MARYLAND
Department of
Juvenile Services
Successful Youth • Strong Leaders • Safer Communities

POLICY

SUBJECT: Communicable and Infectious Disease Management
NUMBER: HC-331-18
APPLICABLE TO: All Staff

APPROVED: /s/ signature on original
Sam Abed, Secretary
DATE: 8/1/18

I. POLICY

The Department of Juvenile Services (DJS) shall have a written program that addresses the management of communicable and infectious diseases in youth.

The program shall include procedures for the following:

- Prevention of communicable and infectious diseases including appropriate safeguards, post-exposure protocols, and immunizations for youth and staff.
- Identification through the screening process conducted at admission and monitoring through statistical reporting and infection control teams.
- Youth health education and staff training on hygiene, cleaning and disinfecting practices, use of personal protective equipment, and wound care.
- Confidentiality of protected health information and reporting requirements to State and local health authorities.
- Management of tuberculosis (TB) including screening, testing, treatment, medical isolation, and follow-up care for latent tuberculosis and tuberculosis disease.
- Management of viral hepatitis including vaccination for Hepatitis A and B and screening, testing, treatment, follow-up care, control measures and medical isolation if needed for Hepatitis A, B, and C.
- Management of human immunodeficiency virus (HIV) infection including laboratory testing, pre- and post-test information, prevention, treatment, control measures, confidentiality, and follow-up care.
- Management of methicillin-resistant staphylococcus aureus (MRSA) infection including evaluating and treating infected youth, medical isolation when indicated, and follow-up care.

II. AUTHORITY

A. Md. Code Ann., Human Services, §9-203 and §9-204.

B. American Correctional Association (ACA) standards, 4-JCF-4C-22, 4-JCF-4C-23, 4-JCF-4C-24, 4-JCF-4C-25, and 4-JCF-4C-26

III. DIRECTIVES/POLICIES RESCINDED

None

IV. FAILURE TO COMPLY

Failure to comply with the Department's Policy and Procedures shall be grounds for disciplinary action up to and including termination of employment.

V. STANDARD OPERATING PROCEDURES

Standard operating procedures have been developed.

VI. REVISION HISTORY

DESCRIPTION OF REVISION	DATE OF REVISION
New policy issued.	August 1, 2018

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PROCEDURES

SUBJECT: Communicable and Infectious Disease Management
NUMBER: HC-331-18
APPLICABLE TO: All Staff

APPROVED: ______/s/ signature on original______ **DATE**: 7/27/18
Linda McWilliams, Deputy Secretary

APPROVED: ______/s/ signature on original______ **DATE**: 7/27/18
Jennifer Maehr, Medical Director

I. PURPOSE

To provide procedures which address the control of communicable and infectious diseases to ensure the health of youth and staff.

II. DEFINITIONS

Bloodborne Pathogen is an infectious agent that can be spread by contact with infected blood and includes but is not limited to Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV).

Health Care Practitioner means clinicians trained to diagnose and treat patients to include, physicians, dentists, psychologists, podiatrists, optometrists, nurse practitioners and physician assistants.

Health Care Professional means staff who perform clinical duties to include, health care practitioners, nurses, social workers, dietitians, emergency medical technicians in accordance with each health care professional's scope of training and applicable licensing, certification, and regulatory requirements.

Infection Control Teams means a group of multidisciplinary staff at each facility that meets to discuss prevention of communicable and infectious diseases and infection control and monitoring activities.

Medical Isolation is separation of people known or suspected via signs, symptoms, or laboratory criteria to be infected with a communicable disease from those who are not sick to prevent the transmission of disease to others.

Methicillin-resistant Staphylococcus aureus (MRSA) is Staph aureus bacteria that has become resistant to many antibiotics including methicillin. Several antibiotics are still effective in treating MRSA infections. MRSA can cause the same type of infections as other Staph aureus bacteria and are often defined as either hospital or community-associated infections.

Personal Protective Equipment (PPE) is any device, appliance, or clothing designed to be worn by an individual for protection from and to minimize exposure to a variety of health and safety hazards and includes gloves, eye protection (goggles, face shields), masks, gowns, and aprons.

Qualified Behavioral Health Professional (QBHP) means the individuals employed by or contracted with DJS who provide evaluation, treatment, care, or rehabilitation to DJS youth for mental health and substance abuse services which may include their families. These include all staff licensed, or a doctoral level psychologist under the supervision of a licensed psychologist; and alcohol and drug counselors that are licensed to provide mental health and substance abuse treatment to the youth.

Quarantine is compulsory separation, including restriction of movement, of people who have potentially been exposed to a communicable disease, until it can be determined whether they have become sick or no longer pose a risk to others, for example, based on the time elapsed from their potential exposure.

Tuberculosis (TB) is a condition caused by the bacteria *Mycobacterium tuberculosis* (*M tuberculosis*).

> Latent TB is a non-contagious state of infection caused by *M tuberculosis*. Its diagnosis is based on positive TB skin or blood testing with no signs or symptom of illness. People with latent TB are at risk for developing TB disease, which can be prevented by taking antibiotics.
>
> TB disease is an illness causing signs, symptoms, and/or radiographic abnormalities due to infection of the lungs or other parts of the body with *M tuberculosis*. If present in the lungs, the infection may be transmitted to others by inhaling evaporated droplets or small breathable particles from an infected persons cough.

Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens (OSHA BBP Standard 1910.1030).

III. PROCEDURES

A. Immunization Program

1. **Youth Immunizations**
    a. Nursing staff shall request youth immunization records from ImmuNet-Maryland's Immunization Information System, schools, parents, previous placements, and/or other health care providers for review by the physician or nurse practitioner.
    b. Nursing supervisors shall post the most current Center for Disease Control and Prevention (CDC) approved immunization schedules in the medical center.
    c. A nurse shall not administer a vaccine without an order from a physician or nurse practitioner.
        1) DJS physicians and nurse practitioners shall order vaccines in accordance with the current CDC-approved immunization schedules with the goal of having all youth up to date on their vaccinations.
        2) The Medical Director shall write an annual standing order for influenza vaccination of youth.
    d. The somatic health division shall participate in the Vaccine for Children (VFC) program for youth under the age of 19. For youth 19 and over, nursing staff will order vaccine through the DJS pharmacy vendor.
    e. Nursing staff shall ensure that consent is obtained prior to administering immunizations in accordance with Maryland statute using DJS specific vaccine consent forms.
2. **Staff Immunizations**
    a. The Health Administrator and Medical Director with assistance from Superintendents and Regional Directors shall encourage all staff to receive an annual influenza vaccine at designated DJS offices and facilities or from community providers.
    b. During required annual bloodborne pathogen training, the Professional Training and Education Unit (PTEU) shall educate staff on Hepatitis B and encourage Hepatitis B vaccination for those staff who have not completed the vaccine series or who do not have documentation of immunity or prior infection. Direct care staff and other staff whose work duties may involve possible exposure to blood and/or body fluids may receive the vaccine at no cost to them through the State's contracted staff medical provider, or staff may opt to use their health insurance and complete the series with a community provider.
    c. Staff shall review their immunization records with their primary care provider in order to receive immunizations as recommended by the CDC for their age, underlying health conditions, and potential exposures.

