



# OREGON YOUTH AUTHORITY

## Policy Statement

### Part I – Administrative Services



*Subject*

#### Infection Control

*Section – Policy Number:*

**C: Property Management - 8.3**

*Supersedes:*

**N/A**

*Effective Date:*

**12/14/2007**

*Date of Last Review/Revision:*

**None**

#### Related Standards and References:

- [ORS 420A.010](#) (Creation and duties)
- American Correctional Association, *Standards for Juvenile Correctional Facilities*; 3-JTS-4C-23 (Health Screenings and Examinations); 3-JTS-4C-24 (Health Screenings and Examinations)
- National Commission on Correctional Health Care, *Standards for Health Services in Juvenile Detention and Confinement Facilities*  
Y-B-01 (Infection Control Program)  
Y-B-03 (Kitchen Sanitation and Food Handlers)  
Y-B-04 (Ectoparasite Control)
- OYA Policy: [0-2.1](#) (Professional Standards)  
[0-7.0](#) (Use of Electronic Information Systems)  
[I-E-2.3](#) (Requests for Offender, Reports, and Other Materials)  
[II-D-1.0](#) (Facility Health Services)  
[II-D-2.0](#) (HIV Testing of Offenders)
- JJIS Policy: [User Security](#)
- OYA form: [YA 4491](#) (OYA Health Status/Transfer Sheet)
- OYA Bloodborne Pathogens Plan 2007: [YA 9580](#)
- Attachments: A: Frequently Asked Questions-MRSA (Staph) Skin  
B: PPE by Classification and Tasks

#### Related Procedures:

Local facility/field office procedures

#### Interpretation:

Employee Services

#### Approved:

Robert S. Jester, Director

### I. PURPOSE:

This policy describes the essential elements of the OYA's plan to minimize staff and offender exposure to communicable and infectious ectoparasites and diseases commonly found in settings where close contact between human beings occurs, such as athletic activities or correctional settings. The policy

outlines specific OYA procedures to prevent or contain infectious ectoparasites or diseases applicable to all OYA facilities and offices.

This includes the communication between OYA facilities discharging offenders and OYA facilities or community placements receiving offenders.

## II. POLICY DEFINITIONS:

**Deep Cleaning:** The thorough cleaning of all surfaces/areas in a living area (e.g. light switches, door handles etc.) that may be subject to human contact.

**Ectoparasites:** Parasites (such as lice [pediculosis] and scabies) that live on the skin that are communicable and may lead to secondary infections.

**Methicillin-Resistant Staphylococcus Aureus (MRSA):** Staph bacteria that is resistant to the penicillin family of antibiotics.

**Personal Protective Equipment (PPE):** Specialized clothing or equipment worn by staff for protection against a hazard. PPE includes nitrile/vinyl waterproof gloves, utility gloves that can be decontaminated and reused provided the integrity of the glove is not compromised, gowns, laboratory coat, face shields or masks, eye protection, and CPR mouth guards.

**Universal Precautions:** An approach to infection control which treats all human blood and certain human body fluids as if they were infectious.

## III. POLICY

The OYA is committed to the safety of staff and offenders. Safety to staff and offenders is part of OYA's mission and values. To that end, minimizing staff and youth exposure to communicable and infectious ectoparasites and diseases (e.g. MRSA), is critical for OYA facilities and offices.

This policy describes the essential elements of OYA's plan to minimize staff and offender exposure to infectious ectoparasites and diseases commonly found in settings where close contact between human beings takes place, such as athletic activities or correctional settings. This policy outlines specific OYA procedures for all OYA facilities and offices to prevent or contain any infectious ectoparasite or disease. This includes practicing universal precautions, specific practices related to transferring and discharging offenders from OYA facilities, and policy directives regarding youth employment and care.

Information is provided for staff on how to detect ectoparasites and infectious diseases. This includes posting public health information in OYA facility living units and offices. In addition, specific procedures regarding intervention in the event that an offender is infected with an ectoparasite or infectious disease is also described.

A Frequently Asked Questions (FAQ) document is attached to this policy regarding MRSA.

