



**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF YOUTH REHABILITATION SERVICES
POLICY AND PROCEDURES MANUAL**

POLICY NUMBER:	DYRS-017
RESPONSIBLE OFFICES:	Agency-wide
EFFECTIVE DATE OF POLICY:	June 3, 2013
SUPERSEDES POLICY:	NA
SUBJECT:	Infection Control

I. PURPOSE:

This issuance establishes guidelines, requirements, and procedures governing the handling of youth in the care and custody of the Department of Youth Rehabilitation Services ("DYRS") diagnosed with HIV or other infectious diseases.

II. POLICY

It is the policy of the DYRS Health Services Administration ("HSA") to identify any health risks or conditions which could negatively influence the health and well-being of youth in DYRS's care and custody. Specifically, with regard to serious infectious disease and the treatment of those youth who have been diagnosed as HIV-positive, DYRS shall provide services, as outlined in this policy, in a manner that is discrete and that complies with all federal, state, and local ordinances related to maintaining youth security and privacy, while also ensuring the continuity of treatment.

III. AUTHORITY:

This policy is governed by all applicable District of Columbia and Federal law including, but not limited to: DYRS Establishment Act (2004), D.C. Official Code §§ 2-1515.01 through 2-1515.10 (2001), D.C. Mun. Regs. Public Health and Medicine 22, § 600 (2008), Jerry M. Final Approved Amended Comprehensive Work Plan, December 5, 2007, as revised by Revised Final Approved Amended Comprehensive Work Plan, January 26, 2010, and all amendments thereto; District of Columbia District Personnel Manual §16.

IV. SCOPE

This policy applies to all trained medical staff (DYRS and contract), and any other non-medical DYRS staff, who are responsible for providing medical, dental, and/or behavioral health services to youth in DYRS's care and custody.

V. RESPONSIBILITY

- A. **DYRS Deputy Director** has the delegated authority granted by the DYRS Director to establish the infrastructure and processes for the development of all policies and procedures.
- B. **DYRS Chief of Health Services** has overall responsibility for ensuring that medication is administered and stored in a manner consistent with the parameters set forth in this policy. The Chief also has oversight responsibility for ensuring that a system is in place so that youth receiving medication for either medical or behavioral health reasons receive these on a continuous basis upon their transfer from one DYRS facility to another, including shelters and group homes, or to their family's homes.
- C. **DYRS Supervisory Medical Officer** provides overall clinical leadership to the medical services program.
- D. **DYRS Behavioral Health Manager** has administrative, operational and clinical responsibility for behavioral health (i.e., mental health and substance abuse) services provided by mental health clinicians and psychiatrists to all youth at the New Beginnings Youth Development Center (NBYDC) and at Youth Services Center (YSC). The Behavioral Health Manager also has responsibility for the oversight of access to psychiatric care at DYRS facilities and to ensure continuity of medication management upon a youth's transfer from one DYRS secure facility to another and from these to community-based placements. The Behavioral Health Manager reports to the Chief of Health Services.
- E. **DYRS Medical Services Manager** provides overall administrative leadership of the medical services and provides clinical supervision to the nurse practitioners, nurses, and certified nursing assistants. The Medical Services Manager also has responsibility for monitoring medication administration and storage practices and for monitoring the Medication Administration Records (MAR) for medication errors or omissions. The Medical Services Manager also has the responsibility for ensuring continuity of medication management upon a youth's transfer between DYRS secure facilities and from these to community-based placements. The Medical Services Manager reports to the Chief of Health Services.
- F. **DYRS Superintendents** shall ensure that all youth within their facility have unfettered access to essential medical, behavioral health and dental care services and treatments, including medication administration.

VI. DEFINITIONS:

- A. **Ectoparasites:** Lice or scabies
- B. **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.

- C. **Healthcare Staff:** Registered nurse, licensed practical nurse, nurse practitioner, dentist dental assistant, until hygienist, medical records clerk, physician's assistant, or physician.
- D. **Medical Services Staff:** Staff licensed as a Registered Nurse, Nurse Practitioner, Physician's Assistant, or Physician.
- E. **Methicillin Resistant Staphylococcus Aureus (MRSA):** Bacteria usually found on the skin or in the nose that have become resistant to broad spectrum antibiotics and, therefore, are difficult to treat.
- F. **Pediculosis:** Infestation of the parts of the body or clothing with lice that results in severe itching. Transmission may occur during direct contact with the individual.
- G. **Personal Protective Equipment:** 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.
- H. **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.
- I. **Spill Kit:** A standard kit used to contain blood and other body fluids that includes, at a minimum: solidifier, gloves, scoop, antiseptic wipes, disposable gown, mask/face shield, and red biohazard bag.
- J. **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.

