

BUREAU OF JUVENILE JUSTICE SERVICES
POLICY AND PROCEDURE

Title: Medical Isolation/Segregation

Manual Section: Healthcare

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Attachments: Appendix A – Transferring/Referring Agency checklist
Appendix B – Handwashing Protocol

Authority:

The authority of the Bureau of Juvenile Justice Services (BJJS) to issue this policy and procedure is given by Article VII of the Public Welfare Code, Act of 1967, P.L. 31, No. 21.

Applicability:

Youth development centers/youth forestry camps (YDCs/YFCs) and contracted programs under the jurisdiction of BJJS.

Rationale:

To take appropriate measures in protecting residents and employees from contagious disease.

Definitions:

Agency Director – A director of an individual agency operated by BJJS.

Cohorting – Grouping of residents with like illnesses.

Communicable Disease – a disease which may be carried from one person to another, either directly or indirectly.

Employee – A person employed by the Department of Public Welfare (DPW), Office of Children, Youth and Families, who is assigned to a BJJS operated YDC/YFC agency, court liaison unit, BJJS or an education provider.

Epidemic – An illness or disease attacking many people at the same the same time, widely diffused and rapidly spreading.

Influenza-like Illness (ILI) – Illness(es) that presents with a fever greater than or equal to 100 ° F along w/ dry cough or sore throat. May also exhibit body aches, chills, headache or fatigue.

Medical Isolation/Segregation – Any instance when a youth is confined alone for over 15 minutes in a room other than the room in which he or she usually sleeps. Medical isolation/segregation can occur in locked or unlocked rooms.

Pandemic – A widespread epidemic disease.

Quarantine – Restriction of freedom of movement of seemingly healthy individuals who have been exposed to an infectious disease, from the time of the entrance of the virus or bacteria to the appearance of clinical symptoms.

Regional Director- The director responsible for those agencies under the jurisdiction of BJJS that are assigned to that specific geographical region.

Resident – A youth committed by court order to DPW and placed in an agency under the jurisdiction of BJJS.

Resident Care Equipment – Any medical equipment necessary to treat the resident(s) i.e. thermometer, stethoscope.

Respiratory Isolation/Segregation Unit – Designated area for placing a resident(s) with special (medical, handicap or protective) needs, based on agency policy

or practice. This practice usually occurs in agencies without individual single rooms for residents.

Visitor – Anyone that does not have an identification badge identifying that specific agency as the person's daily worksite or who has not been identified by BJJS as being exempt from visitor status.

Universal/Standard Precautions – Precautionary measures taken by the caregiver to avoid contact with an individual's bodily fluids by wearing articles such as gloves, gowns and/or masks, etc.

Policy:

For those residents who have, or are suspected of having, a reportable communicable disease, medical precautions which include medical isolation/segregation shall be utilized.

Procedure:

I. Identification and Segregation of Residents with Communicable Diseases

When residents of the YDC/YFC system are identified as having a communicable disease which requires medical isolation/segregation from the general population the following steps shall be taken.

- A. Health Services shall contact the agency physician or Certified Registered Nurse Practitioner (CRNP) to obtain an order for medical isolation/segregation that shall include the specific precautions to initiate.
 - 1. After a resident is identified as requiring medical isolation/segregation, the remaining residents in the living unit/cottage who had contact with the infected person shall be quarantined. This quarantine shall remain in effect until such time as the incubation period lapses for the specific disease causing organism. The time frame shall be determined by the agency physician/CRNP.
 - 2. Residents on quarantine status shall not have any social interaction with other residents in the facility. Meals and other services shall be provided in the living area so as not to cause cross contamination of other residents. Employees entering/exiting this unit are limited to individuals performing essential job functions in this unit.
 - 3. If residents are placed in medical isolation/segregation, quarantine or hospitalized, their parents/guardians shall be notified via phone by Health Services.