#### IV. GENERAL STANDARDS

##### A. Universal Precautions, Personal Protective Equipment, and Hand Washing.

1. Staff will use and apply universal precautions in the workplace at all times.
  - a) Gloves will be worn for the following job duties:
    - (1) Vascular access procedures;
    - (2) Examination of the GI and GU tract;
    - (3) Dressing changes;
    - (4) When examining anyone with active bleeding, draining wound, or non-intact skin;
    - (5) Sorting or handling of laundry;
    - (6) Cleaning cuts and abrasions;
    - (7) Performing CPR;
    - (8) Cleaning living areas including restrooms and shower facilities;
    - (9) Restraining offenders;
    - (10) Searching an offender's person or property;
    - (11) For all tasks if the staff has any open lesions on the staff's hand where the skin is not intact.
  - b) Gloves will be disposed of after each use with the exception of utility gloves worn for maintenance or housekeeping.
  - c) Staff will wash their hands with soap and water, or instant hand sanitizer, if water is not available, after the removal of any glove.

**NOTE: 1. As general practice, staff should routinely wash their hands with soap and warm water. Hand washing should last at least 15 seconds as it is the sustained friction during hand washing that destroys bacteria.**

**2. Frequent hand washing with soap and warm water is always preferred to hand sanitizers.**

**Use of hand sanitizers, especially as a substitute for washing hands with soap and warm water, may be counterproductive and reduce a person's ability to fight infection.**

- d) Personal Protective Equipment (PPE) will be used when exposure to blood or other potentially infectious materials can be anticipated.
  - (1) See OYA Bloodborne Pathogens Plan 2007 (YA 9580) for information regarding PPE.
  - (2) Appendix B (PPE by Classification and Tasks) of this policy lists the PPE available by job classification and tasks.
- 2. Offenders will be required to wear nitrile/vinyl or utility gloves when engaging in cleaning activities, performing laundry duties, or working in kitchens/canteens.
  - a) Gloves will be discarded and disposed of after each use.
  - b) Offenders will wash their hands with soap and warm water, or use instant hand sanitizers, if water is not available, after the removal of any glove.
  - c) Offenders should be encouraged to frequently wash their hands with soap and warm water.

**B. Transporting Offenders between Facilities or to the Community**

- 1. Each offender's medical file will be reviewed by facility health services staff prior to transfer or discharge from OYA close custody facilities.
- 2. For transfers of offenders between OYA facilities or community placements, health services staff will complete OYA form YA 4491 (Health Status/Transfer Sheet) indicating the offender's medical record has been reviewed for any known emergent medical issue and current treatment of the issue. The YA 4491 will be attached to the cover of the offender's medical file.
- 3. In addition to Section IV.B.2. of this policy, health services staff at the sending OYA facility will make verbal contact with the receiving OYA facility if the offender has complex or acute medical needs or a communicable disease (see OYA policy II-D-1.0 Facility Health Services concerning the transfers of offenders).
- 4. Health services staff will provide OYA staff that are transporting offenders with infectious diseases with the necessary information needed to avoid infection and provide appropriate care during the transport.

C. Receiving Offenders from OYA Facilities (includes transfers between OYA facilities) or Community Placements

1. Staff will communicate with health services staff if they know that an offender they have transported from the community to an OYA intake facility has an infectious disease. Staff will use universal precautions at all times.
2. Offenders transported to OYA facilities will:
  - a) Change clothing immediately upon entering the facility.
  - b) Discarded clothing and items that can be laundered will be segregated and placed in a plastic bag which will be tied and identified. Property will be stored in each bag for at least seven (7) days or until the contents are laundered. Clothing will be laundered in hot water and dried at a high temperature in a dryer.
  - c) All offender property that cannot be laundered will be inventoried and placed in a plastic bag upon transfer. The bag will be tied and identified. Property will be stored for seven (7) days before youth may access the contents of the bag.
3. Offender property received by staff for transport to community placements or OYA facilities will:
  - a) Be inventoried and placed in a plastic bag prior to transfer. The bag will be tied and identified.
  - b) Staff will inform OYA facility staff, foster parents, or residential treatment staff of the bag's contents and the date and time the contents may be removed from the bag.

D. Clothing/Property Provided by Family Members for Offenders in Facilities

1. Clothing and property provided by an offender's family that can be laundered will be placed in a plastic bag which will be tied and identified. Clothing will be stored in bags at least seven (7) days until laundered. Clothing will be laundered in hot water and dried at a high temperature in the dryer.
2. All offender property provided by the offender's family that cannot be laundered will be inventoried and placed in a plastic bag upon transfer. The bag will be tied and identified. Property will be stored for seven (7) days before youth may access the contents of the bag.

