

Infectious Diseases Policy

	DIVISION OF CHILD AND FAMILY SERVICES Juvenile Justice Services STATEWIDE INSTITUTIONAL POLICY
SUBJECT:	Infectious Diseases Policy
POLICY NUMBER:	DCFS/JJS 400.07
NUMBER OF PAGES:	9
EFFECTIVE DATE:	June 10, 2024
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DATE:	
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DATE:	May 22, 2024
SUPERSEDES:	NYTC 12-12
REFERENCES:	TBD
ATTACHMENTS:	TBD

I. POLICY

This policy addresses the management of serious and infectious diseases. The policy provides for the examination of any youth or staff member suspected of a communicable disease. In accordance with the Occupational Safety and Health Administration (OSHA) bloodborne pathogens standard, 29 CFR 1910.1030, the following exposure control plan has been developed. It is designed to eliminate or minimize employee occupational exposure to blood or other potential infectious materials.

II. DEFINITIONS None

III. PROCEDURES

A. Program Management:

The communicable disease committee, consisting of the Superintendent, Head Group Supervisor, Training Officer, and Nurse, will have overall responsibility for the management, support, and implementation of the Youth Center's bloodborne pathogens compliance program. The committee develops any additional policies and practices needed to support the effective implementation of this plan, as well as reviews, revises or updates this plan as needed.

1. Living unit/cottage seniors and other department supervisors are responsible for exposure control in their areas and are responsible for ensuring that

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proper exposure control procedures are followed, including maintaining an awareness of the universal precautions (PPE Kit) in the Head Group Office and/or dedicated locations decided at each facility.

2. The nurse or training officer is responsible for providing information and training to all employees who have the potential for exposure to bloodborne pathogens.
3. The exposure plan will be reviewed annually, on or before May 5th of each year, and updated when necessary.

B. Exposure Determination:

An exposure determination has been performed to determine which Youth Center employees may incur occupational exposure to bloodborne pathogens. This determination has been made without regard to the use of personal protective equipment and regardless of the frequency of occupational exposure, the following job classifications have been determined to incur occupational exposure: (See Exposure Determinate Worksheet, Appendix A).

1. Superintendent
2. Principal Psychologist
3. Counselors
4. Food Service Manager
5. Cooks
6. Laundry Supervisor
7. Head Group Supervisor
8. Assistant Head Group Supervisor
9. Group Supervisors and trainees
10. Institutional Nurse
11. Maintenance Personnel

C. Methods of Compliance

1. Universal Precautions

Facility employees who have potential exposure to bloodborne pathogens will observe universal precautions. All blood and other potentially infectious

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materials are considered infectious regardless of the perceived status of the source.

2. Engineering Controls

Engineering and work practice controls are utilized to eliminate or minimize exposure to employees, where occupational exposure remains, after institution of these controls, personal protective equipment is utilized. State of Nevada youth Facilities utilizes the following engineering controls:

- a. Sharps containers are in use on every applicable living unit/ cottage and in the infirmary.
 - b. Hand washing facilities are available and accessible to all employees who have the potential for exposure.
 - c. Bags that are leak-proof, color-coded, labeled with biohazard labels and puncture resistant (if necessary) are available to all personnel.
3. Departments with unique or other engineering controls will specify these controls on the “engineering control” worksheets or reference procedure manuals where they can be found. The above controls will be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is outlined in the engineering control worksheet, Appendix B.

4. Work Practice Controls

The following work practice controls have been in use and have been adopted as part of the OSHA bloodborne pathogen compliance program:

- i. Employees will wear protective gloves and, should the criteria of the hazard dictate, protective clothing whenever dealing with a potential hazard of exposure to bodily fluids.
- ii. Employees wash their hands immediately, or as soon as possible, after removal of gloves or other personal protective clothing.
- iii. Contaminated needles or other contaminated sharps are not bent, recapped, or removed unless:
 - There is no feasible alternative.
 - This action is required by specific policy.
- iv. Contaminated reusable sharps (where applicable) are placed in appropriate containers immediately or as soon as possible after use.

