



**DEPARTMENT OF
JUVENILE JUSTICE
HEALTH SERVICE
STANDARD OPERATING
POLICY AND PROCEDURES**

REFERENCES:
505 KAR 1:120
4-JDF-4C-13, 37, 38
3-JCRF-1C-17; 3B-06,11,
19; 4C-12, 21
1-JDTP-3B-06, 11
4-JCF-4C-22-26; 6C-06
1-JBC-4C-14, 37, 38
NCCHC Y-B-01

SUBJECT: Infectious Communicable Disease

**AUTHORITY: KRS 15A.
065**

POLICY NUMBER: 416.1

TOTAL PAGES: 4

EFFECTIVE DATE: October 5, 2018

APPROVAL: Carey D. Cockerell , COMMISSIONER

I. POLICY

DJJ programs shall implement an infection control program that effectively monitors the incidence of infectious and communicable diseases among youth; promotes a safe and healthy environment; reduces the incidence and spread of disease; assures that youth infected with these diseases receive prompt care and treatment; and provides for the completion and filing of all reports consistent with local, state, and federal laws and regulations.

II. APPLICABILITY

This policy shall apply to group homes, detention centers, day treatment, and youth development centers.

III. DEFINITIONS

Refer to DJJPP 400.

IV. PROCEDURES

A. Employee Screening For Communicable and Serious Infectious Diseases

1. All DJJ Youth Worker staff shall undergo a pre-assignment physical as part of the Basic Academy completion requirements. Employees shall receive re-examinations according to a defined need or schedule.
2. All facility staff shall be offered the Hepatitis B Vaccine. When staff decline the vaccine, a Hepatitis B declination form shall be completed and maintained by the Nurse Shift Program Supervisor (NSPS) or designee in the employee health record.
3. All facility staff shall be screened for tuberculosis at the time of initial employment, periodically if indicated, and annually to identify TB Infection

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and TB Disease in accordance with procedures approved by the Medical Director.

- a. Pregnancy shall not exclude a female employee from being skin tested as part of the initial, annual, or contact follow-up skin testing program, unless exempt as listed below.
 - b. An exemption to TB Disease skin testing of a new employee and annual testing includes anyone with a documented history of a positive skin test reading, adequate treatment of TB Disease and considered cured, or adequate preventive therapy for TB Infection; however, an exempt case for skin testing shall be screened initially and annually for signs and symptoms suggestive of tuberculosis, using a TB questionnaire. DJJ staff testing positive for TB in the past shall have a chest x-ray at least every 10 years. Documentation stating the individual is medically cleared to return to work shall be filed in the staff's medical file.
 - c. Any employee refusing to permit the initial, periodic, indicated, or annual TB screening, or who does not complete the screening process, shall be required to obtain certification from the local County Health Department or primary health care provider, verifying they have been examined and are free of infectious TB. An employee failing to comply within ten (10) business days shall not be permitted to work in the facility and may be placed on directed sick leave as specified in 101 KAR 2:102, Section 2 (2).
4. The screening of employees at contract programs shall be in compliance with state and local laws and in accordance with terms of contract.
 5. Confidential Management of Employee Health Records
 - a. The NSPS or designee shall schedule and conduct an annual risk assessment for each employee.
 - b. Employee TB screening, testing, treatment, work restrictions, counseling, exposure to TB disease, immune status or voluntary job reassignment shall be maintained. The employee confidential TB records and OSHA 200 logs shall be maintained. Every effort shall be made to contain sensitive information. Communication shall be limited to an individual who has to make a decision based on accurate information.
 - c. The NSPS or designee in all programs shall report all serious infections as required by KRS 214.010 and local laws.
- B. Screening of Youth for Communicable and Serious Infectious Diseases**
1. Upon admission, an initial screening shall be completed.
 2. Youth shall receive immunizations as required by state law (KRS 158.035, 158.037) and KY Vaccine Program regulations, except in certain limited

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circumstances when such immunizations may be determined as harmful to the youth or to the unborn.

3. Youth shall be offered the Hepatitis B vaccinations series, if not already completed.
4. A TB test and a physical exam shall be completed within seven (7) days of admission and annually thereafter.
5. When youth are suspected of being in a situation involving a high risk of exposure to an infectious communicable disease, they shall submit to testing deemed necessary by the facility physician and the Medical Director.
6. The following shall be reported to the Medical Department as soon as possible for necessary testing and follow-up;
 - a. An exposure to blood; or
 - b. A youth has engaged in, or is suspected of, high risk behavior.
7. If a youth is diagnosed with an infectious communicable disease, all reasonable precautions shall be taken to prevent the transmission of the disease, including the use of Personal Protective Equipment (PPE) and avoidance of high risk behavior.
8. The nurse, or designated health authority, shall be responsible to ensure that necessary health information is relayed to appropriate personnel to guide decisions relating to work assignments. The risk of transmission of the disease shall be considered in making a work assignment.
9. The Medical Director shall be informed of unusual or serious infections and of any condition in which medical isolation may be considered.
 - a. When a primary health care provider orders medical isolation, it shall be provided in a private room with separate toilet facilities, disposable towels, private soap dispenser, and separate hand washing facilities.
 - b. Hands shall be washed upon entering and leaving the medical isolation area.
 - c. Youth and visitors shall be provided training and instructions specific to the youth's situation and condition.
 - d. Youth workers shall be provided instructions regarding handling food utensils, equipment and cleaning and disinfecting of medical isolation accommodations.
 - e. A medical, psychological, and social support plan for the care, treatment, and referral of youth shall be written and carried out by the facility nurse or designee.
10. When a youth creates a health hazard by engaging in high risk behavior, including interfering with health care, such as refusal to use PPE or to remain in isolation, they may be subject to disciplinary action. The Superintendent

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and the NSPS shall determine if additional action is necessary to control the youth's behavior and reduce the risk of disease transmission. This information shall be forwarded to classification staff for appropriate classification action.

11. The registered nurse or designee in all programs shall report all serious infections as required by KRS 214.010 and local laws.
12. Youth medical records shall be marked as confidential, and secured unless in use. Confidentiality shall be maintained in accordance with DJJPP Chapter 1 (Employee Code of Ethics). Information in the medical records shall not be released to any person unless a release, signed by the youth and guardian, states specifically that medical information may be released.

C. Infection Control

1. All DJJ facilities shall develop procedures and practices regarding environmental health and safety.
2. Youth shall receive training in Infectious Communicable Disease control and general hygiene provided by a nurse, physician or health educator. Records of health-related education shall be maintained in the medical record.
3. Staff shall receive training in infectious communicable disease including the purposes and use of Universal Precautions and infection control techniques. Such training shall be documented in the employee's Training Record.
4. If an employee has an Occupational Exposure to a possible infectious communicable disease, he shall be issued an Employee Disease Exposure Kit.
5. Discussion of Infection Control Issues shall be held during the Quarterly Medical and Administrative meetings. Concerns which cannot be resolved shall be forwarded to the Medical Director. Minutes of these meetings and related documents shall be maintained in all DJJ facilities by the NSPS.

V. MONITORING MECHANISM

Monitoring shall be accomplished by the facility physician, charge nurse, Superintendent or designee, Medical Director or designee, the Nurse Administrator, and the Quality Assurance Branch.