B. Personal Protective Equipment (PPE) and Infection Control Supplies

1. DJS shall have an adequate supply of PPE and infection control supplies for the facilities, vans, and community offices for use by staff, youth, and visitors as needed.
    a. Facilities: Superintendents and nursing supervisors shall ensure that there is an adequate supply of PPE and other infection control supplies at the facilities as listed in **Infection Control Supplies for DJS Facilities and Vans Used to Transport Youth (Appendix 1).**
    b. Nursing staff shall assist transportation staff with replenishing infection control supplies which shall be inventoried monthly by transportation staff.
    c. Community Offices and Headquarters: Supervisors shall ensure that there is an adequate supply of non-latex gloves in various sizes for staff performing urine drug testing. Germicidal wipes and other cleaning supplies shall also be available for clean-up of surfaces.
    d. DJS shall provide PPE that meets the needs of staff, and is in good condition, in a variety of sizes, and at no cost to staff or youth.
2. Staff that are at risk for occupational exposure shall receive training on PPE during mandated bloodborne pathogen training.
3. Staff shall use PPE that is appropriate to the task being performed.
4. Staff shall remove gloves and other disposable PPE and discard of them appropriately as soon as a task is completed or an area cleaned and prior to moving on to the next task, laboratory specimen, or patient.
5. Staff shall not reuse or wash disposable PPE after a task is completed.
6. Staff shall wash hands after removal of PPE.
7. PPE and Youth
    a. Staff shall supply youth with appropriate PPE such as goggles or gloves to protect them from injury while participating in certain activities (e.g., wood working, gardening, etc.) or as instructed by nursing or physician staff to protect youth from possible exposure to infectious disease from other youth or staff.
    b. Staff shall not ask youth to perform tasks that put the youth at increased risk for an exposure incident such as cleaning medical or dental areas, disposing of biohazard medical waste, handling laboratory specimens, or cleaning other’s linens or living areas that are contaminated with blood or body fluids.
    c. As directed by medical staff, direct care staff shall provide masks to youth who are suspected to have a significant respiratory infection as evidenced by fever and cough and shall keep the youth separated from other youth by at least six feet or more until they can be appropriately assessed by a physician or nurse.
8. Gloves
    a. Staff shall use only non-latex gloves for PPE such as powder-free vinyl or nitrile gloves.
    b. Staff shall wear gloves when:

1) touching or handling items soiled with blood, body fluids, or other potentially infectious material;
2) handling or collecting laboratory specimens;
3) performing venipuncture;
4) performing or assisting with dental or medical procedures;
5) touching mucous membranes or non-intact skin;
6) providing hands-on care or assessment of a youth on contact precautions for an infection spread by physical contact directly with an infected person or indirectly from contaminated surfaces; infections spread by contact transmission include but are not limited to scabies, lice, bacterial infection of the skin (impetigo, draining abscesses), herpes, viral conjunctivitis, Ebola, and Hepatitis A as well as other infectious causes of diarrhea; and
7) using potentially toxic or harsh cleaning chemicals and disinfectants.

9. Eye Protection
Staff shall use eye protection (goggles or face shield) when there is a risk of blood, body fluids, or other potentially infectious material entering the eye for example, when performing certain medical or dental procedures.

10. Masks
Staff shall wear masks:
a. When caring for or in the same room or vehicle as youth with suspected or confirmed infection spread by air currents of infectious particles released into the air by coughing; infections spread by airborne transmission include tuberculosis disease, measles, and varicella (chicken pox);
b. When caring for or within 6 feet of youth on droplet precautions due to suspected or confirmed infection spread by respiratory droplets released and propelled a short distance (6 feet or less) by coughing, sneezing, or talking; infections spread by droplet transmission include influenza, mumps, pertussis, and several other organisms causing pneumonia or upper respiratory infections such as adenovirus, rhinovirus, and mycoplasma;
c. When giving aid or performing certain medical or dental procedures when there is risk of blood, body fluids, or other potentially infectious material having contact with the nose or mouth; or
d. As instructed by nursing or physician staff.

11. Gowns
Staff shall wear gowns during procedures and patient-care or direct care activities when there may be contact of clothing or exposed skin with blood, body fluids, secretions, or excretions. For example, staff may wear gowns if they are closely caring for youth on contact precautions for a viral or bacterial illness causing diarrhea and vomiting.

12. Protection from Youth who are Spitting
    Staff may wear a face shield when interacting with youth who are spitting.
13. Protection from Sharps
    Health care professionals shall use safety needles and shall immediately dispose of all contaminated or used medical sharps in a puncture resistant sharp box in order to reduce the chance of an accidental needle stick or other sharp injury. Needles and Syringes shall never be reused.
14. Additional information on PPE and the handling of contaminated waste is provided in the *Handling/Disposing of Contaminated Medical Waste* and *Bloodborne Pathogen Policy and Procedures*.

C. Hygiene

1. Staff and youth shall wash or clean their hands frequently as follows:
   a. When hands are visibly dirty (using soap and water);
   b. Prior to eating food;
   c. Prior to preparing food and after handling raw meat, poultry, fish, or eggs;
   d. After using the bathroom/toilet;
   e. After playing sports or using athletic equipment;
   f. Prior to administering medication;
   g. After blowing or wiping the nose or sneezing into the hand;
   h. After handling or touching blood or body fluids or items contaminated with blood or body fluids;
   i. After handling garbage or soiled laundry;
   j. After handling animals;
   k. After removing gloves or other PPE;
   l. Before and after examining youth (pertains to nursing, physician, dental and optometry staff);
   m. After caring for individuals who are ill with a communicable or infectious disease; and
   n. After using cleaning chemicals.
2. DJS facilities and community offices shall have an adequate supply of liquid soap, toilet paper, trash receptacles, paper towels and/or hand dryers in bathrooms for use by staff, youth, and visitors.
3. Nursing supervisors shall ensure that there is hand sanitizer available in the medical center.
4. DJS facilities and community offices shall have posters visible on hand hygiene in all bathrooms, dining areas, production kitchens, medical centers, and other areas as needed. Posters are available for download and printing from the CDC website (www.cdc.gov/handwashing/posters.html).
5. Required bloodborne pathogen training shall include information on proper hand hygiene. Staff may utilize a hand washing video from the CDC to train staff and youth. For more information, see: www.cdc.gov/cdctv/healthyliving/hygiene/fight-germs-wash-hands.html.
6. Direct care staff shall ensure that youth have their own personal hygiene bags and that they do not share personal hygiene products.

7. Direct care staff shall ensure that youth shower with soap and warm water after admission from the community, then at least daily and as needed after strenuous exercise, exposure to blood or other potentially infectious materials or dangerous chemicals, or as ordered by health care professionals.
8. Direct care staff shall provide youth with clean, dry towels.
9. Direct care staff shall allow and encourage youth to brush their teeth at least twice per day to prevent dental infections.
10. Direct care and transportation staff shall provide female youth with ready access to menstrual pads, tampons, panty liners and clean underwear as needed. Staff and youth shall dispose of used feminine hygiene products in sani-sacs (paper bags designed specifically for disposal of feminine hygiene products) or directly into trash receptacles with a plastic liner or bag; used feminine hygiene products do not need to be placed in a biohazard waste bag. Staff and youth shall not dispose of feminine hygiene products in the toilet.
11. Department issued undergarments, bras, underwear, and socks should not be reissued to youth. If shoes or boots are reissued, the shoes and boots need to be sanitized with a disinfectant.

D. Staff Training and Youth Health Education

1. Staff shall complete training that is required in accordance with the *Bloodborne Pathogen Policy and Procedures*. Mandated staff must complete Bloodborne Pathogen training yearly and First Aid training every other year.
2. Nursing and physician staff shall provide one-on-one health education to youth on prevention of communicable diseases including sexually transmitted infections and shall counsel them on their individually diagnosed infectious diseases as part of the treatment plan. Nursing and physician staff shall document health education given to youth during clinical encounters in the Youth's Health Record. Nursing and physician staff may also lead or participate in group health education sessions for youth or staff.
3. The Infection Control Teams shall facilitate education activities and trainings on communicable diseases and infection control for youth and staff and shall maintain records of these activities and trainings.

E. Cleaning

1. Cleaning and disinfecting of surfaces, furniture, and equipment reduces the presence of potentially infectious organisms from the work and living environment of staff and youth thereby reducing the transmission of infectious diseases. Protocols for cleaning and disinfecting surfaces shall take into consideration the degree and frequency of hand contact, and potential contamination of the surface with body fluids or with environmental sources of microorganisms (e.g., food, soil, dust, etc).

