


**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES
OAKLEY YOUTH DEVELOPMENT CENTER**

Subject: Communicable Disease Management		Policy Number: 33
Number of Pages: 7		Section: XI
Attachments None	Related Standards & References ACA Juvenile Health Care Performance Based Standards 2009: 4-JCF-4C22, 4-JCF-4C23, 4-JCF-4C24, 4-JCF-4C25, 4- JCF-4C-26	
Effective Date: 06/09/06 Revised Date: 05/01/07, 04/25/08, 05/01/11, 11/01/13, 11/12/15 Review Date: 11/1/14, 11/12/15	Approved:  James V. Maccarone, Director	

I. POLICY

It is the policy of the Mississippi Department of Human Services, Division of Youth Services, to address the management of serious infectious and communicable diseases for the safety of staff and youth. The Health Authority shall establish procedures that address the following: (4-JCF-4C-22, 4-JCF-4C-23, 4-JCF-4C-24, 4-JCF-4C-25, 4-JCF-4C-26)

- Ongoing education programs for staff and youth
- Identification, Control, Treatment, Surveillance, Prevention strategies and for:
 - Screening and testing
 - Special supervision
 - Safeguards for staff and youth including immunizations, when applicable
 - Follow-up care, when applicable
 - Special housing arrangements, as appropriate
- Protection of individual confidentiality and media relations
- Reporting requirements to applicable local, state, and federal agencies
- Medical examination of any youth suspected of a communicable disease.
- Actions to be taken by employees concerning youths who have been diagnosed as HIV+.

The Director of Medical Services shall immediately notify the Facility Administrator/ designee of all suspected or confirmed cases of infectious and communicable diseases. Communicable disease and infection control activities shall be discussed and reviewed by a multidisciplinary team that includes clinical, security, and administrative representatives that meets on an as needed basis. (4-JCF-4C-22)

The facility shall provide youth with prevention, education, identification, surveillance, immunization when applicable, treatment or isolation when indicated, follow-up care, and adhere to reporting requirement to applicable local, state, and federal agencies for chickenpox. Precautions shall also be taken to protect staff and visitors from harmful effects of this contagious disease. (4-JCF-4C-22)

Subject	Policy Number	Page
Communicable Disease Management	XI.33	2 of 7

Standard procedural guidelines shall be established to provide screening, examination, and treatment of youth who are suspected of an ectoparasite infestation. (4-JCF-4C-13, 22)

Please refer to medical policies XI.11.34-HIV Screening, Testing and Management, XI.11.35-Hepatitis Screening, Testing and Management and XI.11.36-TB Testing and Management XI.39 Pandemic Response Plan for Medical and Mental Health Services.

II. DEFINITIONS

As used in this policy and procedure, the following definitions apply:

AIDS – the illness caused by the Human Immunodeficiency Virus (HIV). Infection with this virus attacks the immune defenses of the body and leaves its victims vulnerable to opportunistic infection. AIDS and AIDS related conditions are regarded as disabilities, and are protected under disability laws.

Chicken Pox –an acute, contagious viral disease characterized by fever and the onset of a generalized papulo-vesicular rash without other apparent cause. Communicability is usually 5-6 days prior to rash onset.

Incubation Period – is the phase in the development of a disease between the infection and first appearance of symptoms. This is generally 14-21 days for chicken pox.

Isolation – the separation from others to prevent the spread of infection. Uncomplicated cases of chicken pox should be excluded from general population until all lesions are crusted over. This is usually one week.

Ectoparasite – a parasite that lives on the outer surface of the body, such as fleas, ticks and lice.

Direct Contact – transmission via person-to-person contact with an infected host.

Indirect Contact – transmission from other than the infected host; may be from inanimate objects such as combs, hats, clothing, etc.

Hepatitis B (HBV) – inflammation of the liver caused by the Hepatitis B virus.

Human Immunodeficiency Virus (HIV) – the viral agent responsible for causing AIDS.

Tuberculosis (TB) - An infectious disease caused by the Mycobacterium Tuberculare bacilli.

Methicillin-resistant Staphylococcus Aureus (MRSA) is a bacterium responsible for several difficult-to-treat infections in humans. It may also be called multidrug-resistant Staphylococcus aureus or oxacillin-resistant Staphylococcus aureus (ORSA).MRSA is, by definition, any strain of Staphylococcus aureus bacteria that has developed resistance to beta-lactam antibiotics which include the penicillins (methicillin, dicloxacillin, nafcillin, oxacillin, etc.) and the cephalosporins.

Seasonal Flu: A respiratory illness that can be transmitted person to person. Most people have some immunity, and a vaccine is available. This is also known as the common flu or winter flu, which may cause mild illness and rarely requires hospitalization.