4. If residents are placed in medical isolation/segregation, quarantine or hospitalized their committing court/Juvenile Probation Office shall be notified via phone by the agency director or designee.
 5. If no residents become sick following the incubation period the quarantine shall be lifted for that unit/cottage.
 6. Medically isolated/segregated residents should be cared for by designated employees.
 7. A resident who does not or cannot be expected to assist in maintaining appropriate hygiene or self control in relation to their bodily functions shall be placed in a private room. If a private room is not available, consult with Health Services regarding resident placement or other alternatives.
- B. State Court Unit (SCU) shall gather information, using the Transferring/Referring Agency Checklist (Appendix A), from the transferring/referring agency, on incoming residents prior to being received to determine if they have been exposed to a communicable disease or are exhibiting influenza-like illness (ILI).
1. If the SCU is unable to obtain information from the transferring/referring agency for incoming residents and are admitted to the YDC/YFC system during the time of an epidemic/pandemic, the agency shall gather information, using Appendix A, from the resident to determine if they shall be quarantined in a designated area for a length of time as determined by Health Services or until the established incubation period has lapsed.
 2. The resident is to be transported to an area identified at each respective agency for medical isolation/segregation. These areas have been predetermined by the Bureau Director, Regional Director, Agency Director and the Director of Health Services.
- C. When it is deemed necessary by Health Services that the resident's medical condition requires they be transported by Commonwealth vehicle to a temporary medical isolation/segregation/quarantine unit, whether at the same agency or at another YDC/YFC agency, the following precautions/protocols shall be followed; in addition, all BJJS safety and security procedures and protocols for transporting a resident off grounds shall be followed. (BJJS Policy 7.01A – Transportation of Residents off Grounds)

1. Prior to transport of a resident(s) Health Services shall provide the transporting employees with the required protective equipment including but not limited to, gloves, masks, gowns, etc.
2. Prior to transport of a resident(s) Health Services shall provide the transporting employee with a first aid kit, prescription medications, and any other personal/medical items (pillow, blanket, basin, drinking water, etc.,) deemed necessary to assist the employees in providing for a safe and comfortable transport.
3. Prior to transport of a resident(s) Health Services shall provide the transporting employees with the location and phone numbers of the closest medical facilities along their route of travel.
4. In the event of a medical emergency, the transporting employees shall immediately call 911.
5. Upon return to the agency if the resident(s) does not release any bodily fluids the transporting employees shall be responsible for cleaning the vehicle by spraying with a disinfectant provided by the Institutional Safety Manager.
6. Upon return to the agency if the resident(s) does experience a voluntary or involuntary release of bodily fluids/solids the transporting employees shall clean the vehicle using the approved bodily fluid cleaning kit provided by the Institutional Safety Manager.

D. Dietary Needs

1. Dietary needs shall continue to be met in all cases of medical isolation/segregation. Residents who require medical isolation/segregation or quarantine shall be served their meals in the medical isolation/segregation/quarantine setting using disposable dishware and utensils. These disposable items should be discarded with other general waste.
2. Employees and residents shall wear gloves when handling resident trays, dishes and utensils.
3. The dietary shall provide additional drinks and/or food items as deemed necessary by Health Services.

II. Universal/Standard Precautions

The following Universal/Standard Precautions shall be required and used by residents and employees.

A. Hand washing

1. Wash hands after touching blood, body fluids, secretions, excretions, and contaminated items, whether or not gloves are worn. Wash hands immediately after gloves are removed, between resident contacts, and when otherwise indicated to avoid transfer of microorganisms to other residents or environments. It is necessary to wash hands between tasks and procedures on the same resident to prevent cross-contamination of different body sites.
2. Use a plain (non-antimicrobial) soap for routine handwashing.
3. Hand wash procedures shall be performed for a minimum of 15 to 20 seconds. (Universal Handwashing Procedures – Appendix C)
4. Use an antimicrobial agent or a waterless antiseptic agent to aid in the control of outbreaks upon entering and leaving the resident room, living unit, and/or medical isolation/segregation/quarantine areas.

B. Gloves

1. Wear gloves provided by the Health Services when in contact with blood, body fluids, secretions, excretions and contaminated items.
2. Put on clean gloves just before touching mucous membranes and open skin.
3. Change gloves between procedures on the same resident, procedures on another resident and where there has been contact with materials that may contain a high concentration of microorganisms.
4. Remove gloves promptly after use. Specifically, before touching non-contaminated items and environmental surfaces, and before going on to another resident, and wash hands immediately to avoid transfer of microorganisms to other residents or environments.
5. Residents shall be provided and wear gloves when involved in any work training program or other activity, such as details, food service worker, etc., where any of the above situations may be encountered.

6. Remove gloves by turning them inside out, being careful not to come into contact with the exterior of the glove.
7. Any glove that is found to be cracked or have holes shall be disposed of as described, in the Disposal section, below.

C. Masks

1. If deemed appropriate by Health Services, employees shall wear a mask provided by Health Services during procedures or resident care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.
2. A mask provided by Health Services shall be worn in cases of respiratory segregation/isolation.

D. Gowns

Most resident interactions do not necessitate the use of gowns. Procedures such as activities that involve holding the resident close, while performing care, are examples of when a gown may be needed.