2. For cleaning and disinfecting of blankets, linens, mattresses and pillows refer to the *Handling/Disposing of Contaminated Medical Waste, Inspections-Sanitation, Safety, and Security* and *Youth Hygiene in Residential Facilities Policy and Procedures*.
3. In response to infectious disease outbreaks or exposures, the Medical Director, Health Administrator, or Designee shall order additional cleaning and disinfecting such as wiping down high touch surfaces that have frequent contact with the hands and require more frequent cleaning and disinfecting than minimal contact surfaces. Examples include wiping down faucets, shower handles, door knobs, tabletops, shared work equipment, restraints, and exercise equipment with germicidal wipes at frequent intervals or disinfecting a shower floor after use by a youth with an infected wound.
4. For surfaces that have drainage from infected skin or are contaminated with blood or body fluids, staff shall use PPE as needed and contain and clean the surface using paper towels and if needed a biohazard spill cleanup kit, and then use a disinfectant, following directions on the label.
5. Direct care staff shall keep bathroom shower curtains free of visible mold and mildew. If curtains cannot be cleaned, then direct care staff shall remove and discard of shower curtains when they are visibly dirty or moldy.
6. Transportation staff and other staff using restraints shall be responsible for cleaning and disinfecting mechanical restraints. At a minimum, staff shall clean mechanical restraints when restraints become visibly dirty or contaminated with blood or body fluids; staff shall not use the restraints again until staff have cleaned the restraints with soap and water or a cleaner, then dried them with a clean towel, followed by application of a germicidal disinfectant.
7. Transportation staff shall clean and wipe down seats and high touch surfaces inside vans used to transport youth when visibly dirty or contaminated with blood or body fluids, and after there is a suspected infectious disease exposure in the van (e.g., after transporting a youth who is diagnosed with influenza).
8. Nursing staff shall ensure that the medical counter tops and examination table tops used during patient care activities shall be cleaned and disinfected at the end of each shift when in use, after being used for laboratory specimen collection, and when visibly dirty, soiled with blood or body fluids, or possibly contaminated by contact with an infectious patient. Nursing staff shall ensure that all examination tables are covered with disposable examination paper that is changed after each patient use.
9. Dental staff shall ensure that dental equipment and surfaces are kept clean and sterilized.
10. Nursing and physician staff shall ensure that all medical equipment is kept clean.

F. Care for Wounds and Cuts

1. Direct care staff shall bring youth with a cut or wound to the attention of a nurse by following the sick call process or by notifying the nurse that a youth is in immediate need of medical attention.
2. If a nurse is not available at the facility or the youth is off grounds, staff shall assist the youth with cleaning the injury with soap and water and administering first aid until seen by a nurse unless immediate emergency care is needed, at that time staff will transport youth to an emergency room for care.
3. Youth and staff at DJS facilities shall keep cuts, scrapes, and wounds clean and covered with a bandage until healed to prevent entry of infectious organisms into the wound. The injury shall be cleaned with soap and water, and bandages shall be changed at least daily and when soiled, or as ordered by the nurse or physician.
4. If an infected skin lesion cannot be kept covered, if drainage is excessive, or if there are numerous infected lesions, then nursing or physician staff may order contact precautions and decreased contact with others, such as limiting sports participation.
5. Nursing staff shall supply bandages to youth and staff as needed.

G. Athletic Participation

1. Direct care staff shall ensure that athletic clothing is laundered and protective gear is cleaned with germicidal wipes after each use.
2. Direct care staff shall ensure that athletic equipment exposed to sweat such as exercise mats, weight bench, weights, handle bars of athletic machines, and athletic balls are cleaned and disinfected at a minimum when visibly dirty, and when contaminated with blood or other potentially infectious material, and when potential exposure to infectious disease is suspected.
3. Youth will be encouraged to wash their hands after athletic participation.
4. Youth and staff using athletic equipment shall have a barrier such as a shirt or towel between themselves and the athletic equipment, as applicable.
5. Youth and staff shall cover existing cuts, abrasions, wounds, or other areas of broken skin before and during athletic participation that involves contact with others or with athletic equipment.
6. Direct care staff shall assist youth who obtain a cut or other skin injury during athletic participation to promptly clean the injury and seek medical attention from nursing staff.
7. Direct care staff shall promptly clean any blood spill on the floor or equipment.
8. Exclusion from Athletic Participation
    a. Direct care staff shall remove youth with active bleeding from athletic participation until assessed by nursing staff.

b. Direct care staff shall not allow youth to play a contact sport or use athletic equipment if the youth has an infected wound or skin infection that he/she is not keeping covered or unable to cover.
c. Nursing staff shall generate a health status alert if youth require special precautions due to an infected wound, skin infection, or health condition.
d. Physicians shall write orders for youth who require exclusion from athletic participation due to an infectious condition.

H. Food Safety

1. Food service staff shall handle and store food to prevent growth of bacteria and contamination by insects and rodents.
2. Food service staff shall act in accordance with the *Food Service Operations Policy and Procedures.*
3. Food service staff shall ensure that tables and countertops used for food preparation and food service are cleaned and sanitized between uses and before and after serving food to youth. Food service staff are responsible for ensuring the dining area is sanitized with a disinfectant after each unit's meal is completed and at the end of meal service.
4. Food service staff with signs or symptoms of illness including vomiting, diarrhea, jaundice, or an infected skin lesion on the hand, or with known infection with a potential food borne pathogen such as Hepatitis A shall report the information to their supervisor and not handle or prepare food until the illness is resolved or they are medically cleared to work.
5. Food service staff shall ensure that:
   a. milk, milk products, and juice are pasteurized;
   b. eggs used in food preparation are cooked, not served raw, and are either clean, whole Grade A or higher (with shells intact and no cracks) or pasteurized eggs/egg products; and
   c. meat is thoroughly cooked, and utensils and cutting boards used in meat preparation are thoroughly cleaned.
6. The Director of Food and Nutrition Services shall track food recalls and alerts from the United States Food and Drug Administration (FDA) to prevent cases of food-borne illness in youth and staff.
7. Food service staff shall not serve or use food products that have been recalled by the FDA.

I. Prevention of Infectious Diseases from Insects and Animals

1. Maintenance staff shall help eliminate local mosquito breeding sites by draining standing water or removing outdoor receptacles of water on facility grounds (cans, buckets, pots, bird baths, etc.), and cleaning rain gutters.
2. Direct care staff shall provide insect repellent and/or protective clothing for youth when involved in outdoor activities when mosquitos are present or when in tick infested areas.

a. Staff shall follow repellant label instructions carefully. Staff may provide insect repellent with no more than 30% DEET (N,N-diethyl-meta-toluamide).
b. Staff may use permethrin-containing repellants only when being used to spray clothing, shoes, and camping gear, NOT for use on skin.
c. Additional repellant ingredients that may be used include picardin (up to 10%), oil of lemon eucalyptus, and other repellant ingredients registered by the Environmental Protection Agency (EPA) and approved for use by the American Academy of Pediatrics (AAP).

3. Pest control services shall be provided in accordance with the *Facility Environment Policy and Procedures.*
4. The Superintendent shall not allow animals to be brought on facility grounds unless they are fully vaccinated.
5. Staff and youth shall avoid contact with and not touch or try to capture stray or wild animals. The Superintendent shall call pest control professionals for assistance with removal of stray or wild animals.
6. Staff shall report any animal bite of a staff, youth, or visitor while on facility grounds or of a youth while under DJS physical custody to the Medical Director, Superintendent, and local health department and shall refer the person to immediate medical attention.
7. Staff shall report any animal suspected of having rabies on facility grounds to local Animal Control and to the Superintendent.

