. Training of Facility Staff

   a. All facility staff shall be trained in the principles of Universal Precautions and practice these precautions prior to engaging in tasks or activities which involve direct contact with blood or other body fluids.

   b. Facility staff with direct contact with residents shall have annual, documented training that includes information on the modes of transmission of blood-borne pathogens and instruction on the principles of universal precautions.

   c. Facility staff shall have a working knowledge of current HIV laws regarding confidentiality, informed consent and deemed consent and have knowledge of the availability of HBV vaccination.

3. All residents shall be provided information on Hepatitis A, B, and C by health services staff upon intake to DJJ, to include:

   a. How the disease spreads;
   b. Who is at risk;
   c. How infection is prevented;
   d. The affects of infection; and
   e. What treatment is available.

2.02-4.3 Medical and Nursing Guidelines

The Medical and Nursing Guidelines provide health care workers with current requirements for testing, treatment, and control of infectious diseases. This procedure is intended to give only general requirements for staff and residents for testing, inoculation, and treatment of infectious diseases.

1. Tuberculosis

2. Nurses performing a tuberculin skin test (PPD) shall have adequate training in the practice and principles of tuberculin screening.

3. All testing, screening, and treatment for tuberculosis shall be documented in accordance with the Medical and Nursing Guidelines.

4. In accordance with Medical and Nursing Guidelines, all new employees who have direct resident contact in facilities shall have a tuberculin skin test (PPD) unless past positive and a screening on employment and annually thereafter.

   a. Those employees with a new positive PPD skin test must have a chest x-ray.

   b. Once a person has tested positive and has an initial negative chest x-ray, further chest x-rays on an annual basis are not needed nor required if the person has no symptoms of active disease.

   c. Employees exhibiting any of the below general symptoms of TB disease shall immediately see their medical physician. A fit for duty statement shall be required from a physician, nurse practitioner, or physician's assistant prior to the staff returning to work.

      1) Lethargy (a state of sluggishness, inactivity, and apathy)
      2) Weakness
      3) Loss of appetite and weight loss
      4) Fever and/or night sweats
      5) Productive cough or coughing up blood

   d. A chest x-ray may be required based upon the employee's medical physician's evaluation of the employee's health history and physical examination or if clinically indicated.

5. Residents

   a. In accordance with Medical and Nursing Guidelines, all residents entering the DJJ shall have a tuberculin skin test (PPD) and TB symptoms screening on entry and annually thereafter.

   b. Residents who refuse any part of an initial or annual screening for tuberculosis (or chest x-ray if ordered) shall be counseled by health care staff about the importance of the screen. If after counseling, the resident continues to refuse screening, he/she shall be placed in administrative segregation/medical observation and charged with an appropriate disciplinary offense code violation. These residents shall be closely monitored by medical staff for symptoms of TB disease. Residents shall remain in segregation until the resident has consented to the TB screen, it has been administered, and results noted.

2.02-4.4 Hepatitis

1. The management of Hepatitis A and C will be in accordance with the Medical and Nursing Guidelines including procedures for the identification, surveillance, immunization (when applicable), treatment (when indicated), follow-up, and isolation (when indicated).

2. Hepatitis B Vaccine for Employees

   a. Hepatitis B vaccine shall be made available to all facility staff who may have occupational exposure to bloodborne pathogens. Any employee who declines the

Hepatitis B vaccination must sign the "Declination" section of the DJJ Hepatitis B Vaccine Signature Form. Employees who have previously completed the Hepatitis B vaccination must either provide documentation of the vaccination or sign the "Declination" citing previous vaccination.

b. Employees must be given the Hepatitis B Vaccine Information Sheet (see Medical and Nursing Guidelines). Benefits and side effects must be discussed prior to starting the vaccine series and prior to each injection.

c. The Hepatitis B vaccine consists of an initial injection, followed by a second injection in one month, and a third injection four to five months after the second injection.

3. Hepatitis B Vaccine for Residents

a. Hepatitis B Vaccine is offered to all residents.
b. Each resident who handles soiled laundry must participate in training, similar to that outlined in OSHA guidelines. Material appropriate in content and vocabulary to educational level, literacy, and language of residents shall be used. The training, at a minimum, shall include:

1) A general explanation of epidemiology and symptoms of bloodborne pathogens;
2) An explanation of the modes of transmission of bloodborne pathogens;
3) Information on types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
4) Hand washing techniques;
5) Instructions on universal precautions;
6) Information on the need for hepatitis B vaccine, including information of its efficacy, safety, method of administration, the benefits of being vaccinated;
7) Information on the appropriate actions to take and when;
8) Persons to contact in an emergency involving blood or other potentially infectious material; and
9) An opportunity for interactive questions and answers with the person conducting the training.

c. A written physician's order shall be documented in the resident's medical record.

d. Vaccination or Declination shall be documented on the Hepatitis B Vaccine Signature Form in accordance with Medical and Nursing Guidelines.