E. Offenders Working in Kitchens, Canteens, or Laundry

1. Offenders will not work in kitchens, canteens, or laundry areas until they have resided at a facility for a minimum of 30 days.
2. Offenders working in kitchens and canteens must possess a valid food handlers card.
3. Offenders must be approved by health services staff prior to working in facility kitchens, canteens, or laundry areas.
4. Health services staff will not approve offenders with any known infectious diseases that can be transmitted by casual contact to work in kitchens, canteens, or laundry facilities.
5. Offenders that are required to wear bandages or medical dressings or that have open wounds will not work in the kitchen or laundry area.

F. Contact Sports

Offenders required to wear bandages or medical dressings or that have open wounds are prohibited from participating in contact sports (e.g. flag football or basketball games).

G. Offenders Sharing Combs, Clothes, and Hygiene Items.

1. Offenders are prohibited from sharing combs, personal clothing, or hygiene items.
2. Clothing items used for gym activities (e.g. uniforms or pennies) must be laundered by offenders between each use.
3. This rule will be posted in each OYA facility living unit.

H. Communication to staff regarding infectious disease or ectoparasites.

1. Health services staff will provide OYA staff who are supervising offenders with infectious diseases or ectoparasites with the necessary medical information needed to avoid infection and provide appropriate care.
2. Health services staff will adhere to all laws, rules, policies, or practices required by their license or OYA when providing information to staff supervising offenders.
3. Any information shared between health services staff and staff supervising offenders will be on a need-to-know basis.
4. Staff will immediately communicate with health services staff if an offender is observed engaging in behavior that does not allow a

wound to heal (e.g. picking at scabs) or not following medical instructions regarding wound care.

5. Staff will adhere to OYA policy regarding the disclosure and release of offender case file and medical information found in OYA policies 0-2.1 (Professional Standards), 0-7.0 (Use of Electronic Information Systems), I-E-2.3 (Requests for Offender Records, Reports, and Other Materials), II-D-1.0 (Facility Health Services), II-D-2.0 HIV Testing of Offenders, and JJIS Users (Security) policy.

#### I. Cleaning/Sanitation

1. Facilities will be deep cleaned at a minimum of once per week.
2. Gym equipment and living unit surfaces will be routinely cleaned and disinfected with a hospital-grade disinfectant or solution of bleach and water (1 part bleach for every 10 parts water).

Cloth surfaces will be disinfected with a pump-spray disinfectant (e.g. liquid Lysol or Kleen – Free Naturally). Surfaces will be thoroughly misted with the disinfecting agent.

- a) Each facility will develop a cleaning schedule to clean and disinfect gym equipment and living unit surfaces.
- b) Cleaning schedule documentation will be reviewed by facility and office safety committees each month.
3. Vehicles with vinyl or leather seat covers used to transport offenders will be cleaned and disinfected with a hospital-grade disinfectant or solution of bleach and water (1 part bleach for every 10 parts of water) after each transport. The process in Section IV.1.4. of this policy will be followed.

Vehicles with cloth seat covers used to transport offenders will be disinfected with a pump-spray disinfectant (e.g. liquid Lysol or Kleen - Free Naturally). Seat covers will be thoroughly misted with the disinfecting agent.

4. The following procedure will be followed when cleaning any surface, equipment, or area:
  - a) The surface, equipment, or area will be sprayed with disinfectant or bleach solution.
  - b) Staff will ensure the surface, equipment, or area remains wet with disinfectant or bleach for a minimum of 30 seconds before it is dried.

J. Public Health Information

Public Health information regarding infectious disease (i.e. MRSA) and ectoparasites in the form of fact sheets, posters, or other educational materials will be posted in facility living units and OYA offices in areas visible to staff and offenders.

- K. The OYA Safety Manager will facilitate a team to review this policy annually for corrections and revisions. The team will consist of representatives from labor and management and the OYA Medical Director.

**V. Infectious Disease and Ectoparasite Detection and Intervention**

**A. MRSA**

1. Detection

Offenders with signs of a skin infection may be at risk for MRSA. Any complaint by an offender of an insect bite, spider bite, or a bite or cut that is red, swollen, and draining may be infected with MRSA. In either case, staff should intervene.

MRSA is almost always spread by direct physical contact. It is not spread through the air. It can be spread through indirect contact by touching other objects such as towels, sheets, wound dressings, clothes, workout areas, or gym equipment.

2. Intervention

- a) Universal precautions will be adhered to.
- b) Immediately refer the offender to the medical clinic for evaluation.
- c) Ensure the bite or cut is covered with some type of dressing. Any bite, cut, or abrasion should be cleaned and covered with a proper dressing.
- d) Nursing staff will adhere to the "Skin Infections in a Corrections Setting" protocol.
- e) If an offender has MRSA, nursing staff will send information on how to care for the offender, including how to care for their clothing, linens, towels, and wound. Any linens, clothing, or towels should be placed in a biohazard bag and laundered in hot water. Clothes should be dried on the hottest dryer setting.
- f) Athletic equipment and surfaces on each living unit should be disinfected prior to offender use.