J. Post Exposure Protocols

1. Staff shall immediately refer any **youth** who has had an exposure to blood or body fluids to the nurse for evaluation as follows:
   a. Direct care staff and nursing staff shall address any life threatening injury first and refer youth out by 911 for emergency medical treatment, if indicated.
   b. Nursing staff shall assist the youth in immediately flushing the exposed area with soap and water for exposed skin areas, with water for the mouth and inner nose, with eye wash, normal saline, and if neither available water for the eyes.
   c. If nursing is not available, direct care staff shall assist the youth in immediately flushing the exposure site and then calling the on-call nurse.
   d. Nursing staff shall consult with the on-call physician and if deemed necessary, the youth shall be sent to the emergency room for further post-exposure management and evaluation.
   e. Upon return to the facility, the nurse will follow up with the exposure incident to collect any required post-exposure laboratory specimens, obtain post-exposure laboratory results, administer vaccinations or medication if prescribed, and refer youth for follow

up with the DJS physician or nurse practitioner on the next clinic day.

2. For any occupational exposure incident staff shall act in accordance with the *Bloodborne Pathogen Policy and Procedures*.
3. Nursing and physician staff shall take prompt action following exposure of staff or youth to certain infectious diseases.
   a. Special consideration needs to be given to exposed individuals who are immune suppressed, pregnant, or not fully vaccinated. Interventions needed may include vaccination, chemoprophylaxis with antivirals or antibiotics, and/or quarantine. Infectious diseases and situations that require consideration for post-exposure protocols include diphtheria, Hepatitis A, Hepatitis B, HIV, influenza, measles, meningococcal disease, mumps, pertussis, rubella, sexual assault, and varicella.
   b. Staff shall refer youth with a known history of sexual assault to nursing or physician staff so that post-exposure prophylaxis can be discussed and initiated as needed; time is of the essence for youth with recent sexual assault as post-exposure HIV prophylaxis and emergency contraception must be initiated within 72 and 120 hours of the assault respectively, the sooner the better.

K. Transfer and Housing of Youth to Prevent Communicable Diseases

1. Nursing staff and physician staff shall assess youth during the admission process to determine if they are medically cleared for general population.
2. Nursing and physician staff shall evaluate youth who have signs and/or symptoms of an infectious disease and if indicated, shall order special precautions (e.g., airborne, droplet, or contact precautions), medical isolation, referral to emergency room, and/or a transfer to an infirmary setting.
3. Nursing and physician staff with assistance from the Medical Director and Local Health Authority shall determine if youth exposed to certain infectious diseases require quarantine.
4. The Superintendent shall not transfer youth to other facilities including placements until the transfer is cleared with a nurse or physician.
5. Youth with the following infections or symptoms shall not be transferred to other DJS facilities or placements without prior clearance by the Medical Director or designee:
   a. Conjunctivitis due to infection (pink eye);
   b. Diarrhea from an infectious etiology;
   c. Fever (temperature over 100 degrees F) or otherwise ill appearing;
   d. Hepatitis A;
   e. Influenza;
   f. Lice, untreated;
   g. Measles, mumps, or rubella;
   h. Meningitis;
   i. Mononucleosis;

j. Pertussis;
k. Pneumonia;
l. Scabies, untreated;
m. Staphylococcus infection: MRSA or other staph aureus infection, suspected or documented by culture;
n. Streptococcal infection: strep throat or strep skin/soft tissue infection that has not been treated with antibiotics for at least 24 hours;
o. Tuberculosis disease (not latent infection);
p. Varicella/chicken pox; and
q. Vomiting.

L. Identifying and Screening

1. During the facility admission process, the Admissions Officer shall screen youth for signs and symptoms of illness including fever, chills and significant cough. If screening is positive for illness, the Admissions Officer shall call nursing staff to further assess the youth and shall not admit the youth to the facility unless cleared by nursing staff.
2. If the nurse is concerned for an infectious disease that may pose a risk to others or that requires immediate medical attention, the nurse shall call the on-call physician or nurse practitioner for consultation and orders for either admission or referral to the emergency room.
3. For all youth admitted, nursing staff shall screen, assess, and test youth for infectious diseases as part of the admission nursing assessment which includes:
   a. screening and when indicated testing for tuberculosis;
   b. testing for gonorrhea, chlamydia, HIV, syphilis, and Hepatitis C as indicated**;** and
   c. performing a review of systems to evaluate for infections such as pharyngitis, conjunctivitis, genito-urinary tract infections, scabies, lice, varicella, skin and soft tissue infections, and viral hepatitis.
4. Nursing and/or physician staff shall promptly evaluate youth who develop signs and symptoms of illness after admission through the sick call process or by referral from other facility staff. Physician staff shall order or perform additional laboratory testing as needed.
5. The Superintendent shall have a process to screen visitors for infectious disease as instructed by the Medical Director, for example during the influenza season or during outbreaks of certain infectious diseases in the community.
6. If staff report to work and are ill or become ill with a potentially infectious disease, supervisors shall ask the ill staff to leave or may reassign the staff to duties that do not expose others.

M. Monitoring

1. The nursing supervisor or designee at each DJS facility shall submit to the Health Administrator or designee monthly statistical reports that include

data on youth vaccination, laboratory testing for infectious diseases, positive laboratory results, and infectious disease diagnoses.

2. The Medical Director and Health Administrator shall determine the items to be reported in accordance with the Health Care Statistical Reports Policy and Procedures.
3. Laboratory vendors shall submit to the Health Administrator and/or Medical Director monthly statistical reports on infectious disease laboratory testing as requested by the contract monitor.

N. Reporting Requirements and Collaboration with State and Local Health Authorities for Communicable Diseases

1. Nursing and physician staff shall follow Maryland statute, regulations (see the MD Code Ann., Health General §18-213and COMAR 10.06.01.03) and requirements by the Maryland Department of Health (MDH) for reporting diseases and conditions in youth and outbreaks (involving youth and/or staff) at DJS facilities.
2. Nursing and physician staff shall use the most current Maryland Confidential Morbidity Report (DHMH 1140) and Instructions for Maryland Infectious Disease Morbidity Reporting from the MDH to determine what to report, when to report, how to report, and where to report. The Director of Nursing shall review these documents and the reporting process at least yearly with the nursing supervisors, who shall then review the same information with the facility nursing staff at least yearly and as part of their initial orientation.
3. In addition to reporting to the local health department, nursing and/or physician staff shall report certain conditions to the Medical Director, Health Administrator, Superintendent, or designee as follows:
    a. Nursing staff shall report youth cases of scabies, lice or staphylococcus skin or soft tissue infections to the Medical Director, Health Administrator or designee using the Scabies Reporting Form, Lice Reporting Form, and Staphylococcus Aureus Reporting Form within 24 hours of the condition being diagnosed.
    b. Nursing staff shall notify the Medical Director immediately for any youth diagnosed with syphilis and within one working day of any youth diagnosed with Hepatitis C or HIV.
    c. Nursing staff shall immediately notify the Superintendent or designee and call the Medical Director, Health Administrator, and Director of Nursing for any youth or staff at a DJS facility diagnosed with tuberculosis disease, any vaccine preventable illness other than human papilloma infection (e.g., Hepatitis A or B, varicella/chicken pox, meningococcus, measles, mumps, rubella, pertussis, or influenza), or any infectious disease that results in referral to the emergency room, hospitalization, or medical isolation.
4. Nursing staff shall issue health status alerts for youth requiring special precautions, medical isolation and/or other procedures (such as special

laundry or bathing procedures) due to infectious diseases as ordered by the physician or nurse practitioner.

5. The Medical Director and/or Health Administrator shall request assistance from local and State health authorities to investigate and manage outbreaks and individual cases of serious infections in youth or staff such as bacterial meningitis and active tuberculosis among others.
6. In the event of bio-terrorism or pandemic influenza, the Medical Director and/or Health Administrator shall collaborate with state and local health authorities for points of dispensing to ensure delivery of necessary treatment to staff and youth.