2.02-4.5 Venereal Diseases

1. All residents upon initial intake to a DJJ facility shall be tested for venereal diseases.

2. The Chief Physician shall be notified if any resident refuses to submit to an examination, testing, or treatment or to continue treatment until found to be cured by proper test.

2.02-4.6 Methicillin Resistant Staphylococcus Aureus (MRSA)

1. Residents presenting with skin and soft tissue infections will be evaluated for MRSA in accordance with the Medical and Nursing Guidelines.

2. Screening for MRSA shall include assessment of risk factors such as recent hospitalization, previous anti-staphylococcal antibiotic usage, presence of an indwelling catheter or device, history of rash, boils, or skin infection, and repeated soft tissue infections.

3. Diagnosis

    a. Careful examination of the skin, blood cultures, wound cultures, intake questionnaire with past history of MRSA; and
    b. Skin lesions and draining wounds shall be cultured to determine the infecting organism.

4. Treatment of infected residents, including medical isolation when indicated, shall be based in diagnosis and culture results in accordance with the Medical and Nursing Guidelines

5. Appropriate follow-up care shall be provided, including arrangements with appropriate health care authorities for continuity of care if the resident is relocated prior to the completion of therapy

6. Infection control measures shall include:

    a. Hand washing throughout the day;
    b. Good personal hygiene;
    c. Keep living and work areas as clean as possible;
    d. Change bed linens often;
    e. Notify laundry of special handling of bed linens;
    f. Clean showers often with germicidal cleansers;
    g. Avoid contamination of environmental surfaces and equipment;
    h. Take precautions to minimize transmission of microorganisms to other persons;
    i. Medical isolation is necessary if the resident is noncompliant or draining cannot be controlled with a covered dressing;
    j. Some serious MRSA infections may need to be transferred to a facility with an infirmary or observation bed if not available at assigned location, otherwise transfers shall be avoided; and
    k. Clean and disinfect medical equipment between patients when used on those with infections.

7. Report all culture diagnosis cases of MRSA to the Chief Nurse.

8. Education

    a. Target educational efforts to residents, security officers, and health services staff to include holding periodic group meetings to reinforce universal precautions.

    b. Request information, if needed, from the Health Services Unit.

    c. Hold teaching seminars on a regular basis with the Chief Nurse to ensure accuracy.

2.02-4.7 Testing for Other Infectious Diseases

Tests for other infectious diseases will be performed, by order of the physician when clinical

indications are present, on a case-by-case basis.

2.02-4.8 Medical Management of Infected Residents

1. The Local Health Authority shall develop protocols and treatment plans for the medical management of infectious diseases in residents in accordance with Medical and Nursing Guidelines.

2. The Local Health Authority shall develop protocols for Universal Precautions for all health services staff.

3. The Local Health Authority shall immediately notify the Superintendent, Chief Physician, Chief Nurse, and Health Services Administrator of all notifiable infectious diseases or infestations such as scabies, lice, and bed bugs occurring in the facility.

   a. If the disease or infestation can be spread through contact with the resident's clothing, bed linens, towels, etc., all such contaminated items shall be isolated by placing in double plastic trash bags and placed in a secure area.

   b. Upon determination that the contaminated clothing, etc. requires special laundering to prevent the spread of disease or infestation, the Chief Nurse will consult with the Superintendent and facility Safety Officer.

   c. The Chief Nurse shall provide instructions and contact information to the facility for handling the contaminated items.

4. In some cases, it may be determined to be more cost effective to dispose of the contaminated items than to launder them. Such disposal shall be as regular solid waste

2.02-4.9 Disinfection, Decontamination, and Disposal

1. Hand Washing – All health services staff must wash their hands between patient examinations, following removal of gloves, after touching objects likely to be contaminated by blood or saliva from other patients, and before leaving the operating area. For surgical procedures, an antimicrobial scrub shall be used. During use, gloves may break, whether or not the operator is aware of it. This allows viral contamination as well as allowing bacteria to enter and multiply beneath the glove material.