## B. Scabies (Ectoparasites)

### 1. Detection

Scabies appear as a pimple-like rash or burrow of the skin. They are usually found between the fingers, on the wrists and lower arms, axillary folds (armpits), on the abdomen around the belt line, under the breasts, and on the groin, buttocks, and upper thighs.

Symptoms may take four to six weeks to begin. Diagnosis is made by looking at the burrows or rash. Infestation can be difficult to detect due to the small number of mites that may be on the entire body.

Persistent itching (especially itching at night) is a common symptom. Scratching of the infested area can lead to sores on the body.

Scabies is contagious and is passed by skin-to-skin contact or by contact with clothing, bedding, or other personal items such as towels that have been recently used by an infected person. Contact must be prolonged to be infected with scabies. A quick handshake will not spread the infection.

### 2. Intervention

- a) Universal precautions will be adhered to.
- b) Refer offenders to health services staff if you suspect they may have scabies as a result of observing a rash or burrow of the skin, persistent itching, or sores.
- c) Medical staff will determine the appropriate treatment.

Itching can continue for two to three weeks after treatment. However, the presence of itching does not mean the person is still infected.

Offenders will receive detailed directions on their treatment regimen.

- d) Clothing, bedding, and towels must be placed in plastic bags for at least seven (7) days or until laundered. The plastic bags should be placed in a biohazard bag until laundered. Clothes should be dried on the hottest dryer setting.

Scabies mites do not survive beyond two to three days without contact with skin.

- e) Property that cannot be laundered must be placed in a plastic bag for at least seven (7) days before the property can be removed from the bag.

- f) Toiletries must be discarded and replaced after treatment is completed.

## C. **Head Lice (Ectoparasites)**

### 1. Detection

Head lice are human parasites and require human blood to survive. They are not environmental pests so pesticide sprays for furniture and bedding are unnecessary and a serious risk to health. Head lice can be spread whenever there is direct contact of the head or hair with an infested individual. Lice can also be spread through sharing personal articles like hats, towels, brushes, helmets, hair ties, etc. There is also a possibility of spreading head lice via pillows, headrests or similar items.

A nit (louse egg) is a smooth, oval-shaped structure which is attached to the side of the hair shaft ranging in color from off-white to brown and is slightly smaller than a sesame seed. Nits are always the same shape; they are never irregular, fuzzy, or encircling the hair (although the glue that the louse produces may be seen to encircle tightly around the hair shaft).

Head lice can survive on a human host for approximately 30 days. They generally cannot survive longer than 24 hours off the host.

### 2. Intervention

- a) Universal precautions will be adhered to.
- b) The infected person will shampoo their hair with medicated shampoo designed to kill the lice.
- c) Nits must be manually removed from the hair. Specialized combs can be used to accomplish this task.
- d) Clothing and bedding should be placed in a plastic bag until laundered.
- e) Clothing and bedding must be laundered in hot water. Clothes should be dried on the hottest dryer setting.
- f) The living area, bed, and property of the offender infected with lice should be vacuumed to remove any loose hair that may contain lice or nits.
- g) Toiletries must be discarded and replaced after treatment is completed. If the toiletry item cannot be discarded, the item must be boiled in water for a minimum of 10 minutes prior to reuse.

- h) Items that cannot be laundered must be placed in a plastic bag, tied, and stored for at least seven (7) days.
- i) Any item that cannot be laundered **that comes in contact with the head during use** (e.g. headphones) must be placed in a plastic bag, tied and stored for 14 days.

**VI. LOCAL OPERATING PROCEDURE REQUIRED: YES**

Each facility and field office will develop cleaning schedules to clean and disinfect surfaces and equipment.

## Frequently Asked Questions - MRSA (Staph) Skin Infections

### What is MRSA?

MRSA is an abbreviation for **M**ethicillin-**R**esistant *Staphylococcus Aureus*. MRSA sounds new but *Staphylococcus Aureus*, often called “staph”, has been around for centuries. It is commonly found on the skin of many persons and occasionally it causes infection of skin or other tissue, and abscess infections. This can occur in a prison setting, in the community, and even in hospitals. Some staph bacteria have evolved over the past decades to become resistant to the penicillin class of antibiotics (including Methicillin), and are known as **M**ethicillin-**R**esistant *Staphylococcus Aureus* (MRSA).