1. When deemed necessary by Health Services, employees shall wear a gown provided and/or identified by Health Services that is appropriate for the activity and amount of fluids likely to be encountered to protect skin and to prevent soiling of clothing during procedures and resident care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions.
2. Ensure that gowns are of the appropriate size to fully cover the area to be protected.
3. Remove a soiled gown as promptly as possible and wash hands to avoid transfer of microorganisms to other residents or environments.
4. Disposable gowns should only be worn once and then discarded as listed, in the Disposal section, below.
5. Remove gowns by turning them inside out, being careful not to come into contact with the exterior of the garment.

- E. Health Services shall provide training on the proper procedures for applying and removing protective clothing (i.e. masks, gowns, gloves, etc.)

F. Disposal

All items used in the supervision and care of residents shall be disposed of in regular waste in the closest available container. If items are soiled with blood, bodily fluids or secretions/excretions, dispose of items in the biohazard infectious waste (red) bags.

III. Resident Care Equipment

- A. Handle used resident care equipment soiled with blood, body fluids, secretions and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of microorganisms to other residents, employees and environments.
- B. Ensure that reusable medical equipment, (thermometer, stethoscope, etc.) is not used for the care of another resident until it has been appropriately cleaned according to instructions provided by Health Services or by Health Services themselves.
- C. Single-use items i.e. tongue depressors, oxygen tubing, etc., are to be disposed of as listed in the Disposal section, listed above.

IV. Housekeeping

- A. The licensed staff nurse shall ensure that Health Services facilities and equipment are clean, sterile and environmentally safe for both residents and employees.
 - 1. All agency areas shall receive regular cleaning with an Environmental Protection Agency (EPA) approved disinfectant, provided by the Institutional Safety Manager (ISM) that removes the organisms from the surface, thereby decreasing the environmental risks.
 - 2. Follow standard facility procedures for cleaning and disinfection of environmental surfaces; emphasize cleaning/disinfection of frequently touched surfaces such as, but not limited to, phones, doorknobs, faucets, light switches, shared room surfaces, television controls, desktops, computer keyboards/mouse, dining tabletops, gym equipment and shared activity equipment.
 - 3. Latex, vinyl, or reusable rubber gloves shall be used at all times when conducting housekeeping duties.
 - 4. When cleaning/disinfecting medical isolation/segregation areas designed for droplet precautions, a mask shall be worn. Gowns are not necessary for routine cleaning of an influenza resident room.

5. Keep resident care areas free of unnecessary supplies and equipment to facilitate daily cleaning.
6. Each agency shall develop a regular cleaning schedule for all Health Services and resident/employee areas.
7. When cleaning a medical isolation/segregation/quarantined area, clean and disinfect all surfaces that were in contact with the infected resident(s) or may have become contaminated during resident care. No special treatment is necessary for window curtains, ceilings and/or walls unless there is evidence of visible soiling.

V. Linen

- A. Employees and/or residents shall handle, transport and process linen(s) soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing and that avoids transfer of microorganisms to other residents and environments.
- B. Linen from the medical isolation/segregation units shall be placed in a water-soluble bag and washed daily using hot water and detergent.
- C. Soiled linens shall be disposed of according to the Disposal section in this policy.

VI. Occupational Health and Bloodborne Pathogens

- A. Use caution to prevent injuries when using needles, scalpels, and other sharp instruments or devices; when handling sharp instruments after procedures; when cleaning used instruments; and when disposing of used needles.
- B. Never recap used needles, or otherwise manipulate them using both hands, or use any other technique that involves directing the point of a needle toward any part of the body; rather, use either a one-handed "scoop" technique or a mechanical device designed for holding the needle sheath.
- C. Do not remove used needles from disposable syringes by hand, and do not bend, break, or otherwise manipulate used needles by hand.
- D. Place used disposable syringes and needles, scalpel blades, and other sharp items in appropriate puncture-resistant containers, which are located in close proximity to the area in which the items are used.

- E. Use mouthpieces, resuscitation bags, or other ventilation devices as an alternative to mouth-to-mouth resuscitation.

VII. Airborne Precautions:

Airborne precautions are designed to reduce the risk of airborne transmission of infectious agents. Airborne transmission occurs by dissemination of either airborne droplet nuclei, (small particle residue two to five microns in size, such as are present in the transmission of tuberculosis, SARS, measles, etc.) evaporated droplets that may remain suspended in the air for long periods, or dust particles containing the infectious agent. Microorganisms carried in this manner can be widely dispersed by air currents and may become inhaled by or deposited on a susceptible host within the same room or over a longer distance from the resident source, depending on environmental factors. Therefore, special air handling and ventilation are required to prevent airborne transmission.

