

<b>GEORGIA DEPARTMENT OF JUVENILE JUSTICE</b>	Transmittal # 17-17	Policy # 11.30
<b>Applicability:</b> <input checked="" type="checkbox"/> All DJJ Staff <input type="checkbox"/> Administration <input type="checkbox"/> Community Services <input type="checkbox"/> Secure Facilities (RYDCs and YDCs)	<b>Related Standards &amp; References:</b> “Prevention & Control of TB in Correctional and Detention Facilities, Recommendations from CDC 2006. Morbidity and Mortality Weekly Report, 1/24/03, “Prevention and Control of Infections with Hepatitis Viruses in Correctional Settings,” NCCHC Juvenile Health Care Standards, 2011: Y-B-01 ACA Standards: 3-JDF-4C-1through 3, 3-JDF-4C-36, 3-JDF-4C-37, 3-JDF-4C-38 4-JCF-4C-22, 23, 24, 25, 26, 4-JCF-4C-62	
<b>Chapter 11: HEALTH AND MEDICAL SERVICES</b>	<b>Effective Date:</b> 12/28/17 <b>Scheduled Review Date:</b> 12/28/18	
<b>Subject: INFECTION CONTROL</b>	<b>Replaces:</b> 6/10/16 Division of Support Services, Office of Health Services	
<b>Attachments:</b>  A – Exposure Protocol B – Tuberculin Skin Testing Procedure C – Tuberculosis Screening and Skin Test D – Notification of an Infectious Disease E – Medical Equipment Cleaning Schedule F – Woods Lamp Protocol G – HIV Test Consent Form H – MRSA Medical Protocol I – Health Education Flow Sheet J – Disease Reporting K – Monthly Infection Control Report L – Health Services Release Letter M – Pandemic Preparedness Plan N – Staff Hand Washing Video Acknowledgement O – Youth Hand Washing Video Acknowledgement P – Return to Work Clearance Checklist	<b>APPROVED:</b>   <hr/> Avery D. Niles, Commissioner	

**I. POLICY:**

Department of Juvenile Justice staff members shall utilize standard precautions when engaging in activities involving the potential for exposure to blood or other bodily fluids.

**II. DEFINITIONS:**

**Ectoparasites:** Lice or scabies.

**Exposure:** Contact of the eye, mouth, mucous membranes, non-intact skin, or contact with blood or other potentially infectious materials by any manner, to include needle sticks and punctures by sharp objects.

**Health Care Staff:** Registered Nurse, Licensed Practical Nurse, Nurse Practitioner, Dentist, Dental Assistant, Dental Hygienist, Health Services Office Assistant, Physician’s Assistant, or Physician.

Chapter	Subject	Policy #	Page
HEALTH AND MEDICAL SERVICES	INFECTION CONTROL	11.30	2 of 16

**Medical Services Staff:** Staff licensed as a Registered Nurse, Licensed Practical Nurse, Nurse Practitioner, Physician's Assistant, or Physician.

**Methicillin Resistant Staphylococcus Aureus (MRSA):** Bacteria generally found on the skin or in the nose that have become resistant to broad spectrum antibiotics and, therefore, are difficult to treat.

**Pediculosis:** Infestation of the hairy parts of the body or clothing with lice that results in severe itching. Transmission may occur during direct contact with the individual.

**Personal Protective Equipment (PPE):** Equipment designed to protect from serious injuries or illnesses resulting from contact with blood or other body fluids by creating a barrier between the person and the blood/body fluid.

**Regional Health Services Administrator (RHSA):** Licensed health service staff who provides support to facility health staff and oversight to ensure the quality and accessibility of all health services provided in the facility.

**Scabies:** A highly contagious skin disease caused by a parasite that burrows under the skin. Scabies is spread through close physical contact. The most common symptom is a rash that looks like tiny bumps or blisters that form a line and itches intensely.

**Spill Kit:** A standard kit used to contain blood and other body fluids that include, at a minimum; solidifier, gloves, scoop, antiseptic wipes, disposable gown, mask/face shield, and red biohazard bag.