### Why all the fuss over MRSA?

Because skin and tissue infections caused by it cannot be treated with one of the cheapest and most effective classes of drugs, the penicillin family of antibiotics. So, doctors have to use other more expensive antibiotics. This also results in a greater use of Health Services resources (time, medicines, bandages, thinking, etc). Several classes of antibiotics other than penicillin effectively treat MRSA.

### Does OYA have an epidemic of MRSA?

No. As far as we can tell, infections caused by staphylococcal bacteria have been around as long as humans have been around. However, more of the staph skin and tissue infections that do occur are resistant at about the same rate as are occurring in the general community. The Center for Disease Control says that MRSA has been emerging in hospitals over the past 30-40 years and in the general community over the last 10-20 years.

### Am I safe?

You are as safe from infections as you have always been, and you have been living with staph germs all your life. At any given time, 30 to 40 percent of people carry staph bacteria. The percent of people with staph has not changed; however, the antibiotic treatment given for severe infections has to change.

### What can I do to protect myself?

1. Wash your hands. Practice good hygiene with good hand washing; especially if touching oozing, draining, pus contaminated wounds. Reduce exposure by keeping cuts and abrasions clean and covered with a proper dressing (e.g., bandage) until healed, by avoiding wound drainage when possible, and appropriate use of protective gloves.

2. Use universal precautions. Use of universal precautions is “how nurses continue to work as nurses.” This practice really does work.

### What is Health Services doing to protect me?

Health Services is aggressively treating skin infections. The treatment we use is appropriate to the infection and the illness of the patient. Treatment may include some of the following: soaks or hot packs, abscess drainage, covering bandages, daily or more frequent washing, antiseptic soap or cleansers, antibiotic creams or ointments, oral or IV antibiotics.

**How do I protect my family?**

By practicing good hygiene, good hand washing, and good health habits at work and at home. If **you** have an infected wound, keep it covered with a clean, dry bandage.

**What is the facility doing to help me?**

The OYA makes gloves, face shields, soap and water, and disinfecting hand solutions available to you.

**Does knowing who has MRSA protect me?**

No. Approximately 25% to 30% of the general population has staph bacteria colonized in the nose at a given time. You cannot tell by looking at a person who does or doesn't harbor staph bacteria. People who develop staph skin infections (including MRSA) had the germ on them prior to showing and developing an open infection. You may just as easily acquire the germ from a perfectly normal, healthy appearing individual who carries the germ as you can from someone who has a skin infection that is being properly cared for. Once again, your best protection is by practicing good hygiene and good health habits.

## PPE by Classification and Tasks

Classification List	Tasks*	Risk	Personal Protection Equipment
Cook 2	a, d, e, g, j	Low	• Gloves, Mask
Custodian Maintenance	a, d, e, j	Low	• Gloves, Mask
Executive Support Specialist	d, e, g, j	Low	• Gloves, Mask
Food Service Manager	a, d, e, g, j	Low	• Gloves, Mask
Group Life Coordinator	a, b, c, d, e, f, g, j	High	• Gloves, Mask, Gown, Safety Glasses, Micro Shield
Juvenile Probation-Parole Officer/Assistant	a, c, d, e, f, g, j	Moderate	• Gloves, Mask
Office Specialist	d, e, g, j	Low	• Gloves, Mask
Nurse Practitioner	a through j	High	• Gloves, Mask, Gown, Safety Glasses, Micro Shield
Physician	a through j	High	• Gloves, Mask, Gown, Safety Glasses, Micro Shield
Principle Executive Manager (PEM A,B,D,F,G)	a, b, c, d, g, j	High	• Gloves, Mask
QMHP/Mental Health	a, b, c, d, g, j	High	• Gloves, Mask, Safety Glasses, Micro Shield
Staff Nurse	a through j	High	• Gloves, Mask, Gown, Safety Glasses, Micro Shield
Teacher/Teacher Assistant	a, d, j	Low	• Gloves, Mask
Psychiatric Social Worker	a, b, c, d, g, j	Low	• Gloves, Mask, Safety Glasses, Micro Shield

### Tasks\* (that may involve exposure to blood borne pathogens)

- a = restraining out of control youth
- b = intervening in suicide attempts
- c = intervening with youth who have self mutilated
- d = first aid for injuries/disorders with active bleeding
- e = cleaning up blood or body fluid spills
- f = handling soiled laundry
- g = handling contaminated sharps
- h = medical procedure involving blood or body fluids
- i = phlebotomy
- j = rescue breathing