



**Juvenile Justice Training Academy
 Lesson Plan**

Program: Juvenile Supervision Officer Basic Course		Citation Source: TAC 37 Chapter 344
Required by: <input type="checkbox"/> Texas Statute <input checked="" type="checkbox"/> Texas Administrative Code <input type="checkbox"/> Professional Development		
Course Title Communicable Diseases		
Developed By: TJJD Staff Development		Date: November 1, 2013
Revised By: Michelle Miner, Curriculum Developer Delisha McLain, Curriculum Developer		Date: July 15, 2018
PARAMETERS		
Course Duration: 1.00 Hours	Minimum Maximum Participants Recommended: 5 - 50	
Instructional Setting: Classroom	Target Audience: Juvenile Supervision Officers required to complete mandatory training.	
COURSE DESCRIPTION		
<p>This course examines communicable diseases, identifies those most reported in juveniles within the juvenile justice system, and outlines how juvenile probation departments and facilities address potential exposures.</p>		
APPROVALS		

Technical Authority

Jana Johnson, Director of Nursing Date
 Services Medical Services

Training Authority

Kristy Almager, Director Date
 Juvenile Justice Training Academy

PERFORMANCE OBJECTIVES

At the conclusion of this course, participants will be able to:

1. Explain the relationship between communicable diseases and immunity, infection, and prevention.
2. Describe the most common communicable diseases.
3. Outline what employees must do to lower the risk of transmitting communicable diseases.

INSTRUCTOR MATERIALS

1. TJJD Approved Lesson Plan, July 15, 2018
2. Copy of current Participant Guide
3. Current PowerPoint Show

PARTICIPANT MATERIALS

1. Participant Guide, July 15, 2018

REFERENCES

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ACKNOWLEDGEMENTS

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EQUIPMENT AND SUPPLIES

- | | |
|---|--|
| <input checked="" type="checkbox"/> Projector | <input checked="" type="checkbox"/> Screen |
| <input checked="" type="checkbox"/> Laptop computer | <input type="checkbox"/> Post-it® Notes |
| <input checked="" type="checkbox"/> External speakers | <input checked="" type="checkbox"/> Laser Remote |
| <input type="checkbox"/> Chart Pad(s): | <input checked="" type="checkbox"/> Batteries for Laser Remote |
| <input type="checkbox"/> Easel Stand(s): | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Marker(s): | |

SCHEDULE

Introduction	15:00
Overview	15:00
Prevalent Communicable Diseases.....	10:00
What Must You Do?.....	10:00
Final Thoughts.....	10:00

LEGEND



For Your Eyes Only

This is information for the Trainer only – it is facilitator guidance (i.e. Activity Instructions)



Speaker Notes

This will indicate information to be shared with participants



Action

This will direct facilitator when to do something (i.e. click to activate bullets, start media if necessary, chart participant responses)



Activity

This will indicate activity (small or large; individual or collaborative) before continuing on with presentation

Note: Unless otherwise noted in the lesson plan and based on class size, the trainer has the discretion to use a designated group activity as an individual activity. The trainer shall process the activity, whether as designated or individually in an effort to maximize the learning environment for the participants.

IMPORTANT TRAINER INFORMATION

1. Prepare a **Parking Lot**. If a particular training course lends itself to potentially lengthy discussions that compromise training time, trainers are encouraged to prepare and use a Parking Lot in an effort to manage questions and time constraints efficiently. The Parking Lot is a piece of blank chart paper, titled **Parking Lot**. Paper is placed on a wall at the beginning of the training session, easily accessible to everyone.

If the Parking Lot is used, place several pads of post-it® notes on participant tables for use during the training session and provide participants instructions on how a Parking Lot is used during training.

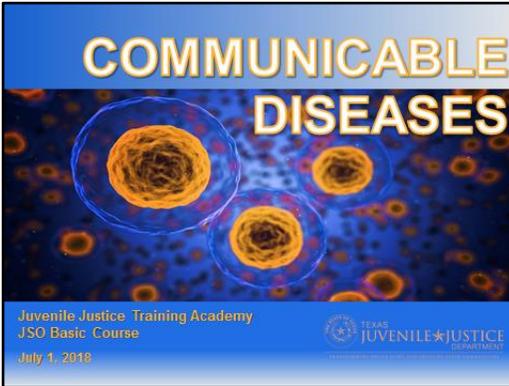
The Parking Lot's purpose is to track questions asked by participants and allows trainer to either research an appropriate answer or respond to the question at the applicable time during the lesson plan. Prior to ending the training session, the trainer will review questions posted on the Parking Lot to determine if all have been answered or if additional research is needed. Trainer will either ask participants to confirm all posted questions have been answered satisfactorily or will acknowledge to participants the need to seek additional clarification from a subject matter expert (SME), the curriculum developer (CD), or other approved resource. A follow-up email should be provided to participants in the training session.