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- v. Eating, drinking, smoking, applying cosmetics or lip balms, and handling contact lenses is prohibited in work areas where there are potential infectious materials present.
 - vi. Food and drink are not to be kept in refrigerators, in freezers, on countertops, or in other storage areas where blood or potentially infectious materials are present.
 - vii. In all procedures involving blood or other infectious materials, minimize splashing, spraying or other actions generating droplets of these materials.
 - viii. Blood or other infectious materials are placed in designated leak-proof containers, appropriately labeled, for handling, disposal, or storage (PPE Kits/Red Bags).
 - ix. If outside contamination of a primary container occurs, the primary container shall be placed within an appropriately labeled, secondary container, that prevents leakage during the handling, processing, storage, transport, or disposal of the container.
 - x. Equipment that has been contaminated with blood or other potentially infectious materials shall be examined prior to servicing or disposal and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible.
 - xi. Departments with unique or other work practice controls not outlined above will reference procedure manuals and other sources where they can be found.
5. Personal Protective Equipment:

All personal protective equipment (PPE) used by the Youth Center employees will be provided without cost to the employee. Personal Protective Equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of the time that the protective equipment will be used. The following PPE includes, but is not limited to:

- i. Gloves (latex, hypoallergenic, and leather). Hypoallergenic gloves are available to employees who are allergic to the gloves the Youth Center normally supplies. Each living unit/cottage and department will be supplied with protective gloves. These shall be done prior to contact with any bodily fluids or other infectious materials.
- ii. Gowns or lab coats.

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- iii. Face shields/masks
 - iv. Examination gloves.
 - v. Should the determination be made that additional safety materials are needed, employees are to notify the Head group office to report that incident and obtain a PPE kit. Protection of the site, fluids, and/or materials will be the sole responsibility of the staff reporting the incident (to prevent accidental or intentional contact by bystanders) until the area, site, materials, or fluids are cleaned, decontaminated and/or disposed of.
 - vi. The nurse will be supplied with a complete PPE kit and other required safety materials to keep on hand in the infirmary.
 - vii. The employer will dispose of all contaminated personal protective equipment. The employer at no cost to the employees will provide replacements. All garments that are penetrated by blood or other bodily fluids shall be removed immediately or as soon as possible. All protective equipment will be removed prior to leaving the work area. Each cottage/department will place the PPE into a sealed biohazard bag and return it to nursing.
 - viii. Gloves are worn where it is reasonably anticipated that employees will have contact with blood or other potentially infectious materials or when handling or touching contaminated items or surfaces.
 - ix. Disposable gloves are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated, torn, punctured, or otherwise lose their ability to function as an “exposure barrier.”
 - x. Masks and eye protection are used whenever splashes or sprays generate droplets of infectious materials.
6. Housekeeping:
- i. In general, all contaminated surfaces will be decontaminated as soon as possible after any spill of blood or other potentially infectious materials contamination.
 - ii. All bins, pails, cans, and similar receptacles shall be inspected and decontaminated on a regular basis.
 - iii. Any broken glassware that may be contaminated, will not be picked up directly with the hands, but by mechanical means such as a dustpan and brush, tongs, and so on, with placement in a puncture resistant container.

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7. Regulated Waste Disposal:

- i. All contaminated sharps shall be discarded as soon as possible in sharps containers that are in cottages and the Infirmary. Regulated waste other than sharps shall be placed in appropriate containers. They are discarded or bagged in containers that are closable, puncture resistant (where applicable), leak proof (if the potential for fluid spill or leakage exists), and red in color or labeled with the appropriate biohazard warning label.
- ii. Containers for regulated waste are in Infirmary/Warehouse where all contaminated materials will be discarded as soon as possible. These waste containers will be routinely checked by maintenance, maintained upright, and not allowed to overfill. Contaminated laundry will be placed in appropriate containers marked as biohazard and kept separate and apart from other laundry items until examined and treated by laundry staff.
- iii. Whenever employees move regulated waste containers from one area to another, containers are immediately closed and placed inside secondary containers if leakage is possible.