Subject	Policy Number	Page
Communicable Disease Management	XI.33	3 of 7

Standard Precautions – protective procedures that apply to blood and other body fluids containing visible blood, semen and vaginal secretions. They also apply to tissues and the flowing fluids:

- Cerebrospinal fluid – found in the brain and spinal cord
- Synovial fluid – found around the joints and tendons
- Pleural fluid – found around the lungs
- Pericardial fluid – found around the heart
- Amniotic fluid – found around the fetus of a pregnant woman

Although the risk of transmission of HIV and HBV from feces, nasal secretions, sputum, sweat, tears, urine, vomitus and saliva is extremely low, standard precautions also apply.

III. PROCEDURE

- A. Education is the most effective tool for alleviating fear associated with contagious diseases, such as HIV, Tuberculosis, Hepatitis and seasonal Influenza.
1. The Director of Medical Services shall coordinate ongoing health education and prevention training to youth. Refer to MDYS Policy XI.22, Health Education and Prevention.
 2. Personnel are informed of potential endemic and epidemic contagious disease, including transmission route, precautions and treatment of disease.
- B. Any youth with an infectious or contagious disease shall be medically managed in accordance with the Mississippi Department of Health’s Disease Control Policy. (4-JCF-4C-22, 4-JCF-4C-23, 4-JCF-4C-24, 4-JCF-4C-25, 4-JCF-4C-26)
1. Upon entering the facility, a Nurse shall screen all youth to determine if any contagious diseases are present. If any unusual or suspicious findings the facility Physician shall be consulted immediately. Refer to policy XI.15, Admission Health Screening and Assessment.
 - a. A visual inspection shall be made and notation made of any rash, pustule, skin eruption/drainage, jaundice.
 - b. A complete set of vital signs including BP, temperature, pulse , respirations and oxygen saturation via pulse oximeter shall be obtained on admission.
 - c. Physical assessment including, but not limited to auscultation and palpation shall be completed.
 - d. Any anomalies noted shall:
 - i. Be recorded on the Interdisciplinary Progress Note form XI.8.A and
 - ii. Any of that are indicative of communicable disease or illness shall be communicated with the Physician immediately. Any further notification of facility administration will proceed based on orders received from the Physician.

Subject	Policy Number	Page
Communicable Disease Management	XI.33	4 of 7

2. The Nurse reviews all health records that are received from the Court, parent or guardian.
 - a. Significant health data is noted in the youth's health record, Interdisciplinary Progress Notes XI.8.A.
 - b. If medical and immunization history is not received from the Court, parent or guardian on intake, the on site clinic staff shall be responsible for contacting the youth's parent or guardian and requesting this documentation. Documentation of this request is noted in the youth medical record, Interdisciplinary Progress Notes.
3. The following policies shall outline the requirements for the management of specific diseases not covered in this policy: (4-JCF-4C-23, 4-JCF-4C-24, 4-JCF-4C-25,)
 - HIV Screening, Testing and Management Policy XI.34
 - Hepatitis Screening, Testing and Management Policy XI.35
 - Tuberculosis (TB) Testing and Management Policy XI.36
- C. When an employee is suspected of being infected with a contagious disease, he/she shall be referred to their family physician for examination and/or treatment. The employee shall obtain written approval from their family physician to return to work.
- D. Since vaccinations help eradicate disease MDYS shall provide an immunization program for all youth in our facility (4-JCF-4C-22, 4-JCF-4C-24)
 - Youth Immunization Program Policy XI.37
- E. The gravity, methods of transmission and public sensitivity to contagious diseases require special attention for the safety of youth and staff. Communicable disease and infection control activities shall be discussed and reviewed by a multidisciplinary team that includes clinical, security, and administrative representatives that meets at least quarterly. (4-JCF-4C-22)

Reduction of employee exposure to blood borne pathogens shall require utilization of prevention measures. Refer to the following standing operating procedures:

 - Exposure Control and Standard Precautions policy XI.38
- F. The clinic staff shall manage any youth with a suspected or confirmed case of Chickenpox.
 1. All suspected cases of Chickenpox shall be assessed immediately.
 - a. The youth shall be placed in medical isolation and shall remain in isolation pending a confirmation of the diagnosis. The youth shall not have contact with youth from the general population at any time until released by the medical department.
 - i. If Chicken Pox is confirmed, the youth shall remain in medical isolation until the vesicles have crusted over. This shall normally take about one week.
 - ii. If the youth is determined not to have Chickenpox, the Physician shall write an order to release him/her back to the general population.

