I. POLICY

It is the policy of the Mississippi Department of Human Services, Division of Youth Services, that standard procedural guidelines shall be established to ensure that Hepatitis screening, identification, testing, education, surveillance, immunization when applicable, treatment, counseling, follow-up care, and isolation when indicated shall be provided to all youth. This procedure identifies actions to be taken by staff concerning youth who are in need of Hepatitis screening and/or have been diagnosed as active or chronic Hepatitis; when and under what condition youth shall be separated from the general population; and confidentiality. (4-JCF-4C-22, 4-JCF-4C-24)

II. DEFINITIONS

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

Hepatitis A (HAV) - HAV is a virus that causes inflammation of the liver but does not lead to chronic disease.

Hepatitis B (HBV) - HBV is a virus that causes inflammation of the liver, but can cause liver cell damage, leading to cirrhosis and cancer.

Hepatitis C (HCV) - HCV is a virus that causes inflammation of the liver, which can also lead to cirrhosis and cancer.

Hepatitis D (HDV) - HDV is a virus that causes inflammation of the liver, but it only infects those persons with HBV.

Hepatitis E (HEV) - HEV is a virus that causes inflammation of the liver, but there is no chronic state. It is rare in the United States.

Standard Precautions - protective procedures recommended to reduce the risk of the
spread of infections in health care facilities. This applies to blood, other body fluids containing visible blood, semen, and vaginal secretions. They also apply to tissues and the following fluids:

- Cerebrospinal fluids — 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 shall also apply.

III. PROCEDURE

A. Upon admission evaluation the nursing staff assess the youth’s general health condition including hepatic function, establish a baseline for future comparisons, identify any medical problems or conditions that might affect placement, or treatment, and identify any active communicable diseases. (4-JCF-4C-22, 4-JCF-4C-24)

1. Upon admission, a nurse shall complete a health history on all youth. Youth are screened to determine their risk for having contracted Hepatitis. Refer to policy XI.15, Admission Health Screening and Assessment.

2. Health care personnel shall determine if the youth meets the criteria to be screened for Hepatitis A, B, and C. The criteria for testing shall be based on a youth’s history and may include, but not be limited to:
   - Any youth stating a history of exposure to someone with known or suspected Hepatitis.
   - Any youth with a sexually transmitted disease, a history of recent or frequent STD’s or diagnosis of Hepatitis, Jaundice or Scleral Icterus.
   - Youth that have been victims of sexual abuse
   - Youth known to be IV drug users
   - Youth who have shared needles either for IV drug use, tattooing, piercing, or steroid use
   - Youth who have engaged in high risk sexual habits, either male or female (prostitutes)
   - Youth who have sustained bite wounds, especially where skin is broken and there is transference of blood
   - Recipients of blood transfusion

B. When a youth requests or meets any of the above noted criteria for potential exposure Hepatitis the physician order shall be required prior to testing. Refer to policy XI.16, Health Care Appraisal and Examination, and policy XI.17, Laboratory Services for guidelines and requirements for drawing laboratory specimens. (4-JCF-4C-24)
1. Each youth must receive education regarding the method of transmission of Hepatitis by the Director of Medical Services/designee, or facility contract physician prior to Hepatitis testing.
   
a. If the testing results are negative, the nurse shall inform the youth he/she is negative for Hepatitis. The youth shall be instructed in safe sex practices and be retested only if indicated.

b. If positive, the results shall be communicated to the youth by the Physician and the positive results shall be forwarded to the Facility Administrator and Director of Medical Services/designee.

c. Only those persons with a medical need to know may be informed. Staff who fall under “medical need to know” shall be:
   - Facility Administrator
   - Division Director
   - Health Care Professionals who provide direct patient care

2. All counseling shall be documented in the youth’s medical record, Form XI.8 Interdisciplinary Progress Notes.

C. A juvenile who has Hepatitis shall remain in general population unless his or her medical condition requires more intensive care, the individual is expressing threatening behaviors that might infect others, or the individual is threatened with violence and/or intimidation. (4-JCF-4C-24)

D. Court Ordered Testing

1. The Facility Administrator and Director of Medical Services/designee shall be notified of any court ordered testing.

2. Youth refusing court ordered testing shall be referred to the Facility Administrator for further directions.

3. The Facility Administrator shall send testing results directly to the ordering Judge.

4. A copy of the court order shall be maintained in the youth’s health record.

E. The Director of Medical Services shall revise this policy as necessary.