VII. PROCEDURES

A. GENERAL INFECTION CONTROL

1. Before flu season beings, 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.
2. 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.
3. 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 DYRS work site:

- Latex gloves (non-latex gloves will be used for staff and youth with latex allergies);
 - Face Shields;
 - Goggles; Gowns (impervious or fluid-resistant)
 - Mouth to mouth resuscitation masks;
 - Body Shield;
 - Eye wash flush/station in each work area with the potential for exposure to blood or other body fluids; and
 - Biohazard spill kit (in secure facilities and vans used for secure transports).
4. Gloves will be used for the prevention of contact with blood, body fluids, mucous membranes, and non-intact skin. Employees must wear gloves when:
- Coming into contact with blood, body fluids, excretions, or secretions;
 - Collecting blood or body fluid specimens;
 - Performing invasive procedures;
 - Performing direct patient care, including first aid;
 - Handling soiled linens;
 - Cleaning up blood or body fluids; and
 - Cleaning soiled supplies and equipment.
5. 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, or splatter. Gowns, goggles, and face shields will be worn once and discarded. Staff will immediately wash their hands after removal.
6. 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.
7. 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.
8. 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 spoke. 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 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.
9. 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.

10. Each DYRS worksite will have soap and water or hand sanitizer that is readily available for all staff in common areas.
11. In all DYRS secured facilities, the Designated Health Authority, in coordination with the Facility Superintendent, will determine which common areas will have available soap and water or hand sanitizer.
12. DYRS Residents and Employees who have their clothing saturated with blood or other body fluids will remove the clothing as soon as possible. DYRS Residents and Employees will be instructed to launder the clothing separate from their other clothing. DYRS Residents and Employees will be allowed time to shower and change clothes.
13. If a staff member is exposed to blood or other potentially infectious materials, he/she will follow the exposure protocol. 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 workers compensation policies and procedures. 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 Director of Legal services will be contacted regarding a court order. When the source is a staff member, the source would be referred for follow-up through Worker's Compensation.
14. All staff in community offices and programs and central office staff will be encouraged to submit to tuberculin skin testing annually.
15. 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.
 - a. 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 a tuberculin skin testing.
 - b. 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 screening section of the tuberculosis screening in skin test form to be completed annually.
 - c. 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.
 - d. Staff tuberculin skin testing and/or symptomatic screening will be documented in the individual staff member's health record.

- e. Staff who have a positive tuberculosis skin test will be referred to a workers compensation physician for a chest x-ray in accordance with 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.

16. Food and drink storage:

- a. Food items and drinks will not be stored in medication or laboratory refrigerators or with chemicals.
- b. Food items and drinks will not be kept on countertops and work surfaces where blood or body fluids are handled.

B. DRUG SCREENING

- 1. Youth urine drug screening will be done in accordance with Facility Drug Screening and Community Drug Screening Policies and Procedures. The case manager will document the results of the drug screen in the YES! information system.
- 2. 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.
- 3. Employees must wear gloves when handling urine specimens for the screening device.
- 4. 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 is discarded in the trash.
- 5. The screening device replacing a sealable plastic bag.
- 6. All used screening devices will be discarded in the trash. (The screening device will not be placed in any records).
- 7. 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 wash prior to having any paperwork, photocopying, or handling any other equipment (computer, phone, pens, etc.).
- 8. 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.

C. VANS USED FOR SECURE TRANSPORT OF YOUTH

1. Each van used to transport units will be equipped with the following infection control equipment:
 - biohazard spill kit;
 - spray disinfectant;
 - hand sanitizer;
 - disposable emesis bag;
 - spit sock hood;
 - non-latex (final) gloves;
 - mouth-to-mouth resuscitation mask; and
 - eye flush.
2. The YDR responsible for transportation will spray van seats with disinfectant at the end of the transport day.
3. Youth with any respiratory borne illness will be required to wear the Spit Sock Hood or Surgical Mask during transport.
4. Youth with fever, contagious rashes or open, contagious wounds will be placed on a medical hold and will not be transferred or transported to another facility until cleared by medical services staff.
5. Youth with active tuberculosis must receive medical clearance from the Chief of Health Services prior to any transport or transfer. The Chief of Health Services will provide instruction about the necessary precautions.
6. Youth with latent tuberculosis or positive tuberculosis skin test may be transferred prior to receiving a chest x-ray if asymptomatic.
7. Restraints will be cleaned as outlined in section D.14 below.