8. Hepatitis B Vaccination Program:

- i. All employees who have been identified as having exposure to blood or other potentially infectious materials will be offered the Hepatitis B vaccine (hbv), at no cost to the employee. The vaccine will be offered within 10 working days of their initial assignment to work involving the potential for occupational exposure to bloodborne pathogens, unless the employee has previously had hbv or wishes to submit to antibody testing that shows the employee to have sufficient immunity (antibodies or anti-hbv positive).
- ii. Employees who decline the Hepatitis B vaccine will sign a waiver that uses the wording in Appendix A of the OSHA standard (see Hepatitis B vaccination declination for, Appendix D).
- iii. Employees who initially decline the vaccine but who later wish to have it may then have the vaccine provided at no cost. The employee's supervisor has the responsibility for assuring the vaccine is offered, that declination waivers are signed, and what health care professional to refer the employee to for vaccination. The Superintendent will determine this.

9. Post-Exposure Evaluation and Follow-up:

- i. When the employee incurs an exposure incident, it should be reported to the Head Group Supervisor or designee who has the responsibility to maintain records of exposure incidents.

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- ii. All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard. This follow-up will include the following:
- iii. Documentation of the route of exposure and circumstances related to the incident (see Post-Exposure Screening/Follow-up worksheet, Appendix E).
- iv. If possible, the identification of the source individual and the status of the source individual. The blood of the source individual will be tested (after consent is obtained) for HIV and Hepatitis B infectivity (HbsAg positive).
- v. Results of testing of the source individual will be made available to the exposed employee, with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
- vi. The employee will be offered the option of having their blood collected for testing or the employee's HIV/HBV serological status. The employee will be offered the option of having their blood collected for testing or the employee's HIV/HBV serological status.

10. Interaction with Health Care Professionals:

- i. A written opinion shall be obtained from the health care professional that evaluates employees for DCFS/JJ. Written opinions will be obtained in the following instances:
 - a. When the employee is sent to obtain the Hepatitis B vaccine.
 - b. Whenever the employee is sent to a healthcare professional following an exposure event.
- ii. Healthcare professionals shall be instructed to limit their opinions as to:
 - a. Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine and/or for evaluation following an exposure incident.
 - b. That the employee has been informed of the results of the evaluation.
 - c. That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials. The written opinion to the employer is not to reference any personal medical information.

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11. Training

Training for all State of Nevada Youth Center employees will be conducted prior to initial assignment to tasks where occupational exposure may occur. Training for employees will be provided at no cost to the employee and will include explanation of:

- i. The OSHA standard for bloodborne pathogens.
- ii. Epidemiology and symptomatology of bloodborne diseases.
- iii. Modes of transmission of bloodborne pathogens (included in epidemiology of bloodborne diseases).
- iv. The exposure control plan (e.g., points of the plan, lines of responsibility, how the plan will be implemented).
- v. Procedures that might cause exposure to bloodborne pathogens.
- vi. Control methods that will be used to control exposure to bloodborne pathogens.
- vii. Personal protective equipment available and who should be contacted concerning availability.
- viii. Post-exposure evaluation and follow-up.
- ix. Biohazard signs and labels used.
- x. Hepatitis B vaccination program offered.
- xi. Question and answer session.
- xii. All employees will receive at least annual refresher training conducted within one year of the employee's previous training. A variety of training methods may be used including videotapes, written materials, lectures, and other resources. The training officer will maintain a reference library of training materials and perform the required documentation for training received.

12. Record Keeping

All records by the OSHA standard will be maintained by the Nevada Youth Training Center's personnel file. Annually, this file will be updated, and a copy sent to the Nevada Youth Training Center's personnel department to be included in the employee's personnel file. Optimally, this could coincide with the employee's annual performance evaluation (see Record Keeping Worksheet, Appendix F). Medical records of exposure incident must be maintained for 30

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years from exposure. Training records must be maintained for at least three years. Federal Hepatitis B vaccination records must be kept at least 10 years.

13. Dates

The OSHA bloodborne pathogen standard went into effect March 6, 1992. All provisions of the OSHA standard became effective July 6, 1992.

14. Each institution shall develop a Standard Operating Procedure (SOP) for this policy.

***This policy shall be reviewed every three years and revised as needed.