**Standard Precautions:** Universal infection control guidelines designed to protect staff and youth from exposure to blood borne and other contagious/infectious diseases spread by assuming that all blood/body fluids, excretions, and secretions are potentially infectious.

### III. GENERAL INFECTION CONTROL:

- A. Before flu season begins, staff will be provided health education about flu prevention and vaccination. All employees will be encouraged to contact their health care provider or local health department regarding the influenza vaccine.
- B. Employees whose work duties involve exposure to blood and/or body fluids will be encouraged, during on-the-job training, to seek the Hepatitis B vaccine through their health care provider, local health department, or other community clinic.
- C. Each facility/office/program will have personal protective equipment (PPE) readily available and appropriate to the task for staff performing tasks with exposure potential. At a minimum, the following PPE will be available at each DJJ work site:
  1. Latex gloves (non-latex gloves will be used as needed for staff and youth with latex allergies);

Chapter	Subject	Policy #	Page
HEALTH AND MEDICAL SERVICES	INFECTION CONTROL	11.30	3 of 16

2. Face shields;
  3. Goggles;
  4. Gowns/Aprons (impervious or fluid-resistant);
  5. Mouth to mouth resuscitation masks;
  6. Eye wash flush station/sink in each work area with the potential for exposure to blood or other body fluids (control room, classrooms, dining hall, multi-purpose room, etc.); and
  7. Biohazard spill kit/Body Fluid Clean up Kit Gloves will be used for the prevention of contact with blood, body fluids, mucous membranes, and non-intact skin. Employees must wear gloves when:
    - a) Coming into contact with blood, body fluids, excretions or secretions;
    - b) Collecting blood or body fluid specimens;
    - c) Performing invasive procedures;
    - d) Performing direct patient care, including first aid;
    - e) Handling soiled linens;
    - f) Cleaning up blood or body fluids; and
    - g) Cleaning soiled supplies and equipment.
  8. Gowns or aprons, goggles and face shields will be used when a procedure is likely to cause blood or other body fluids to splash, spray, spatter or splatter. Gowns, goggles, and face shields will be worn once and discarded. Staff will immediately wash their hands after removal.
- D. Employees shall use personal protective equipment, as necessary, when it could be reasonably anticipated, as the result of job duties, to be exposed to blood or bodily fluids.
- E. Employees shall receive training related to activities with exposure potential, precautions to be taken, and the use of personal protective equipment prior to engaging in these tasks or activities.
- F. When cleaning spilled blood or body fluids, the employee must wear gloves. Spilled blood and other body fluids will be contained with paper towels and a spill kit. After removal of the spilled blood or other body fluids, the area will be cleaned thoroughly with a 10% bleach solution. Paper towels and other items used

Chapter	Subject	Policy #	Page
HEALTH AND MEDICAL SERVICES	INFECTION CONTROL	11.30	4 of 16

to clean the area will be discarded in a red biohazard plastic trash liner. The employee must wash his/her hands with soap and water after removing the gloves.