Subject	Policy Number	Page
Communicable Disease Management	XI.33	5 of 7

- b. When a youth is in medical isolation, a Nurse shall assess the youth each shift and document their visit in the youth's medical record, Form XI.8 Interdisciplinary Progress Notes.
2. After the Chicken Pox diagnosis has been confirmed. The Director of Medical Services/designee shall contact the Facility Administrator. Those staff and students who have been exposed the following things shall take place:
 - a. Determining who is susceptible and who is immune. The facility contract Physician will decide the best approach. Whether it be blood IgG Varicella titers, by history or simply offering the Varicella vaccination to all.
 - b. Cohorting the exposed susceptibles together for entire incubation period twenty-one (21) days. This way any secondary cases no new susceptibles will be exposed.
 - c. Providing the first dose of Varicella vaccine to all susceptibles after exposure.
3. Any youth experiencing complicated chickenpox symptoms shall be monitored closely.
4. Chickenpox warning notice shall be posted at the door of the of the isolation room notifying staff of a diagnosed Chickenpox case within the clinic.
5. In the event of an epidemic within the facility, the facility physician may authorize the youth with confirmed previous cases of chickenpox to be housed in the same living unit with the active chickenpox case. The Director of Medical Services/designee shall notify the Facility Administrator and unit staff that the Physician has authorized these housing arrangements.
- G. After the diagnosis of Influenza has been confirmed The Director of Medical Services/designee shall contact the Facility Administrator.
 1. The single best way to prevent the seasonal flu is vaccination. Therefore both the seasonal and any other variation of flu vaccination will be offered to the youth every year from October thru March. Refer to policy XI.37 Immunization Program.
 2. To lower the risk of contracting the influenza virus experts recommend people do the following:
 - Cover mouth and nose when coughing or sneezing and when using tissues dispose of them in receptacles
 - Clean hands often
 - Avoid touching eyes, nose, or mouth
 - Social distancing
 - Avoid close contact with people who are sick
 - If possible, stay home from work, school or errands when sick

Subject	Policy Number	Page
Communicable Disease Management	XI.33	6 of 7

H. Decontamination process on admission

1. Prior to placement in general population, all youth shall shower and receive a delousing treatment upon intake.
2. After showering, each youth shall be provided clean facility issue clothing.
3. The youth's personal clothing shall be stored per policy.

I. Treatment of active infestations: Youth with an Ectoparasite infestation shall be treated as prescribed by the facility physician and reevaluated in 7-10 after initial treatment for possible follow up treatment.

1. Staff members handling youth clothing shall utilize Standard Precautions. Refer to policy XI.38, Exposure Control and Standard Precautions.
2. Any youth determined to have an active ectoparasite infestation shall have all clothing and linens placed in a water-soluble bag, then placed in a red biohazard bag and washed according to the manufacturer's recommendations in a normal wash cycle. The youth's room shall be vacuumed and cleaned prior to replacing the linens.
3. Those youth with signs and symptoms of an infestation requiring isolation shall be handled as follows;
 - a. Following assessment and identification of continued infestation, re-treatment may be necessary if the youth continues to complain after the initial treatment. A physician order shall be required prior to re-treatment.
 - b. Youth may resume normal activities upon completion of the prescribed treatment regimen and when medically cleared by the facility physician.
4. Patient teaching shall be documented in the youth health record. Youth shall be advised to avoid sharing clothing, bedding, combs, hats, etc.

J. MRSA may progress substantially within 24–48 hours of initial topical symptoms. After 72 hours MRSA can take hold in human tissues and eventually become resistant to treatment. The initial presentation of MRSA is small red bumps that resemble pimples, spider bites, or boils that may be accompanied by fever and occasionally rashes. Within a few days the bumps become larger, more painful, and eventually open into deep, pus-filled boils

1. Any student with wound suspicious of infection shall be referred to the facility clinical practitioner on an urgent basis. If the student cannot be seen within 24 hours the Director of Medical Services/designee will place a phone to the Physician for further instructions.
 - a. The Physician shall evaluate the condition and decide if further actions are warranted; such as
 - i. A wound culture,
 - ii. Treatment with antibiotics,

Subject	Policy Number	Page
Communicable Disease Management	XI.33	7 of 7

iii. Referral to appropriate facility for more intensive treatment

- K. Confidentiality: Medical diagnosis and treatment of youth shall be kept in strictest confidence by health care personnel and released on a need to know basis to the Facility Administrator by the Director of Medical Services. The youth's confidentiality in accordance with state and federal law shall be maintained at all times. The Health Services Coordinator may share data in written or electronic form with the Centers for Disease Control (CDC), the Mississippi Department of Health (MDH), and local Health Departments. The Director of Medical Services shall approve any other requests for medical information or statistical data prior to release.
- L. Media: All requests for information on any issue received from radio, press, television or electronic media personalities shall be referred to the Division Director.
- M. The Director of Medical Services shall revise this policy as necessary.