D. INFECTION CONTROL FOR YOUTH

1. Each secure facility 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 personal protective equipment will be available at each DYRS worksite:
 - latex gloves (none latex gloves will be used as needed for staff and youth with latex allergies);
 - face shields;
 - goggles;
 - gowns (impervious or fluid resistant);
 - mouth-to-mouth resuscitation masks;

- body shield; and
 - eyewash flush/station in any work area with the potential for exposure to blood or other body fluids.
2. 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 bodily fluids.
 3. 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.
 4. In secure facilities, medical services staff will provide education to youth about hepatitis A, B, and C, and human papilloma virus within 7 days of admission. The HPV and Hepatitis A, B, and C vaccines will be offered to all youth.
 5. Youth will wash their hands thoroughly with soap and water or an antiseptic handwashing agent after the removal of gloves and anytime there is exposure to blood or body fluids, excretions, or secretions.
 6. Gloves will be used for the prevention of contact with blood, body fluids, mucous membranes, and non-intact skin. Youth must wear gloves when:
 - Coming into contact with blood, body fluids, excretions, or secretions;
 - Handling soiled linens;
 - Cleaning up blood or body fluids; and
 - Cleaning soiled supplies and equipment.
 7. Food and drink storage:
 - a. Food items and drinks will not be stored in medication or laboratory refrigerators or with chemicals.
 - b. Food items and drinks will not be kept on countertops and work surfaces where blood or body fluids are handled.
 8. In secure facilities, where youth are 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 medical services staff are not on-site, the on-call nurse will be notified for further instructions.

9. After exposure to blood, when clinically indicated, medical services staff will request the source use of the exposure to submit to HIV and Hepatitis B testing. If a youth refuses testing, the Office of the General Counsel 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 to workers compensation. Treatment and testing of youth will be documented in a medical progress note.
10. In community offices and programs, youth exposed to blood or other potentially infectious material will be referred to a community health care provider for follow-up. Referral to a community health care provider will be documented in a case note.
11. Safety needles and syringes will be used for all injections. Needles will never be recapped, bent or broke 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.
12. In secure facilities, all disposable non-sharp infectious waste will be disposed of in a red trash bag marked for biohazardous waste. The red bags will be securely stored pending pickup by a biohazardous waste disposal vendor.
13. Laundry:
 - a. 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., containing designated solely for clean laundry or dirty laundry).
 - b. Soiled laundry will be bagged prior to being transported and will be handled as little as possible.
 - c. Personal Protective Equipment (gloves, cover gown, masks/face shields) will be worn when collecting and handling soiled laundry, linen and clothing.
 - d. Neither clean nor dirty laundry, linen, or clothing will be placed on the floor.
 - e. All water 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.
 - f. Washers and dryers will not be overloaded.
 - g. All laundry will be completely dry before being removed from the dryer and distributed or stored.

- h. Youth's 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.

14. Mattresses:

- a. Mattresses and flows must be encased in a nonporous, fire retardant material.
- b. Mattresses and pillows will be disinfected before being issued to a new youth.
- c. Mattresses and pillows with tears and rips will be discarded.

15. Youth rooms will be disinfected before a new youth is placed in the room. The bed frame, toilet, and singly disinfected, the floor mopped, and the doorknobs/handles wiped clean.

16. Items that come into direct contact with skin and/or body fluids should be disinfected as often as possible.

17. Medical equipment will be disinfected and cleaned in accordance with the medical equipment cleaning schedule.

18. Youth will be provided a Mantoux tuberculin skin test, as clinically indicated, within 7 days of admission to a secure facility.

- a. All long tributes will receive a Mantoux, a tuberculin skin test annually, unless there is prior documentation of a positive skin test.
- b. Youth with a history of a severe reaction (e.g., necrosis, blistering, anaphylactic shock, or ulcerations) to a previous Tuberculin Skin Test will receive a chest X-ray. The chest x-ray results will only be required once in the results will be filed in the youth's health record. A tuberculosis symptomatic checklist will be completed upon each new admission, or at least annually for long-term use. If the youth have symptoms of tuberculosis, the chest x-ray will be repeated.
- c. If a tuberculin skin test has been administered and the results documented within the past 3 months, the tuberculin skin test will not be administered unless you test tuberculosis symptoms.
- d. Live virus vaccination may interfere with response to a tuberculosis skin test. Tuberculosis skin testing should not be done within 4 to 6 weeks of a live virus vaccination (i.e., MMR, Varivax).
- e. Youth who test positive to the tuberculin skin 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. These 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 facility's medical clinic or infectious disease specialty clinic.