- G. Employees will wash their hands thoroughly with soap and water or an antiseptic hand washing agent after the removal of gloves and anytime there is exposure to blood or body fluids, excretions, or secretions.
- H. Each DJJ work site will have soap and water or hand sanitizer that is readily available for all staff in common areas.
- I. In all DJJ secured facilities, the Designated Health Authority, in coordination with the facility Director, will determine which common areas will have available soap and water or hand sanitizer.
- J. Employees who have their clothing saturated with blood or other body fluids will remove that clothing as soon as possible. Employees will be instructed to launder the clothing separate from their other clothing. Employees will be allowed time to shower and change clothes.
- K. If a staff member is exposed to blood or other potentially infectious materials, he/she will follow the Exposure Protocol (Attachment A). Any staff member trained in first aid will perform first aid. The exposed staff member will be referred to a community physician for follow-up in accordance with DJJ 3.27, Workers Compensation. (See Attachment A, Exposure Protocol.) Medical services staff will request the source(s) (youth) of the exposure to submit to HIV and Hepatitis B and C testing. If a youth refuses testing, the Office of Legal Services will be contacted regarding a court order. When the source is a staff member, the source will be referred for follow-up through Workers Compensation.
- L. All staff in community services offices, programs, and Central Office staff will be encouraged to submit to tuberculin skin testing annually.
- M. All staff in secure facilities will be required to submit to tuberculin skin testing during on-the-job training and annually thereafter. The Designated Health Authority, in coordination with the facility Director, will determine the annual testing procedures in the local operating procedures. (See Attachment B, Tuberculin Skin Testing Procedure.)
  - 1. Staff in a secure facility will receive the skin test at the facility. The medical services staff will notify the facility Director of any staff who refuses to submit to tuberculin skin testing.
  - 2. Staff with a history of a positive tuberculosis skin test will be required to provide documentation of chest x-ray results and documentation from a physician or local health department regarding the treatment plan. The

Chapter	Subject	Policy #	Page
HEALTH AND MEDICAL SERVICES	INFECTION CONTROL	11.30	5 of 16

screening section of the Tuberculosis Screening and Skin Test Form (Attachment C) will be completed annually.

3. Any staff member with symptoms suggestive of tuberculosis (productive cough for 3 weeks, chest pain, coughing up blood, weight loss, fever, night sweats, or chills) will be sent home immediately and may only return to work after infectious tuberculosis has been ruled out.
4. Staff tuberculin skin testing and/or symptomatic screening will be documented in the individual staff member's health record (see Attachment C, Tuberculosis Screening and Skin Test Form).
5. Staff who has a positive tuberculosis skin test will be referred to a Workers Compensation physician for a chest x-ray in accordance with DJJ 3.27, Workers Compensation. Staff with a positive tuberculin skin test or positive chest x-ray result will be referred to the local health department for follow-up and treatment.

N. Food and Drink Storage:

1. Food items and drinks will not be stored in medication or laboratory refrigerators or with chemicals.
2. Food items and drinks will not be kept on countertops and work surfaces where blood or other bodily fluids are handled.

**IV. DRUG SCREENING:**

- A. Youth urine drug screening will be conducted in accordance with DJJ 8.24, Facility Drug Screening, and DJJ 20.39, Community Drug Screening. The JDC or CCM will document the results of the drug screen in the services module of JTS.
- B. Urine drug screening will be performed in a designated area that is free of food and drink and on a surface that can be sanitized.
- C. Employees must wear gloves when handling urine specimens or the screening device.
- D. After screening is completed, the urine will be discarded in the toilet. The cup will be rinsed with water, and the water disposed of in the toilet. The cup will be discarded in the trash.
- E. The screening device will be placed in a sealable plastic bag. (If a photocopy must be made, the device will be placed in the sealable plastic bag prior to the photocopying.)
- F. All used screening devices will be discarded in the trash. (The screening device will not be placed in any records.)

Chapter	Subject	Policy #	Page
HEALTH AND MEDICAL SERVICES	INFECTION CONTROL	11.30	6 of 16

- G. After discarding the cup and screening device in the trash, the employee will remove the gloves and wash his/her hands with soap and water. The gloves must be removed and hands washed prior to handling any paperwork, photocopying, or handling any other equipment (computer, phone, pens, etc.).
- H. After performing drug screens, the work surface must be cleaned with a disinfectant and paper towels. The employee will wear gloves when cleaning the work surface. The employee will wash their hands with soap and water.