2. Protective Masks and Gowns

   a. Surgical masks and protective eye-wear or chin length plastic shields must be worn when splashing or spattering of blood or other body fluids is likely.

   b. Reusable or disposable gowns, lab coats, or uniforms must be worn when clothing is likely to be soiled with blood or other body fluids. If reusable gowns are worn, they shall be washed in hot water with bleach, if possible, but at a minimum following manufacturer's recommendations. Staff shall ensure there is no visible blood remaining in the fabric after washing.. Gowns shall be changed at least daily or when visibly soiled with blood.

3. Instruments and Surfaces

   a. Impervious materials maybe used to cover surfaces that may be contaminated by blood or saliva and that are difficult or impossible to clean and disinfect. These coverings shall be removed (while gloved), and discarded, and then replaced (after un-gloving) with clean material between patients.

   b. Instruments that penetrate soft tissue and/or bone shall be sterilized after each use. Instruments that are not intended to penetrate oral soft tissues shall also be sterilized after each use if possible; but, if sterilization is not feasible, the latter instruments shall receive high level disinfection.

   c. Metal and heat stable dental instruments shall be sterilized between uses by autoclaving, dry heat, or chemical vapor.

2.02-4.10 Medical Management of Accidental Exposure to Blood-Borne Pathogens

1. In the case of employees, the exposure shall be documented in the employee's medical file. The employee shall be referred to the contracted occupational health care provider, urgent care provider, or emergency room within two (2) hours, as appropriate. The provider shall determine the necessary testing.

2. For HIV positive or unknown HIV status exposures, HIV testing of the staff and resident involved shall be obtained as a baseline. The HIV test shall be repeated in 3 months, 6 months, and 1 year. If the resident refuses the HIV test, a court order may be obtained to draw the resident's blood for testing.

3. The DJJ provider shall determine the necessary testing for residents, to include HIV and Hepatitis testing. Additional testing, as requested by the occupational health care provider, shall be conducted.

4. Results of the resident's HIV test shall be noted by the Chief Physician for disclosure to the occupational health care provider as permitted under law and reported to the Health Services Administrator

2.02-4.11 Reporting of Notifiable Diseases

1. COV §32.1-36, requires the Virginia Department of Health to be notified of certain infectious diseases using the Department of Health Form Epi-1. A complete list of notifiable diseases appears on the form.

2. Copies of Form Epi-1 shall be sent according to the distribution list at the bottom of the form, as well as to the Chief Nurse.

2.02-4.12 Surveillance & Record Keeping

1. The Local Health Authority shall maintain records of all notifiable infectious diseases occurring in the facility.

2. In addition, the Local Health Authority shall report to the Chief Physician, Chief Nurse, and

Health Services Administrator the occurrence of positive tuberculin tests and blood-borne pathogens exposure incidents in employees and the Human Resources Office shall maintain such employee medical records for thirty (30) years as required by OSHA regulations.

3. The Health Services Unit shall maintain data bases on the incidence and trends of all notifiable diseases.

4. All vaccinations and PPD tests shall be recorded on the Immunization Record and maintained in the resident's medical record.

2.02-4.13 Confidentiality

HIV information is confidential and limited to the medical record and health services staff. Any other person with a "need to know" shall be aware of current legal issues regarding confidentiality.

2.02-5.0 RESPONSIBILITY

The Local Health Authority, Superintendent, and Halfway House Director shall be responsible for implementing this procedure.

2.02-6.0 INTERPRETATION

The Health Services Administrator and Deputy Director of Operations shall be responsible for the interpretation and the exception approval to this procedure.

2.02-7.0 CONFIDENTIALITY

All procedures and bulletins are DJJ property and shall only be used for legitimate business purposes. Any redistribution or the documents or information contained in the procedures or bulletins shall be in accordance with applicable state and federal statutes and regulations and all other DJJ procedures. Any unauthorized use or distribution may result in disciplinary and/or criminal action, as appropriate and applicable.

2.02-8.0 REVIEW DATE

This procedure shall remain in effect until rescinded or otherwise modified by the appropriate authority.

Approved by Director:	**Date:**
[signature]	3/7/14
Approved by Health Administrator:	**Date:**
[signature]	3/11/14
Approved by Chief Physician: [signature]	**Date:** 3/14/14
Effective Date: April 14, 2014	**Office of Primary Responsibility:** Health Services Division of Operations
Supersedes: October 7, 2013	**Forms:** None.