O. Confidentiality

1. Staff shall follow Maryland and federal laws and regulations and DJS policy that govern the confidentiality of health information and medical records including those having to do with infectious diseases.
2. HIV, Hepatitis B, and Hepatitis C status of youth and staff shall not be routinely identified or disclosed; therefore, staff shall use universal precautions and treat all blood or blood-containing materials as potentially infectious.
3. Human resources staff shall maintain the medical records of staff pertaining to occupational exposures, TB testing, and Hepatitis B vaccination.
4. A youth's HIV status is confidential and considered protected health information. DJS health care professionals shall discuss and encourage HIV positive youth to share their HIV status with parents or guardians and when necessary, the court. DJS health care professionals must report all HIV positive results to the local health department. The physician or local health department shall notify sexual partners or needle sharing partners of HIV infected individuals if the HIV infected individual refuses to notify partners themselves. In performing partner notification, the identity of the HIV positive youth is not released to partners unless the youth consents to release this information.

P. Infection Control Teams

1. Each DJS facility shall have a multidisciplinary infection control team that meets at least quarterly to discuss the prevention of communicable and infectious diseases and facility infection control activities.
2. The Superintendent or designee and Nursing Supervisor shall be responsible for establishing the infection control team, developing the meeting agenda and schedule using the **Infection Control Team Instructions** (Appendix 2). Meeting minutes shall be maintained for audit and review.
3. The Infection Control Team shall consist of somatic health, residential, and administrative representatives from the facility and if there is a production kitchen on-site, food service staff representation.

4. The Infection Control Team meetings may occur as part of the Department Head meetings.

Q. Treatment of Infectious Diseases of Youth

1. Physicians and nurse practitioners shall order appropriate treatment for youth with communicable and infectious diseases.
2. Nursing staff shall administer medication and other treatment as ordered by the physician or nurse practitioner.
3. Physician and nurse practitioners shall follow best practices when treating youth with communicable and infectious diseases.

R. HIV

1. **Testing**
   a. Nursing staff shall routinely HIV test all youth at admission to a DJS facility unless the individual has already been tested in the past 6 months with documented results, is known HIV positive, or opts out of testing after being advised of his/her right to refuse the HIV test without penalty. At any time while in a DJS facility, youth may request an HIV test.
   b. Health care practitioners shall offer youth who remain in DJS detention or committed programs and who have a risk factor for HIV repeat HIV testing in 3 months or sooner depending on the risk or exposure.
   c. As part of routine prenatal care, health care practitioners shall test pregnant youth for HIV upon diagnosis of pregnancy if not already performed during the pregnancy and again in the third trimester, unless they opt out of testing without penalty or is already known HIV positive.
   d. In situations in which there is an exposure incident from a youth to a DJS staff then the youth may be asked to furnish or court ordered to provide a blood or oral sample for HIV testing.
2. **Pre-Test Information and Informed Consent**
   a. Prior to performing an HIV test, a youth shall receive pre-test information from the nurse or physician using the DJS Informed Consent and Pre-Test Information.
   b. When completed, the DJS Informed Consent and Pre-Test Information shall be signed by the nurse or physician and placed in the Youth's Health Record.
   c. Additional educational materials may be provided and further health education may occur as needed or indicated.
   d. If a youth is pregnant, the nurse or physician shall emphasize the possible risk of transmission of HIV to the fetus by an HIV positive pregnant woman and the recognized methods of reducing HIV transmission risk to the baby including the use of antiviral medications during pregnancy and/or delivery by the mother if

HIV positive and after delivery by the baby if born to an HIV positive woman.

3. **Post Test Information**
   a. Health care professionals shall provide youth who are still at the facility when test results return with post-test information including test results, HIV prevention information, and when appropriate, referrals to treatment and supportive services including partner notification assistance.
   b. The health care professional performing the post-test information session shall use the appropriate (either negative or positive) DJS HIV Post-Test Information Form as documentation for the youth's health record.
   c. If the test result is a new positive, then the nursing supervisor, physician or nurse practitioner, and the QBHP will discuss the case prior to performing the post-test information session and will attempt to arrange for an HIV counselor from a local health department or from an academic institution with an adolescent HIV program to be at the post-test information session. The Medical Director may be consulted for assistance with arranging this.
   d. For youth transferred or released:
      1) If the youth has been transferred to another DJS facility prior to being given test results, then the health care professional shall send the test result along with other laboratory records to the receiving DJS facility to perform a post-test information session.
      2) If the result is positive, the referring nurse supervisor or designee shall call the receiving nurse supervisor to give a verbal report.
      3) If the youth is no longer at a DJS facility then the health care professional may send the laboratory results to the receiving facility, program, or health care provider if known, in compliance with the Health Insurance Portability and Accountability Act (HIPAA).
      4) If the youth is no longer at a DJS facility and the result is positive, the health care professional will call the appropriate local health department to follow up with the youth.
4. **Prevention**
   a. Health care professionals shall provide youth with HIV prevention education in order to reduce the risk of HIV from sexual activity and intravenous drug use.
   b. nPEP (Non-Occupational Post-Exposure Prophylaxis) is an antiviral medication treatment used to prevent HIV infection. Health care practitioners shall evaluate youth, who in the past 72 hours have had exposure from sex or injection drug use that

presents a substantial risk for HIV, for nPEP following the most updated guidelines for antiretroviral post-exposure prophylaxis on the AIDSinfo.nih.gov website, as appropriate.

c. PrEP (Pre-Exposure Prophylaxis) is an antiviral medication regimen used to prevent HIV infection. Health care practitioners shall provide counseling to and discuss PrEP with youth who have required nPEP antiviral medical treatments in the past year or who are at high risk for frequent recurring HIV exposures due to injection drug use, sexual, or other behaviors. Health care practitioners shall follow guidelines on the AIDSinfo.nih.gov website and shall consider prescribing PrEP for high risk youth upon their return to the community.

d. Health care professionals shall discuss the following HIV prevention strategies with youth who are HIV positive:
   1) Notification of sexual partners and/or needle-sharing partners with the assistance of the local health department.
   2) Initiation of HIV antiviral medication when appropriate to help decrease HIV transmission to others and prevent the onset of AIDS.
   3) Use of antiviral medication during pregnancy and childbirth by the mother and after birth by the baby to reduce transmission of HIV to the baby.
   4) Identification and treatment of other STIs.

5. **Treatment**

a. Health care practitioners shall refer youth who are HIV positive to an HIV specialist who the youth may be able to follow-up with after release and who may initiate and/or change medication regimens and order laboratory studies as medically indicated in coordination with the physician, nurse practitioner, and/or medical director.

b. Health care practitioners shall follow the recommendations of the HIV specialist and refer to the US Department of Health and Human Services Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents and for the Prevention and Treatment of Opportunistic Infections in HIV-Infected Adults and Adolescents found on the AIDSinfo.nih.gov website.

c. Nursing and/or physician staff shall develop individual treatment plans for youth that are HIV positive.
   1) As part of the treatment plan, staff shall provide youth with health education about HIV, test for other sexually transmitted infections if sexually active, vaccinate according to recommendations by the Centers for Disease Control and Prevention and the American Academy of Pediatrics, and refer to mental health services as needed for emotional support.

2) Staff shall refer female youth with HIV for gynecological care to include a PAP smear if sexually active and discussion about family planning and contraceptive care.

6. **Control Measures**
Standard precautions shall be followed by health care professionals and staff in interactions with all youth. HIV positive youth will not be separated or isolated from other youth based on their HIV positivity.