**V. VANS USED FOR SECURE TRANSPORT OF YOUTH:**

- A. Each van used to transport youth will be equipped with the following infection control equipment:
  - 1. Biohazard spill kit;
  - 2. Spray disinfectant;
  - 3. Hand sanitizer;
  - 4. Disposable emesis bag;
  - 5. Spit sock hood;
  - 6. Non-latex (vinyl) gloves;
  - 7. Mouth to mouth resuscitation masks; and
  - 8. Eye flush.
- B. The Transportation Officer/Juvenile Correctional Officer will disinfect van seats at the end of the transport day.
- C. Youth with any respiratory-borne illness will be required to wear the Spit Sock Hood (see DJJ 8.31, Restraint of Youth, Attachment B) during transport.
- D. Medical services staff will be required to medically clear all youth for transport. If any youth being transported has an infectious or communicable disease, the health care staff will notify the transporting officer (including those not employed by the Department) using the Notification of an Infectious Disease Form (Attachment D). The transporting officer will be responsible for performing the necessary precautions outlined on the form. The form will be filed in the youth's health record.
- E. Youth with fever, lice/scabies, contagious rashes or open, contagious wounds will be placed on a medical hold and will not be transferred or transported to another facility.

Chapter	Subject	Policy #	Page
HEALTH AND MEDICAL SERVICES	INFECTION CONTROL	11.30	7 of 16

- F. Youth with active tuberculosis must receive medical clearance from the DJJ Medical Director prior to any transport or transfer. The DJJ Medical Director will provide instruction regarding the necessary precautions.
- G. Youth with latent tuberculosis or positive tuberculosis test may be transferred prior to receiving a chest x-ray if asymptomatic.
- H. Restraints will be cleaned as outlined in Section VII, Subsection P, below.

**VI. VEHICLES USED FOR TRANSPORT OF YOUTH BY COMMUNITY SERVICES STAFF:**

- A. Each vehicle used to transport youth will be equipped with the following infection control equipment (if any of the below items are included in the required First Aid kit used for transports, then they do not need to be duplicated):
  - 1. Biohazard spill kit/Body Fluid Clean up kit;
  - 2. Spray disinfectant;
  - 3. Hand sanitizer;
  - 4. Non-latex (vinyl) gloves;
  - 5. Mouth to mouth resuscitation masks; and
  - 6. Eye flush.
- B. The employee providing transport will disinfect the vehicle at the end of each transport by spraying the seats with disinfectant spray.
- C. Restraints will be cleaned as outlined in Section VII, Subsection P, below.

**VII. INFECTION CONTROL FOR YOUTH:**

- A. Each facility/program/office Director will ensure that personal protective equipment (PPE) appropriate to the task is readily available for youth performing tasks with exposure potential. At a minimum, the following PPE will be available at each DJJ work site (facility, office, etc.):
  - 1. Latex gloves (non-latex gloves will be used as needed for staff and youth with latex allergies);
  - 2. Face shields;
  - 3. Goggles;
  - 4. Gowns/Aprons (impervious or fluid-resistant);

Chapter	Subject	Policy #	Page
HEALTH AND MEDICAL SERVICES	INFECTION CONTROL	11.30	8 of 16

5. Mouth to mouth resuscitation masks; and
  6. Eye wash flush station/sink in each work area with the potential for exposure to blood or other body fluids (control room, classrooms, dining hall, multi-purpose room, etc.).
- B. Youth shall use personal protective equipment, as necessary, when it could be reasonably anticipated, as the result of job duties, to be exposed to blood or other bodily fluids.
- C. Youth shall receive training related to activities with exposure potential, precautions to be taken, and the use of personal protective equipment prior to engaging in these tasks or activities.
- D. In secure facilities, medical services staff will provide education to youth about Hepatitis A, B, and C, and Human Papillomavirus (HPV) within 7 days of admission. The HPV and Hepatitis A and B vaccines will be offered to all youth.
- E. Youth will wash their hands thoroughly with soap and water or an antiseptic hand washing agent after the removal of gloves and anytime there is exposure to blood or body fluids, excretions, or secretions.
- F. Gloves will be used for the prevention of contact with blood, body fluids, mucous membranes, and non-intact skin. Youth must wear gloves when:
1. Coming into contact with blood, body fluids, excretions, or secretions;
  2. Handling soiled linens;
  3. Cleaning up blood or body fluids; and
  4. Cleaning soiled supplies and equipment.
- G. Food and Drink Storage:
1. Food items and drinks will not be stored in medication or laboratory refrigerators or with chemicals.
  2. Food items and drinks will not be kept on countertops and work surfaces where blood or body fluids are handled.
- H. In secure facilities, when a youth is exposed to blood or other potentially infectious materials, he or she will receive immediate first aid by the on-site facility staff to minimize bleeding and exposure. The youth will be referred to the on-site medical services staff for further assessment if needed. The area will be thoroughly washed with soap and water. (In the absence of on-site medical services staff, a facility staff member trained in first aid will perform first aid.) If

