



**FLORIDA DEPARTMENT OF JUVENILE JUSTICE  
DETENTION SERVICES  
FACILITY MEDICAL POLICIES**

<b>Superintendent</b> _____ Signature <b>Designated Health Authority</b> _____ Signature		<b>Effective Date:</b> November 1, 2016	<b>Revised Date:</b> July 5, 2018	<b>Procedure Number:</b> <b>8029</b> <b>Medical Services</b>
<b>Subject:</b> <b>INFECTIOUS AND COMMUNICABLE DISEASES</b>			<b>Reference:</b> Health Services Rule 63M-2 Quality Improvement Standard	
<b>Purpose:</b>	To ensure proper procedures are followed to prevent the spread of infectious diseases or illnesses.			

**PROCEDURE:**

**Communicable Disease**

- A. Control of common self-limiting illnesses and common contagious illnesses of childhood must be handled as applicable.
  - a. Youth suspected of having lice or scabies must be examined immediately by the facility nurse and appropriate measures taken as necessary to prevent spreading to other youths.
  - b. Staff suspected of having and/or transmitting a communicable disease must be examined immediately by their private physician and the results of examinations made known to the Superintendent.
  - c. The Superintendent or designee may direct the immediate segregation of any infected individuals (youth or staff) as indicated by the DHA.

**Tuberculosis**

- A. A two-tiered approach must be implemented that includes initial symptom screening of all admissions for active disease documented on a copy of the Facility Entry Physical Health Screening form.
- B. This initial screening is called Tier I Screening as outlined in the Evaluation of Tuberculosis Status and may be conducted by a non-licensed health care professional or health care staff.
- C. When there are no symptoms of active disease, the youth proceeds through the intake process.
- D. When there are symptoms of active disease, the youth must be placed in a separate room in compliance with all isolation requirements, and:
  - a. Be instructed to cover his mouth when coughing or sneezing.
  - b. Wash his hands thoroughly and frequently, and appropriately dispose of tissues.
  - c. May be required to wear a standard facemask.

- d. Staff who enter the room may wear a standard facemask.
- E. Tuberculosis Skin Testing (TST/PPD) for exposure screening (unless contraindicated) is required for youth who remain at the facility for fourteen days or longer.
- a. Documentation indicates that youth has received an appropriately interpreted negative skin test within the past year, and has had no known exposures. **DO NOT REPEAT TEST.**
  - b. Documentation indicates that youth has had a previously positive test. **DO NOT RE-ADMINISTER TEST**, but notify the facility's Designated Health Authority for alternative screening. Document previous positive test results and any additional testing on the Tuberculosis Testing Log.
  - c. There is no documentation of an appropriately administered TST/PPD within the past year and youth has no contraindications. **ADMINISTER TEST**, and document test on the Medication Administration Record and the Infectious and communicable Disease Form within the EMR.
- F. In cases of reasonably suspected active tuberculosis, the facility's Designated Health Authority must be notified and the youth must be placed in AFB isolation, unless:
- a. The facility has no capacity to implement AFB isolation and the youth is transferred to a hospital for evaluation, isolation and treatment, or
  - b. Alternatives to hospitalization are established based on recommendations of the facility's Designated Health Authority, local county health officials, or the like

### **Bloodborne Pathogens/Infectious Diseases**

- A. Procedures contained in the facility Pathogen Policy must be followed to effectively reduce the risk of transmission of bloodborne pathogen diseases like HBV, HIV and Hepatitis B in the least restrictive manner possible while preserving the confidentiality of youth status to the greatest extent feasible.
- B. The facility must ensure compliance with federal and state legislation concerning bloodborne pathogens as per 2910 C.F. R.
- C. A comprehensive program of education and prevention must be administered to include at a minimum the following:
  - a. An exposure control plan (updated annually)
  - b. Observance of universal precautions by staff
  - c. A post-exposure evaluation process
  - d. Bloodborne pathogens and their prevention in the workplace training at hire and annually thereafter
- D. Records pertaining to staff training on bloodborne pathogens is maintained in the employee's training record.
- E. The medical services department shall be responsible for ensuring the documentation and proper disinfectant of any and all reusable medical instruments/supplies that come in contact with human body/skin (e.g. scissors, nail clippers, hemostats) in accordance with CDC recommendations.