S. MRSA and Other Bacterial Skin and Soft Tissue Infections

1. Health care professionals shall not follow specific treatment protocols for the management of MRSA or other bacterial skin and soft tissue infections but shall individualize care and follow updated, recommended clinical guidelines from The Infectious Diseases Society of America (ISDA) and the CDC.
2. Management of bacterial skin and soft tissue infections of youth in DJS facilities shall incorporate the following strategies as appropriate: incision and drainage, culture, antibiotic therapy, individual treatment plans, supportive care and hygiene, youth health education, hospital referral if needed, and follow-up care.
3. Physician and nurse practitioners shall order control measures as appropriate and shall not routinely isolate or exclude youth with bacterial skin and soft tissue infections from facility activities.
4. Control measures may include having a private shower or showering last for youth who have an actively draining wound, keeping draining or open wounds covered with a clean, dry dressing, preference for a private room whenever possible while wounds are actively draining, and limiting sports if the infected area cannot be covered, if drainage cannot be contained, or if the infection is on the hand.

T. Tuberculosis (TB)

1. **Staff TB Testing**
   a. The Health Administrator and Medical Director in conjunction with the Director of Human Resources shall recommend and shall annually reassess the need for TB testing of staff by determining the risk of TB at DJS facilities and community offices.
   b. DJS shall follow federal requirements for TB testing of staff working at a DJS facility where there are federal requirements for TB testing.
   c. Human Resources staff shall notify employees if they require TB testing and shall refer employees to the State's contracted provider for employee health or to the individual's primary care provider, whichever the staff chooses, to complete TB testing.
2. **Screening and Testing Youth for Tuberculosis**
   a. During the facility admission process, the Admission's Officer shall screen youth in the admission area for signs and symptoms of illness including fever, chills and significant cough. If screening is positive, the Admission's Officer shall call nursing staff to further

assess the youth in the admissions area and shall not admit the youth to the facility unless cleared by nursing staff.

b. If nursing staff is concerned that a youth may have TB disease, the nurse shall provide the youth with a surgical mask, shall put on a mask and provide masks to other staff supervising the youth, medically isolate the youth from other youth, call the Medical Director or on-call physician or nurse practitioner, and if ordered, deny admission and refer youth to the emergency room by ambulance transport for further evaluation.

c. For all youth admitted, nursing staff shall complete the TB screening process in the medical center within 72 hours of admission. Nursing staff shall complete this process on every admission or readmission and repeat it yearly if a youth remains in a DJS facility or if a youth becomes symptomatic for TB after admission.

d. Depending on the outcome of the screening and following the instructions on the Tuberculosis Screening Form for Youth nurses shall perform tuberculin skin testing (TST) in the medical center using PPD (purified protein derivative). In select situations and where available, the physician or nurse practitioner may order a blood test for an interferon-gamma release assay to help determine a youth’s tuberculosis status.

e. The nurse or physician shall read or interpret the TST 48 to 72 hours after the PPD was placed; nursing staff shall notify the physician or nurse practitioner if the TST is read as positive.

f. The physician or nurse practitioner shall order a chest x-ray for youth determined to have a positive TB test. The nurse shall immediately notify the Medical Director, or on-call physician or nurse practitioner for youth with chest x-rays that are read as consistent with active TB or for youth with positive TB test <u>and</u> signs and symptoms of TB.

3. **Precautions & Medical Isolation for TB**

a. For youth with signs and symptoms concerning for TB, or a positive TB test and a chest x-ray consistent with active TB, the nurse shall immediately consult with the Medical Director or on-call physician or nurse practitioner, provide the youth with a surgical mask, don a mask and provide masks to staff supervising the youth, medically isolate the youth from other youth, and if ordered, refer the youth to the emergency room by ambulance transport for further evaluation.

b. Until the youth can be transported to an emergency room by ambulance for further assessment, staff shall place the youth in an infirmary room with negative air flow or a portable HEPA unit, keeping the door closed unless it otherwise needs to be opened.

c. If the facility does not have such a room, then staff shall ensure that the youth is an area with no other youth and shall limit exposure to as few staff as possible.
d. Youth in medical isolation for TB may leave the room only if absolutely necessary and shall wear a standard surgical mask when out of the isolation room.
e. Staff entering the room or otherwise interacting or caring for the youth shall wear a mask, preferably a N95 respirator.
f. DJS shall not house youth diagnosed with pulmonary TB disease at DJS facilities; youth with pulmonary TB disease shall remain hospitalized until completion of at least 14 days of appropriate antibiotic medication, clinical improvement with respect to cough, fever, and chest x-ray findings, and clearance by an infectious disease or pulmonary specialist that the youth is no longer contagious.
g. After a room has been used for medical isolation for pulmonary TB, staff shall contact the Medical Director for instructions on how to clean and disinfect the room.

4. **TB Treatment**
a. Physician and nurse practitioners shall follow guidelines set forth by the CDC and the American Academy of Pediatrics when youth are diagnosed with LTBI and TB disease.
b. Nursing and physician staff shall develop an individual treatment plan for youth with TB disease.

5. Nursing and physician staff shall provide youth with latent tuberculosis infection (LTBI) or TB disease with health education on LTBI, TB and TB medication. Nursing and physician staff shall also contact the parents and guardians of youth with LTBI or TB disease to notify them of the diagnosis, treatment plan, and importance of completing therapy, and to provide health education on LTBI and/or TB disease.

6. **TB Reporting Requirements and Health Department Collaboration**
a. Nursing staff shall immediately report confirmed or suspected cases of TB disease to the local health authority using the most current Maryland Confidential Morbidity Report (DHMH 1140).
b. Nursing staff shall report cases of latent TB to the local health authority using the Maryland Latent Tuberculosis Infection (LTBI) Reporting Form.
c. The local health authority shall assist with contact investigation for cases of TB disease, both in and out of the facility.

7. **TB Follow-up Care**
a. DJS nursing and physician staff shall provide youth who are discharged from DJS facilities still on medication for LTBI or TB disease with medication and/or prescriptions to allow continuation of treatment uninterrupted as well as records regarding their TB testing, chest x-ray results, medication regimen, and medication instructions.

b. DJS nursing and physician staff shall transition the youth's care to another medical provider, such as the local health department, the primary care provider, or a TB specialist to ensure completion of treatment.

U. Viral Hepatitis

1. Physicians and nurse practitioners shall review immunization records of youth and order Hepatitis A and B vaccination for youth who are in need of vaccination.
2. During admission, nursing and physician staff shall screen youth assessments for signs, symptoms, and risk factors for viral hepatitis.
3. If youth screen positive for signs, symptoms, or risk factors for viral hepatitis, then a physician or nurse practitioner shall order and nursing staff shall obtain targeted testing in the medical center to evaluate for viral hepatitis A, B, and/or C.
4. Physicians and/or nurse practitioners shall medically manage youth diagnosed with acute or chronic viral hepatitis and shall refer youth to hepatitis specialists as needed during a youth's stay in a DJS facility and after discharge for follow-up care.
5. The physician or nurse practitioner shall exclude youth diagnosed with Hepatitis A from school or facility activities until at least 1 week after onset of symptoms or as recommended by the local health department and shall limit contact with other youth by allowing the youth to rest in his/her room, ideally in an infirmary and if no infirmary, then on the unit in a room with its own sink and toilet. No isolation or exclusion is required for youth with Hepatitis B or C beyond universal or standard precautions.
6. Nursing and physician staff shall develop treatment plans for youth with viral hepatitis and provide counseling and health education.
7. Staff shall refer to **Infectious Disease Exposure Protocols (Appendix 3)** for post-exposure protocols for Hepatitis A and B; there are no post-exposure protocols for Hepatitis C.

V. Follow-up Care

1. Nursing or physician staff shall ensure that youth who leave before completing treatment for an infectious disease have medication needed or a prescription to complete treatment and are referred for any necessary follow-up care.
2. During the admission nursing assessment of youth, nursing staff shall record in the youth's health file the best telephone number and/or contact person for the youth in the event that staff need to follow-up about a positive laboratory result after the youth has been discharged from the facility.
3. Nursing and physician staff shall try to reach the youth or youth's contact person by telephone and shall not send letters in the mail containing confidential health information without the expressed permission of the youth and/or parent/guardian as appropriate.