Chapter	Subject	Policy #	Page
HEALTH AND MEDICAL SERVICES	INFECTION CONTROL	11.30	9 of 16

medical services staff is not on-site, the on call nurse will be notified for further instructions.

- I. After exposure to blood, when clinically indicated, medical services staff will request the source(s), if youth, of the exposure to submit to HIV and Hepatitis B testing. If a youth refuses testing, the Office of Legal Services will be contacted regarding a court order. When the source of the youth's exposure is a staff member, the employee will be referred for follow-up HIV and Hepatitis B and C testing through Workers' Compensation. Treatment and testing of youth will be documented in a JTS progress note.
- J. In community services offices and programs, youth exposed to blood or other potentially infectious materials will be referred to a community health care provider for follow-up. Referral to a community health care provider will be documented in a JTS case note.
- K. Safety needles and syringes will be used for all injections. Needles will never be re-capped, bent, or broken after use. Needles and other sharps will be disposed of intact in designated, puncture-resistant containers. Puncture resistant containers will be secured in a manner to prevent youth access to contaminated sharps. When full, puncture resistant containers will be securely closed prior to placement in a biohazard storage container.
- L. In secure facilities, all disposable, non-sharp infectious waste will be disposed of in a red trash bag marked for bio hazardous waste. The red bags will be securely stored pending pickup by a bio hazardous waste disposal vendor.
- M. Laundry:
  1. Each facility will establish procedures for clean and dirty laundry to be handled, including storing and transporting clean and dirty laundry in separate containers (i.e., containers designated solely for clean laundry or dirty laundry).
  2. Soiled laundry will be bagged prior to being transported and will be handled as little as possible.
  3. Personal protective equipment (gloves, cover gown, masks/face shields) will be worn when collecting and handling soiled laundry, linen, and clothing.
  4. Clean or dirty laundry, linen, or clothing will not be placed on the floor.
  5. All laundry must be washed in the hot water cycle with detergent. Bleach will be added to the wash cycle for all underwear, socks, towels, white t-shirts, and sheets.
  6. Washers and dryers will not be overloaded.

Chapter	Subject	Policy #	Page
HEALTH AND MEDICAL SERVICES	INFECTION CONTROL	11.30	10 of 16

7. All laundry will be completely dry before being removed from the dryer and distributed or stored.
  8. Youths' personal clothing will be laundered separately upon intake in accordance with the care instructions on the label. Clothing that requires dry cleaning will be placed in a sealed plastic bag and not used again.
- N. Mattresses:
1. Mattresses and pillows must be encased in a non-porous, fire-retardant material.
  2. Mattresses and pillows will be disinfected before being issued to a new youth.
  3. Mattresses and pillows with tears and rips will be discarded.
- O. Youths' rooms will be disinfected before a new youth is placed in the room. The bed frame, toilet, and sink will be disinfected, the floor mopped, and the door knobs/handles wiped clean.
- P. Restraints will be cleaned after each use by the staff member removing the restraint.
1. Metal cuffs will be wiped or sprayed with a disinfectant cleaner. Care will be taken to not saturate the cuffs and to protect the locking mechanism.
  2. Leather restraints will be wiped with a disinfectant cleaner, rinsed with water, and then wiped dry. The restraint will be allowed to air dry at least 30 minutes and then wiped with glycerin or castile soap (leather cleaner and conditioner), and dried.
- Q. Items that come into direct contact with skin and/or body fluids should be disinfected as often as possible.
- R. Medical equipment will be disinfected and cleaned in accordance with the Medical Equipment Cleaning Schedule (Attachment E) and manufacturer/federal CDC decontamination standards. Examination tables with tears or rips will be removed from service and repaired/replaced immediately.
- S. Youth will be provided a Quanterferon tuberculin test, as clinically indicated, within 7 days of admission to a secure facility. (See Attachment B, Tuberculin Testing Procedure.)
1. All long-term youth will receive a Quanterferon tuberculin test annually, unless there is prior documentation of a positive test.

