

Stark County Board of Developmental Disabilities

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TRANSMITTABLE DISEASE

POLICY

HEPATITIS B

Deinstitutionalization has provided many individuals with intellectual and developmental disabilities the opportunity to be placed in community homes, schools and day service programs for individuals with developmental disabilities.

A number of these individuals were exposed to the hepatitis B virus while institutionalized and may have had hepatitis B infection (an inflammation of the liver). Some of these individuals are carriers of the hepatitis B virus. To minimize the risk of exposure to hepatitis B virus between carriers and staff or among individuals, the following policy will be adopted:

1. Hepatitis B screening will be requested on all individuals with a history of institutionalization to determine hepatitis B status.
2. Carriers of hepatitis B surface antigen (HbsAg) will be identified for Health Services. Information concerning an individual's carrier status will be provided to staff on a "need to know basis".
3. Direct care staff will be instructed in and be expected to follow universal precautions and infection control measures.
4. If an HbsAg carrier continually places others at increased risk of exposure because of certain behaviors, a reasonable plan will be developed to reduce such exposure yet minimize unnecessary isolation or lost program time.
5. Employees who have occupational exposure to blood or other potentially infectious materials are encouraged to be vaccinated against hepatitis B. The vaccination is voluntary and is provided by the Board at no cost to the employee.

AIDS

Acquired Immune Deficiency Syndrome (AIDS) is a progressive, irreversible destruction of the immune system. AIDS is transmitted by sexual contact or by inoculation of blood or blood components from one individual into the blood stream of another. Based on current evidence, casual person to person contact poses no risk (CDC, 2015). The risk of transmission may be greater among individuals with neurological handicaps who lack control of their bodily secretions and/or exhibit violent behavior. Therefore, decisions regarding the type of classroom or work setting for individuals with potentially infectious diseases will be based upon the behavior, neurological development and physical condition of the individual, and expected types of interaction with others (ODH, 1985). Decisions regarding staffing and/or programming for individuals with AIDS will be made by a multidisciplinary team on a case by case basis with the following considerations:

1. Will the health status of the individual, as determined by his/her physician, allow participation in program activities?

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2. Does the individual exhibit acceptable behavioral characteristics? Certain types of aggressive behavior may cause inoculation of trace amounts of blood directly into the blood stream.
3. Does the individual have any open sores or skin eruptions that cannot be covered?

When an individual with AIDS is admitted to a Stark County Board of DD program, staff members having frequent direct contact with the individual will be informed of their health status in accordance with ORC 3701.241 through 3701.249. The number of informed staff; however, will be kept to a minimum to protect the individual's right to privacy. The number of informed staff will be sufficient to assure proper programming and to observe behavioral and/or medical problems that could increase the potential for AIDS transmission.

EMPLOYEES

The transmission of hepatitis B and/or AIDS from an employee to another employee or to an individual would involve behavior that is not associated with the work place. Therefore, decisions concerning Board employees who are hepatitis B carriers or who have AIDS will be based upon:

1. The overall health status of the employee as determined by his/her physician.
2. The ability of the employee to perform his/her job.

The confidentiality of such information will be maintained and every effort will be made to protect the rights of those involved. Research concerning transmittable diseases continues and revisions to this policy will be made in accordance with guidelines from the Center for Disease Control.

<p>Historical Resolution Information</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Date</th> <th style="text-align: left;">Resolution Number</th> </tr> </thead> <tbody> <tr> <td>10/9/02</td> <td>10-93-02</td> </tr> <tr> <td>9-15-12</td> <td>09-73-12</td> </tr> <tr> <td>12-19-15</td> <td>12-67-15</td> </tr> </tbody> </table>	Date	Resolution Number	10/9/02	10-93-02	9-15-12	09-73-12	12-19-15	12-67-15	<p>Reviewer(s): Manager of Health & Therapy Services</p>
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