4. Nursing or physician staff shall notify the local health department of youth who have not completed treatment for reportable infections.
5. Youth who are HIV positive shall be referred for follow-up care after leaving a DJS facility to ensure continuity of care in the community.

X. Infection Control Guidelines

Health care professionals shall refer to the Infection Control Guidelines for Health Care Professionals for more detailed information on viral hepatitis, HIV, MRSA, TB, management of infectious diseases, and relevant forms.

IV. RESPONSIBILITY

The Medical Director shall be responsible for maintaining the Infection Control Guidelines for Health Care Professionals.

The Health Administrator and Superintendents are responsible for implementation and compliance with this procedure.

V. INTERPRETATION

The Deputy Secretary for Operations shall be responsible for interpreting and granting any exceptions to these procedures.

VI. LOCAL OPERATING PROCEDURES REQUIRED

No

VII. DIRECTIVES/POLICIES REFERENCED

No policies referenced

VIII. APPENDICES

1. Infection Control Supplies for DJS Facilities and Vans Used to Transport Youth
2. Infection Control Team Instructions
3. Infectious Disease Exposure Protocols

MARYLAND Department of Juvenile Services
Successful Youth • Strong Leaders • Safer Communities

DJS POLICY AND STANDARD OPERATING PROCEDURES

Statement of Receipt and Acknowledgment of Review and Understanding

SUBJECT: Communicable and Infectious Disease Control
NUMBER: HC-331-18
APPLICABLE TO: All Staff

I have received and reviewed a copy (electronic or paper) of the above titled policy and procedures. I understand the contents of the policy and procedures.

I understand that failure to sign this acknowledgment form within five working days of receipt of the policy shall be grounds for disciplinary action up to and including termination of employment.

I understand that I will be held accountable for implementing this policy even if I fail to sign this acknowledgment form.

______________________________ SIGNATURE	______________________________ PRINT FULL NAME
______________________________ DATE	______________________________ WORK LOCATION

SEND THE ORIGINAL, SIGNED COPY TO THE DIRECTOR OF THE DJS OFFICE OF HUMAN RESOURCES FOR PLACEMENT IN YOUR PERSONNEL FILE.

MARYLAND
Department of
Juvenile Services
Successful Youth • Strong Leaders • Safer Communities

Infection Control Supplies for DJS Facilities & Vans Used to Transport Youth

Infection Control Supplies for DJS Facilities shall include but are not limited to:

- ☐ Non-latex gloves (vinyl and/or nitrile) in various sizes
- ☐ Masks
- ☐ Goggles or face shields
- ☐ Gowns (impervious or fluid resistant)
- ☐ Eye wash flush station/sink (if no eye wash station, then irrigating eye wash bottles)
- ☐ Cardiopulmonary resuscitation (CPR) masks
- ☐ Equipment drape sheets (to use as a barrier over exam tables, mattresses or van seats if needed)
- ☐ Safety needles/syringes
- ☐ Sharps containers
- ☐ Biohazard waste bags and receptacles
- ☐ Disposable Emesis Bags
- ☐ Biohazard spill cleanup kits
- ☐ Germicidal wipes
- ☐ Cleaning supplies
- ☐ Hand Sanitizer
- ☐ Soap
- ☐ Paper towels
- ☐ Facial tissues

Infection Control Supplies for Vans shall include but are not limited to:

- ☐ Container to store the items listed below
- ☐ Non-latex gloves (at least two pair each of medium, large, extra-large)
- ☐ Masks (at least 6 surgical masks)
- ☐ Face shield mask with splash guard or equivalent eye protection (at least two)
- ☐ Gowns (at least two)
- ☐ CPR mask (at least one in First Aid Kit)
- ☐ Equipment drape sheet (at least two)
- ☐ Biohazard waste bag (at least one)
- ☐ Disposable emesis bag (at least two)
- ☐ Biohazard spill cleanup kit (one)
- ☐ Germicidal wipes (at least one tub)
- ☐ Hand sanitizer (at least one bottle)
- ☐ Antiseptic wipes (in First Aid Kit)
- ☐ Paper towels
- ☐ Facial tissue

DEPARTMENT OF JUVENILE SERVICES
INFECTION CONTROL TEAM INSTRUCTIONS

A. Suggested Schedule: Must meet at a minimum of 4 times per year

1. Spring (March)
2. Summer (June)
3. Fall (September)*
4. Winter (December)
5. Additional meetings as needed: If there are any infectious disease threats from the community or within the facility such as an outbreak of an infectious disease, then these threats shall be discussed and additional meetings may need to be held. Past examples of threats include H1N1 and Ebola and examples of possible future threats include pandemic flu, an outbreak of a vaccine preventable infection in the community, or a biological terror attack.

B. Suggested Topics for Discussion

1. Influenza preparedness*
   Must discuss prior to influenza seen which lasts from October-March. Discussion must include scheduling and promoting influenza vaccination among staff and youth, posting signs regarding influenza prevention, and ordering supplies to ensure able to respond to cases of influenza at the facility.
2. Infectious disease and vaccination statistics for the facility: Review statistics from the prior year or quarter as prepared by the facility nursing supervisor or DJS Health Administrator.
3. Cleaning and disinfecting practices of the facility
4. Pest control
5. Laundry practices
6. Hygiene: promotion of hand hygiene, hand hygiene posters posted; availability of soap, hand sanitizer, paper towels, tissue, female hygiene products; contents of youth hygiene bags; promotion of brushing teeth twice per day.
7. Food safety: temperature control, food recalls, etc
8. Infection control supplies: Availability and supply of germicidal wipes and PPE and other infection control supplies for youth and staff (including transportation staff).
9. Education activities for youth and staff on infection control and infectious disease: Plan, schedule and report on education activities such as presentations, posters, and handouts on communicable and infectious disease topics such as sexually transmitted infections and HIV, viral hepatitis, influenza, skin infections/MRSA, proper hand washing, cough etiquette, and vaccine preventable infections.

C. Minutes

1. Keep minutes for each meeting including date, time, staff in attendance, topics discussed, actions taken, follow-up plans

DEPARTMENT OF JUVENILE SERVICES
INFECTIOUS DISEASE EXPOSURE PROTOCOLS

1. **Diptheria Exposure**
    a. The DJS Medical Director, Health Administrator, or designee shall immediately contact the local health department if there is a case of diphtheria and together shall determine and track which individuals were exposed.
    b. Close contacts will require close surveillance, testing, immunization, and antibiotic treatment as recommended by the local health department.
2. **Hepatitis A**
    a. The DJS Medical Director, Health Administrator, or designee shall contact the local health department for assistance if there is a case of Hepatitis A (HAV) diagnosed in a food service worker that prepares food for a DJS facility, in a youth at a DJS facility, or in a staff that works at a DJS facility.
    b. Youth and staff who have been exposed to HAV and who have not received or completed the Hepatitis A vaccine series shall receive post-exposure prophylaxis with a single dose of the Hepatitis A vaccine or Immune Globulin as soon as possible and within 2 weeks of exposure as per the CDC and American Academy of Pediatrics Red Book.
    c. An exposure includes any close personal contact including sexual contact, household contacts, and possibly contact from a physical restraint, contact sport, or a fight.
    d. A person may be considered contagious with HAV for 1 to 2 weeks before onset of symptoms to 1 week after onset of symptoms.
    e. If transmission within a facility is documented, then unvaccinated youth and staff who had close contact with the HAV index case shall receive post-exposure prophylaxis.
    f. If a food handler (e.g. DJS food service employee or other staff that prepares food) is diagnosed with Hepatitis A, then post-exposure prophylaxis shall be given to other unvaccinated food handlers at the same facility.
    g. Post-exposure prophylaxis can be considered for other staff and youth who ate food prepared by the ill individual if the food handler was symptomatic or had poor hygiene practices.
3. **Hepatitis B**
    a. For post-exposure prophylaxis, HBV vaccine alone or with Hepatitis B Immune Globulin (HBIG) may be given to prevent infection and needs to be given as soon as possible after exposure, ideally within 24 hours of exposure.
    b. Examples of situations in which post-exposure prophylaxis may be indicated include exposure from accidental needle sticks, sharing needles, or sexual contact with someone who is infected with HBV or for a baby born to a woman who has HBV infection.
    c. Unimmunized victims of sexual assault should receive the HBV vaccine and if the offender is known to have Hepatitis B then HBIG should also be given.
    d. Health care providers shall follow recommendations from the CDC and the Red Book by the American Academy of Pediatrics in determining if post-exposure prophylaxis is needed.