Chapter	Subject	Policy #	Page
HEALTH AND MEDICAL SERVICES	INFECTION CONTROL	11.30	11 of 16

2. Youth with a history of a reaction to the test or with a history of a positive tuberculin test will receive a chest x-ray. The chest x-ray results will only be required once and the results will be filed in the youth's health record.
3. A tuberculosis symptomatic checklist will be completed upon each new admission, or at least annually, for long-term youth. If the youth has symptoms of tuberculosis, the chest x-ray will be repeated.
4. If a tuberculin test has been administered and the results documented within the past 3 months, the tuberculin test will not be administered unless the youth has TB symptoms.
5. Youth who test positive to the Quanterferon test will be scheduled for a chest x-ray within 7 days. If the youth is symptomatic for tuberculosis, he/she will be isolated until tuberculosis is ruled out. The youth will be evaluated by the facility physician for preventive therapy in accordance with the Centers for Disease Control tuberculosis treatment guidelines. These youth will be monitored monthly in the chronic care clinic for adverse reactions and response to therapy.
6. If a youth refuses to have the Quanterferon test completed, he/she will be isolated until tuberculosis is ruled out. If the youth is symptomatic for tuberculosis, he/she will be evaluated by the facility physician for preventive therapy in accordance with the Centers for Disease Control tuberculosis treatment guidelines. These youth will be monitored monthly in the chronic care clinic for adverse reactions and response to therapy.
7. Youth with suspected or confirmed tuberculosis will be immediately referred to the DJJ Medical Director for transfer to a provider with an isolation room. Youth must be isolated in a negative pressure room with increased air exchange while awaiting transfer.
8. Youth who are known to have HIV infection will have a chest x-ray within 7 days of admission, as clinically indicated.
9. Pre and post-test HIV counseling and testing will be offered to all youth with tuberculosis disease or latent tuberculosis infection, high risk behaviors, clinical indicators, and pregnant females.
10. Youth who are known to have been diagnosed with HIV will have a community referral for care and treatment.
11. The DJJ Medical Director must be notified of all youth diagnosed with HIV.

T. Ectoparasite Screening:

Chapter	Subject	Policy #	Page
HEALTH AND MEDICAL SERVICES	INFECTION CONTROL	11.30	12 of 16

