Indirect contact – transmission from other than the infected host; may be from inanimate objects such as combs, hats, clothing, etc.

Isolation – the separation from others to prevent the spread of infection.

Low risk exposure for blood and body fluids – when body fluids contact intact skin or clothing.

Standard Precautions – protective procedures recommended to reduce the risk of the spread of infections in health care facilities. This applies to blood, other body fluids containing visible blood, semen, and vaginal secretions. They also apply to tissues and the following fluids:

- Cerebrospinal fluids – found in the brain and spinal cord
- Synovial fluid – found around the joints and tendons
- Pleural fluid – found around the lungs
- Pericardial fluid – found around the heart
- Amniotic fluid – found around the fetus of a pregnant woman
- Although the risk of transmission of Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV) from feces, nasal secretions, sputum, sweat, tears, urine, vomitus, and saliva is extremely low, standard precautions shall also apply.

I. Prevention

A. YRTC-G maintains a written exposure control plan which describes methods used by staff and/or juveniles to eliminate or minimize exposure to bloodborne pathogens. (Refer to YRTC-G Bloodborne Pathogen Exposure Control Plan)

B. Immunizations are provided to juveniles in accordance with state guidelines.

II. Surveillance (Identification and Monitoring)

A. Intake Screening and Assessment

1. A nurse shall screen all juveniles upon their admittance to determine if any contagious diseases are present. If any unusual or suspicious findings the contractual physician shall be consulted immediately. Refer to YRTC-G Health Services Policy & Procedure Manual “Intake Screening and Admission.”

a. A visual inspection shall be made and notation made of any rash, pustule, skin eruption/drainage, jaundice or ectoparasites.
d) If a juvenile returns to YRTC-G, she will receive a Tuberculin Skin Test regardless of when her last Tuberculin Skin test was conducted.

4. Chest x-ray (standard posterioranterior (PA) only)
   a. Chest x-rays will be done immediately for anyone who has symptoms of infectious TB.
   b. Juveniles with a history of positive Tuberculin Skin Tests and no symptoms will have a chest x-ray.
   c. Because TB disease is dangerous to both the mother and the fetus, a pregnant woman who has a positive Tuberculin Skin Test or QFT-G result or who is suspected of having TB disease should receive a chest x-ray (with shielding consistent with safety guidelines) as soon as feasible.

B. Preventive therapy and treatment of latent TB infection -- persons with TB infection, but without active disease, must be offered preventive therapy and treatment.

1. Preventive therapy
   a. High risk groups -- preventive therapy is indicated for the following high risk groups if they have a positive Tuberculin Skin Test regardless of age. (Criteria for positive TB in parentheses.)

   1) Persons with HIV infection (5 mm or greater).
   2) Persons at risk for HIV infection but whose HIV status is unknown (5 mm or greater).
   3) Close contact of a person with infectious TB (5 mm or greater).
   4) Persons with chest x-ray findings suggestive of previous TB and who have received inadequate or no treatment. (5 mm or greater).
PURPOSE

To ensure the provision of special health programs to juveniles at the Youth Rehabilitation & Treatment Center - Geneva (YRTC-G).

GENERAL

YRTC-G recognizes the benefit of good health and wellness in a juvenile’s overall development and provides health and wellness information to all youth. YRTC-G also provides special health care programs for juveniles requiring close medical supervision. See also Operational Memorandum 115.11.5 “Health Education.” (4-JCF-4C-27)

PROCEDURES:

I. Special Health Needs

A. Juveniles with special health needs requiring medical supervision and monitoring include, but are not limited to, the following:

1. Asthma requiring scheduled medications
2. Blood disorders
3. Cardiovascular disorders
4. Cancer
5. Diabetes
6. Hepatitis A, B, or C
7. Hypertension
8. Immunodeficiency
9. Pregnancy
10. Recent head injury (actual or suspected)
Appendix III: DCYC Policy Memos

Summary of Relevant Policy Memos

Note: We have only included documents with specific mentions of obstetric care. There are additional nursing and medical care policy memos that would be applied to all juveniles in the facility, but do not specifically address pregnancy or obstetric care.

7-10 Medical Treatment Orders: Details process for requesting an extra mattress if “detainee or resident is in the last trimester of pregnancy.”
POLICY:

When licensed Medical Personnel determines a detainee/resident needs medical care or treatment, the licensed Medical Personnel shall develop an individual treatment plan which includes directions for Medical Staff and Non-Medical Staff specifying their responsibilities for the care of the detainee/resident.

DEFINITION:

Medical Treatment Order- Shall mean specified orders from a licensed Medical Personnel detailing the continual medical care to be performed by medical and non-medical Staff.

PROCEDURE:

Out of Facility Treatment Orders

1. Upon receipt of a Medical Treatment Order Admissions Staff shall forward the order to the Medical Department.

2. The Medical Staff shall make a copy of the Medical Treatment Order and enter any restriction placed on the detainee/resident (no recreation, no stairs, etc.) due to his or her medical condition into the computer on the No Gym List. Medical Staff shall then forward a copy of the order to the Unit JDS and Deputy Detention Manager/Duty Supervisor.

Medical Staff Treatment Orders

1. When Medical Staff writes a Medical Treatment Order during the Initial Medical Screen or Sick Call they shall write the order on a Care Plan and forward a copy of the form to the Unit JDS with the Escort JDT and the original shall be placed into the detainee/resident's Medical File. The response on the Detainee/Resident Request Form shall be limited to date and time the detainee/resident was seen and by whom. The canary copy of the Detainee/Resident Request Form shall be forwarded to the detainee/resident and the white copy shall be placed in the detainee/resident's Medical File.
General Procedure

1. After the completion of each asthma treatment, the Unit JDS shall document the required information in the Medical Treatment Log. The detainee/resident shall initial the entry. Once the treatment is complete or the detainee/resident is released, the Medical Treatment Log shall be forwarded to the Medical Department to be reviewed and filed.

Extra Mattress

1. An extra mattress may be provided to detainees/residents in certain circumstances if ordered by medical authority.

2. The Unit JDS shall have the detainee fill out a Detainee/Resident Request Form requesting the authorization from the Medical Department for the extra mattress. When the Medical Department is not available, the request shall be forwarded to the Deputy Detention Manager/Duty Supervisor who shall grant the request based on the following criteria:
   - detainee or resident weighs over 300 pounds
   - detainee or resident is in the last trimester of pregnancy
   - detainee or resident has undergone back surgery
   - detainee or resident has a special condition and ordered by the physician

X-Ray

1. When a detainee/resident has undergone an X-ray, the detainee/resident shall be placed on NO GYM status until the Medical Department has approved the detainee/resident to return to recreation.