If physician/CRNP determines a need for Airborne Precautions, the following steps shall occur:

- A. Resident Placement – If special air handling and ventilation are deemed necessary, the resident will be transferred to the nearest hospital for admission.
- B. Resident Transport – If transport or movement is deemed necessary, minimize resident dispersal of droplets by placing a surgical mask on the resident.

VIII. Droplet Precautions:

In addition to Universal/Standard Precautions, use the following Droplet Precautions for a resident known or suspected of being infected with microorganisms transmitted by droplets. Large-particle droplets, larger than 5 microns in size that can be generated by the resident during coughing, sneezing, talking, or the performance of procedures, etc., present in the transmission of pneumonia, influenza, swine flu, etc.

- A. Resident Placement – Place the resident in a private room. When a private room is not available, residents can be cohorted. When a private room is not available and cohorting is not possible maintain spatial separation with a minimum of three feet between each resident for a total of six feet separation. Special air handling and ventilation are not necessary and the door may remain open.

- B. Mask – In addition to wearing a mask as outlined in Universal/Standard Precautions, wear a mask when working within three feet of the resident. Some agencies may want to implement the wearing of a mask to enter the room.
- C. Resident Transport – Limit the movement and/or transport of the resident from the room for essential purposes only. If transport or movement is necessary, minimize resident dispersal of droplets by placing a surgical mask on the resident.

IX. Contact Precautions:

In addition to Universal/Standard Precautions, Contact Precautions apply to residents who are known to be or are suspected to be infected with a microorganism that can be transmitted by direct (skin to skin) and/or indirect (object to person) contact. Contact Precautions are designed to reduce the risk of transmission of microorganisms by direct or indirect contact.

If physician/CRNP orders Contact Precautions, the following steps shall occur:

- I. Resident placement – Place the resident in a private room. When a private room is not available, cohort the residents. When a private room is not available and cohorting is not achievable, the placement of the resident shall be made by Health Services in consultation with the agency physician, agency director, regional director and BJJIS Director.
- II. Gloves and Handwashing – In addition to wearing gloves as outlined under Universal/Standard Precautions, wear gloves provided by Health Services when entering the room. During the course of providing care for a resident, change gloves after having contact with inactive material that may contain high concentrations of microorganisms like mucous, fecal material and wound drainage. Remove gloves according to Section II Universal/Standard Precautions, Paragraph B., and Subsection 6 of this policy before leaving the resident's room, and wash hands immediately with an antimicrobial agent or a waterless antiseptic agent. After proper glove removal and handwashing, ensure that hands do not touch potentially contaminated environmental surfaces or items in the area or the resident's room to avoid transfer of microorganisms to other residents or environments.
- III. Gown – Wear a gown provided and/or identified by and determined necessary by Health Services as outlined under Universal/Standard Precautions, when entering the area or the room if you anticipate that your clothing shall have substantial contact with the resident,

environmental surfaces, or items in the resident's room or if the resident is incontinent or has diarrhea, an ileostomy, a colostomy, or wound drainage not contained by a dressing. Remove the gown and dispose of the garment as described in the Disposal section of this policy.

- IV. Resident Transport – Limit the movement and/or transport of the resident from the room for essential purposes only. If the resident is transported out of the room, ensure that precautions are maintained to minimize the risk of transmission of microorganisms to other residents and contamination of environmental surfaces or equipment.
- V. Resident Care Equipment – When possible, dedicate the use of noncritical resident care equipment to a single resident (or a cohort of residents infected with the pathogen requiring precautions) to avoid sharing between residents. If use of common equipment or items is unavoidable, then adequately clean and disinfect them before use with another resident.

X. Health Record Documentation

- A. For Droplet and/or Contact Precautions the licensed staff nurse shall physically assess and document the resident's condition, in the living unit, at least once per shift.
- B. For Droplet and/or Contact Precautions the physician/CRNP shall physically assess and document the resident's condition, in the living unit, on each agency visit, to include documentation for the medical isolation/segregation and length of stay.
- C. For Airborne Precautions, an AIIRS report will be completed after the resident is transported to a health care facility.
- D. An AIIRS report shall be completed and regularly updated for all residents placed in medical isolation/segregation, quarantine and/or hospitalized.

XI. Training

All training related to this policy shall be facilitated by employees of the Division of Health Services and/or individuals approved by the Director of the Division of Health Services.