1. All youth will be screened for ectoparasites at the time of admission to any secure facility with a hand-held Wood's lamp, and as necessary thereafter. All staff performing intakes will be trained by medical services staff to use the Wood's lamp. (Wood's Lamp Protocol, Attachment F).
  2. Treatment will be carried out only on an individual basis according to DJJ nursing protocol. No routine treatments will be done.
  3. Non-toxic over-the-counter preparations approved by the DJJ Medical Director will be used to treat infestations.
  4. The clothing and linens of infected youth will be placed in impervious bags and laundered in hot water. Mattresses will be disinfected with a bleach spray or an ectoparasite remover (e.g. Rid, Nix, etc.).
  5. The Designated Health Authority will notify the facility Director or designee when ectoparasite control measures are required in specific housing units.
  6. Youth and staff will receive education materials and instruction related to ectoparasites when indicated.
- U. For concerns about a food-borne illness, the Designated Health Authority will be immediately contacted. The Designated Health Authority will contact the DJJ Medical Director and the Augusta University's Department of Correctional Health-Juvenile Healthcare (GHCH-JH) Senior Director.
- V. Youth will receive testing for sexually transmitted infections (STIs) within 7 days of arrival at a secure facility from the community, regardless of the time between release and re-admission, or from another facility if testing was not previously done. Gonorrhea and Chlamydia testing will be required. HIV and syphilis testing should be performed for all pregnant youth and youth with high risk behaviors as determined by the medical services staff. Testing for other STIs will be performed as clinically indicated. Health information regarding sexually transmitted infections will not be disclosed to anyone without the specific written authorization of the individual youth. (See DJJ 5.5, Health Records.)
1. HIV tests will be administered upon request by youth or as clinically indicated.
  2. Pre-test counseling will be provided either on-site by trained medical services staff, the health department, or Designated Health Authority approved community-based organizations prior to the administration of an HIV test. Post-test counseling will also be provided.
  3. The youth will be required to sign a HIV Test Consent Form (Attachment G) prior to the test being performed.

Chapter	Subject	Policy #	Page
HEALTH AND MEDICAL SERVICES	INFECTION CONTROL	11.30	13 of 16

4. HIV testing can be performed by on-site trained medical services staff, the health department, or Designated Health Authority approved community-based organizations.
  5. The results of all tests will remain confidential and documented in the health record, along with counseling. Health information regarding HIV will not be disclosed to anyone without the specific written authorization of the individual youth. (See DJJ 5.5, Health Records.)
- W. Medical services staff may place a youth in medical segregation/isolation when he/she poses a risk of transmitting a disease to others or requires bed rest for a medical condition. Medical segregation/isolation will only be used when the youth poses a risk of transmitting a disease to others or requires bed rest for a medical condition. An alert will be set in the Juvenile Tracking System (JTS) to communicate the youth's segregation/isolation status to other staff. The youth's specific medical condition will remain confidential. (Room checks will be done at least every 15 minutes in accordance with DJJ 8.20, Room Checks.)
- X. Each facility will develop local procedures for the containment of respiratory illnesses such as influenza and skin infections such as MRSA (see Attachment H, MRSA Medical Protocol). The procedures will include, at a minimum:
1. Guidelines for respiratory and contact isolation in the approved Housing Plan, in conjunction with the Designated Health Authority;
  2. Transport plan to the nearest hospital for respiratory isolation in the event of active tuberculosis;
  3. Daily checks by a Registered Nurse;
  4. Containment of the illness within the secure facility by limiting youth transfers; and
  5. Notification to the Designated Health Authority of pending youth transfers.
- Y. Age appropriate brochures, materials, and videos on STIs and other blood-borne diseases, ectoparasites, respiratory illnesses, and other applicable education will be part of the health education program, provided by the health care staff. The medical services staff will provide one-on-one counseling and may provide group health education. All health education provided will be documented in the youth's health record (Attachment I, Health Education Flow Sheet). The DJJ Medical Director will approve health education programming provided by DJJ medical staff or other outside providers.
- Z. Immunizations will be offered and provided to youth as recommended by the Advisory Committee on Immunization Practices (ACIP). Health care staff will

Chapter	Subject	Policy #	Page
HEALTH AND MEDICAL SERVICES	INFECTION CONTROL	11.30	14 of 16

maintain vaccines and comply with the Vaccines for Children program procedures and requirements. Documentation of immunizations will be made on the Georgia Registry of Immunization Transactions and Services (GRITS). A copy of the youth's immunization record will be provided to the DJJ education staff for placement in the education record.