4. **Human Immunodeficiency Virus (HIV)**

   a. PEP: Staff who have had an occupational exposure to HIV shall ask the health care provider who is caring for them about HIV post-exposure prophylaxis (PEP) which needs to be started as soon as possible following the most current guidelines posted on the CDC.
   b. nPEP: Physician or nurse practitioners shall offer non-occupational post-exposure prophylaxis (nPEP) to youth who have had a potential exposure, from sex or injection drug use, that presents a substantial risk for HIV, if the youth can start treatment within 72 hours after the potential exposure. nPEP is recommended when the source of the body fluids is known to be HIV-positive and the reported exposure presents a substantial risk of HIV transmission. A case by case determination needs to be made about nPEP when the HIV infection status of the source of the body fluids is unknown and the reported exposure presents a substantial risk for transmission if the source did have HIV infection. Physicians and nurse practitioners shall follow the US Department of Health and Human Services Updated Guidelines for Antiretroviral Postexposure Prophylaxis after Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV-United States, 2016 which recommends a 28 day course of a three drug antiretroviral regimen and laboratory testing at baseline and at specific time intervals thereafter.
   c. PrEP: Per the US DHHS Updated Guidelines, "all persons who report behaviors or situations that place them at risk for frequently recurring HIV exposures (e.g., injection drug use, or sex without condoms) or who report receipt of 1 or more courses of nPEP in the past year should be provided risk-reduction counseling and intervention services, including consideration of pre-exposure prophylaxis (PrEP)." PrEP involves taking a specific HIV medicine every day, and PrEP guidelines can be found on the AIDSinfo website. Physicians and nurse practitioners may recommend PrEP for youth who at risk and may prescribe PrEP upon return to the community with appropriate referral to community providers for follow-up.

5. **Influenza**
   a. Although immunization is the preferred approach to prevention of influenza infection, chemoprophylaxis with antiviral medication (e.g., Tamiflu) may be used during an influenza outbreak to prevent infection in certain individuals who have been exposed or may become exposed AND who may be unvaccinated, at high risk for complications from influenza, or for whom the seasonal influenza vaccine strain does not match the circulating strain of influenza in the community.
6. **Measles Exposure in susceptible individual** (person lacking antibodies to measles or 2 doses of the vaccine)
   a. Somatic health staff with local public health officials will determine and track which individuals were exposed.
   b. Youth and staff exposed to a case of measles will have blood antibody titers to measles obtained if not already known to determine if susceptible. Testing will be performed by somatic health staff at DJS facilities.
   c. Susceptible staff members who have been exposed may not report to work from day 5 to day 21 post exposure.
   d. Susceptible youth who have been exposed will be housed only with other youth and staff who are immune to measles from day 5 to day 21 post exposure.

   e. If susceptible and exposed, measles vaccination is recommended within 72 hours of the exposure (exception: pregnant women).
   f. Some individuals at highest risk from complications of measles such as pregnant women may benefit from immune globulin treatment within 6 days of exposure.
   g. Pregnant women who are exposed should consult with their physician as soon as possible.

7. **Meningococcal Disease:**
   a. Regardless of immunization status, close contacts of a case of invasive meningococcal disease are at high risk of infection and should receive chemoprophylaxis as outlined in the Red Book and as per recommendations by the local Health Department.
   b. In addition to chemoprophylaxis with antibiotics, meningococcal vaccination should be offered if an outbreak is caused by a serogroup prevented by a meningococcal vaccine.
8. **Mumps Exposure in susceptible individual** (person lacking antibodies to mumps or lacking 2 doses of the vaccine)
   a. Somatic health staff with local public health officials will determine and track which individuals were exposed.
   b. Youth and staff exposed to a case of mumps will have blood antibody titers to mumps obtained if not already known to determine if susceptible. Testing will be performed by somatic health staff at DJS facilities.
   c. Susceptible staff members who have been exposed may not report to work from day 12 through day 26 post exposure.
   d. Susceptible youth who have been exposed will be housed only with other youth and staff who are immune to mumps from day 12 through day 26 post exposure.
   e. Vaccination is not shown to help reduce risk of infection post-exposure but should still be given to susceptible persons who have been exposed to protect against future exposure.
   f. The vaccine should not be given if pregnant.
9. **Pertussis Exposure:**
   a. Somatic health staff will determine and track which youth and staff were exposed.
   b. No restrictions for exposed youth or staff unless symptomatic.
   c. Prophylaxis with antibiotics will be given to those youth and staff who require it due to level of exposure.
   d. Tdap vaccine will be offered to all facility individuals who have not yet received the vaccine and who are eligible for the vaccine by age and lack of contraindications.
10. **Rubella Exposure:**
   a. Somatic health staff will determine which youth and staff were exposed.
   b. Pregnant women who are exposed to rubella shall consult with their health care provider as soon as possible and may need immediate blood testing for immunity status and treatment if indicated with Immune Globulin.
   c. Non-pregnant susceptible individuals shall receive vaccination against Rubella to protect from future exposures.
   d. Pregnant women should NOT receive the Rubella vaccine due to risks to the fetus.

11. Sexual Assault

a. Depending on the time frame since the assault occurred, youth (and staff) who have been victims of sexual assault either in the community or in a DJS facility may benefit from post-exposure prophylaxis for gonorrhea, chlamydia, trichomoniasis, HIV, hepatitis B (if not fully vaccinated or immune), HPV (if not fully vaccinated), and if female, emergency contraception.
b. See the most current Sexually Transmitted Diseases Treatment Guidelines from The Centers for Disease Control and Prevention (CDC) for treatment for survivors of sexual assault.

12. Tuberculosis

a. The local health authority shall advise DJS on follow-up TB testing recommendations for staff and youth who have been exposed to pulmonary TB disease.

13. **Varicella: Chicken pox or shingles exposure in <u>susceptible</u> individual (varicella antibodies negative)**

a. Somatic health staff will determine and track which youth and staff were exposed.
b. Youth and staff exposed to a case of varicella will have blood antibody titers to varicella obtained if not already known to determine if susceptible. Testing will be performed by somatic health staff at DJS facilities.
c. Susceptible staff who have been exposed may not report to work from day 8 through day 21 post exposure IF working around susceptible individuals such as other staff members or youth who have no varicella antibodies.
d. Susceptible youth who have been exposed must be housed from day 8 through day 21 post exposure, only with other youth and staff who are immune to varicella.
e. Staff and youth who are susceptible and who have been exposed to varicella shall receive the varicella vaccine within 72 hours up to 120 hours after the exposure.
f. Some susceptible individuals who have been exposed may also benefit from Varicella-Zoster Immune Globulin or Intravenous Immune Globulin within 96 hours of the exposure. Consult with the DJS Medical Director.
g. Pregnant staff who are exposed shall consult with their physician as soon as possible.

REFERENCES:

- American Academy of Pediatrics. Kimberlin DW, Brady MT, Jackson MA, Long SS, eds. *Red Book: 2015 Report of the Committee on Infectious Diseases.* 30th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2015.
- www.cdc.gov/hiv/risk/pep/
- The Centers for Disease Control and Prevention (CDC). Sexually Transmitted Diseases Treatment Guidelines
- US Department of Health and Human Services Updated Guidelines for Antiretroviral Postexposure Prophylaxis after Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV-United States, 2016 found on the AIDSinfo.nih.gov website