- f. Youth with suspected or confirmed tuberculosis will be immediately referred to the Chief of Health Services for transfer to a provider with an isolation room. Youth must be isolated in a negative pressure rooms with increased air exchange while awaiting transfer.
 - g. Youth who are known to have HIV infection will have a chest x-ray within 7 days of admission, as clinically indicated.
 - h. 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.
 - i. Youth that are known to have been diagnosed with HIV will have a community referral for care and treatment.
 - j. The Chief of Health Services must be notified of all youth diagnosed with HIV.
19. If a youth is being released to the community before completing treatment for preventive therapy, the releasing facilities health care staff will notify the Department of Health of the youth's release. The health services release letter will be used to notify the youth's parents/guardian and community case manager of the need for further follow-up or continued adherence to the prescribed regimen.
20. Ectoparasite Screening:
- a. All youth will be screened for ectoparasites at the time of admission to any secure facility with a handheld woods lamp, and as necessary thereafter. All staff performing intakes will be trained by medical services staff to use the Wood's lamp.
 - b. Treatment will be carried out only on an individual basis according to health services nursing protocol.
 - c. Non-toxic over-the-counter preparations approved by the Chief of Health services will be used to treat infestations.
 - d. The clothing and linens of infected youth will be placed in impervious bags, and then laundered in hot water. Mattresses will be disinfected with a bleach spray or Ridex.
 - e. The Designated Health Authority will notify the facility Director or designee when ectoparasite control measures are required in specific housing units.

- f. Youth and staff will receive education materials and instructions related to ectoparasites when indicated.
- 21. For concerns about a foodborne illness, the Designated Health Authority will be immediately contacted. The Designated Health Authority will contact the Chief of Health Services.
- 22. Youth will receive testing for Sexually Transmitted Infections (STI's) within 7 days of arrival at a secure facility from the community, regardless of the time between release and readmission, or from another facility of 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 sexually transmitted infections 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.
 - a. HIV tests will be administered upon request by youth or as clinically indicated.
 - b. Pre-test counseling will be provided either on-site by trained medical services staff and post- test counseling will also be provided.
 - c. The youth will be required to sign an HIV test consent form prior to the test being performed.
 - d. HIV testing can be performed by on-site training medical services staff.
 - e. 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.
- 23. Youth with positive HIV tests or whose treatment for a sexually-transmitted infection 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 release of all sexually transmitted infection or HIV information. The Health Services Release letter will be used to notify the youth of the need for further follow-up or continued adherence to the prescribed regimen.
- 24. Medical services staff may place a youth in medical segregation/isolation when he/she poses a risk of transmitting a disease to others 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. The youth specific medical condition will remain confidential.

25. Each facility will develop local procedures for the containment of respiratory illnesses such as influenza, and skin infections such as Methicillin-Resistant Staph Aureus (MRSA).
26. Age-appropriate brochures, materials and videos on sexually transmitted infections and other blood-borne diseases, respiratory illnesses, ectoparasites, and other applicable education will be part of the health education program, provided by the healthcare staff. The medical services staff will provide one-on-one counseling and may provide group health education. All health education providers will be documented in the youth's health record. The Chief of Health Services will approve health education programming provided by medical staff or other outside providers.
27. Immunizations will be offered and provided.
28. The influenza vaccine will be offered to all youth annually. Other vaccines would be required for use with chronic medical conditions as clinically indicated.
29. When health care staff recognize influenza, MRSA, or any other infectious disease outbreak at a secure facility affecting either staff or youth, the Chief of Health Services, or designee, will be immediately notified.
30. All health care providers will report notifiable diseases to the District of Columbia Department of Health, as required by law.
31. The monthly infection control report is to be submitted to the Chief of Health services or designee by the 5th business day of each month.

E. PANDEMIC EMERGENCY MANAGEMENT:

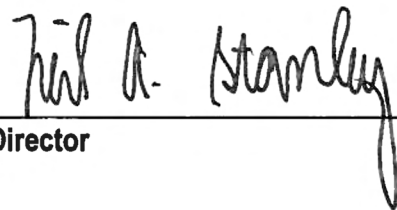
1. DYRS staff will use infection control practices to mitigate the effects of a pandemic outbreak. The following procedures will be used for a pandemic outbreak:
 - a. Medical services staff will monitor the youth population for any flu-like symptoms. When a youth has flu-like symptoms, the Chief of Health services will be notified for further instruction.
 - b. The Pandemic Preparedness plan will be used by the department staff to prepare for an outbreak and as the guidelines in reaction to an outbreak.
 - c. When the Pandemic Preparedness plan needs to be put into place the Chief of Health Services will notify the. Direction will be given to staff via e-mail and telephonically regarding the actions that are to be taken.

- d. All youth and staff will be given instruction regarding handwashing. Youth and staff will sign a statement that they have been instructed in proper handwashing procedures. The youth forms will be filed in their health record.
- e. 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. Staff who have had any flu-like symptoms within the past 24 hours will not be allowed to return to work.
- f. Youth will be immunized as the flu vaccine becomes available.
- g. 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.

VIII. REFERENCES

- Centers for Disease Control, 1995, "Controlling TB in Correctional Facilities"
- Morbidity and Mortality Weekly Report, 1/24/03, "Prevention and Control of Infections"
- Hepatitis Viruses in Correctional Settings"
- NCCH Juvenile Health Care Standards, 2011: Y-B-01

Approval of the Agency Director:



Director

3 June 2013