- AA. The influenza vaccine will be offered to all youth annually. Other vaccines will be required for youth with chronic medical conditions as clinically indicated.
1. A Medical Permission Form (DJJ 11.13, Consent Process, Attachment A) will be used as the general consent for vaccines, and will only be required to be signed once.
  2. For youth with a signed Medical Permission Form, the health care staff will mail the Vaccine Information Sheet to the parent/guardian. The influenza vaccine may be given the same day.
  3. For youth without a signed Medical Permission Form, the Medical Permission Form will be mailed to the parent/guardian for signature. The influenza vaccine will not be given until there is a signed Medical Permission Form on file.
- BB. When health care staff recognizes influenza, MRSA, or any other infectious disease outbreak at a secure facility affecting staff or youth, the Regional Health Services Administrator, GCHC-JH Director of Nursing, GCHC-JH Field Operations Coordinator, GCHC-JH Senior Director and DJJ Medical Director or designee will be immediately notified.
- CC. All health care providers will report notifiable diseases to the Georgia Department of Public Health, as required by law. (See Attachment J, Disease Reporting.) The DJJ Medical Director will also be notified.
- DD. The Designated Health Authority will complete the Monthly Infection Control Report (Attachment K), which will be submitted to the RHSA each month.
- EE. If a youth is being released to the community before completing treatment or preventive therapy, the releasing facility's health care staff will notify the health department of the youth's home county of the youth's release. The Health Services Release Letter (Attachment L) will be used to notify the youth's parent/guardian and community case manager of the need for further follow-up or continued adherence to the prescribed regimen.
- FF. Youth with positive HIV tests or whose treatment for an STI has not been completed will be referred to the appropriate health department or other treatment provider for follow-up care upon their discharge from the facility. The youth will be requested to sign an Authorization for the Release of Health Information for releases of all STI or HIV information. (See DJJ 5.5, Health Records.) The Health

Chapter	Subject	Policy #	Page
HEALTH AND MEDICAL SERVICES	INFECTION CONTROL	11.30	15 of 16

Services Release Letter (Attachment L) will be used to notify the youth of the need for further follow-up or continued adherence to the prescribed regimen.

### **VIII. PANDEMIC EMERGENCY MANAGEMENT IN SECURE FACILITIES**

- A. Department of Juvenile Justice staff will use infection control practices to mitigate the effects of a pandemic outbreak. The following procedures will be used for a pandemic outbreak:
1. Facility medical services staff will monitor the youth population for any flu-like symptoms. When a youth has flu-like symptoms, the Medical Director will be notified via email for further instruction.
  2. The Pandemic Preparedness Plan (Attachment M) will be used by Department staff to prepare for an outbreak and as the guidelines in reacting to an outbreak.
  3. When the Pandemic Preparedness Plan needs to be put into place, the Medical Director will notify the Commissioner. Direction will be given to staff via email regarding the actions that are to be taken.
  4. All youth and staff will view the hand washing video on the DJJ shared drive.
  5. Staff will sign the attached acknowledgement form (Attachment N, Staff Hand Washing Video Acknowledgement) indicating that they have viewed the video. Youth will sign a statement (Attachment O, Youth Hand Washing Video Acknowledgement) that they have viewed the video, which will be filed in the health record.
  6. As school may be cancelled for a period of time during an outbreak, education staff will assist with other duties, as assigned by the facility Director, during their normal work periods. (Education staff will not be assigned duties that require POST certification.)
  7. Staff who have been absent from work for flu-like symptoms will be required to be cleared by the local human resources representative prior to returning to work with the Return to Work Clearance (Attachment P). A staff that has had any flu-like symptom within the past 24 hours will not be allowed to return to work.
  8. Youth will be immunized as the flu vaccine becomes available.
  9. Each facility will identify local resources where staff may obtain the flu vaccine for a reduced fee or free. Staff will be notified of this resource as soon as possible and will be encouraged to receive the flu vaccine.

<b>Chapter</b>	<b>Subject</b>	<b>Policy #</b>	<b>Page</b>
HEALTH AND MEDICAL SERVICES	INFECTION CONTROL	11.30	16 of 16

**IX. LOCAL OPERATING PROCEDURES REQUIRED: YES**

- Tuberculin Skin testing procedures for staff (VII.M).
- Procedures for the containment of respiratory illnesses such as influenza and skin infections (VII.X).