2. Cover all activities unless marked Optional.
3. Time noted for an activity represents the entire activity process: introducing the activity, performing the activity steps, and debriefing the activity. During assigned activities, participants should be informed they have a “few” minutes to complete an activity instead of a set number of minutes (example: 10 minutes). This allows the trainer to shorten or lengthen time as needed.
4. During question and answer sessions or activities:
 - a. Questions followed by the (*Elicit responses.*) statement – should be limited to 1 or 2 participant responses. These questions are used to gain audience acknowledgement and not meant to be a lengthy group discussion.
 - b. Questions followed by an italicized (suggested) response – are to be covered by the trainer or participants. If participant responses do not cover the complete italicized response, the trainer will provide participants with the remaining information. The responses provided are suggested best answers as approved by the Technical Authority. If participants suggest other responses, encourage them to explain their choices.

Disclaimer

The following curriculum was developed by the Texas Juvenile Justice Department. Approved curriculum is signed by both a Technical and Training Authority. The Certification exam is based on approved TJJD standardized curricula.

TJJD is mindful some examples referenced in the lesson plan may not be applicable in particular counties. Deviations regarding the material are discouraged; however, enhancements explaining local policy and procedure without breaching the fidelity of the information are supported. If a participant requires additional information beyond the scope of this curriculum, refer the participant to his (or her) immediate supervisor.



Slide 1 – Introduction

Instructor's Corner:

PG: 5

Trainer Notes:



INTRODUCTION

(Welcome participants to the course and discuss the agenda including information on breaks, lunchtime, and other pertinent information. If using the "Parking Lot," prior to class, prepare a chart to use later as noted in the Important Trainer Information section of the LP. Place Post-it® notes on the tables or next to the Parking Lot chart for participant use.)

(The Texas Juvenile Justice Department is mindful some examples referenced in the lesson plan may not be applicable in certain counties or facilities. Deviations from this TJJD approved curriculum are discouraged; however, enhancements explaining local policy and procedure without breaching fidelity of the information are acceptable.)

Individuals are exposed to germs on a daily basis; surfaces, air, and people's hands all may be infected with unseen bacteria. Most of us are aware of the daily measures we must take to ensure we do not infect others and ourselves with germs, like washing our hands after using the restroom, cleaning our hands after contact with raw meat, and covering our mouths while coughing.

Let's listen to a story about John and Kathy.

(Read the following short story to participants.)

One day John comes into work with a cold. As he reaches for the fridge handle to put his lunch inside, he sneezes. John uses a tissue to wipe his nose but some germs got onto his hands and he unknowingly contaminates the fridge handle as he closes the door. Unaware of John's cold, Kathy grabs the fridge handle and places her lunch inside. When she reaches her desk, she eats an apple, infecting herself with John's cold.

Q: Why do some people come to work, despite being sick? *(Elicit responses.)*

Generally, sick people may come to work because they believe working through an illness is a sign of dedication, while others view their illness as a short-term issue, and others may simply have no sick leave available.

Q: What happens when a sick person comes to work? *(Elicit responses.)*

In the workplace, one person with a minor illness may easily pass it on to coworkers or to juveniles and their families. Minor ailments may seem harmless but may negatively affect another person suffering from a more serious illness.

As juvenile justice professionals, we will be in close proximity with juveniles on a daily basis; however, we may not always be aware if a juvenile has been diagnosed with an illness. Upon arrival to a juvenile detention center, juveniles are medically assessed to determine what, if any medical care they will need while in custody. As part of their initial assessment, juveniles are tested for common communicable diseases, unless they

refuse to in writing, which they have the right to do. If they are tested and a medical provider believes the testing must be repeated, it will be done with a written request. Regardless of the test results, a juvenile will be placed in an appropriate housing unit and will have access to services in a facility, just as any other juvenile would.

Considering some juveniles may test positive for a disease while at a juvenile detention facility, certain individuals will be privy to this information, including medical staff, the Department of State Health Services, and if the juvenile is under 18-years-old, the parent or guardian. Aside from these parties, all medical information is confidential under federal law, outlined in the Health Insurance Portability and Accountability Act (HIPAA), so there may be times when specific illnesses a juvenile may have are not disclosed. For this reason, it is critical to be aware of precautions you may take, in an effort to keep employees, juveniles, and families we serve safe from the spread of diseases.

Today, we will discuss some prevalent communicable diseases we may be exposed to while in the workplace. Preventative measures often used to lower the transmission of germs, particularly in detention or residential facilities will be explored. Finally, implemented policy and procedure used at local juvenile probation departments and facilities will be identified, in place to protect individuals from these common diseases.

Let's take a moment to review the objectives for today's course.

Objectives

- Explain the relationship between communicable diseases and immunity, infection, and prevention.
- Describe the most common communicable diseases.
- Outline what employees must do to lower the risk of transmitting communicable diseases.

July 1, 2018 Texas Juvenile Justice Department Juvenile Justice Training Academy 2

Slide 2 – Objectives

Instructor's Corner:

PG: 5

 This slide appears blank. Click for each of the objectives to appear as they are mentioned.

Trainer Notes:



Objectives

(Click for each objective to appear. Ask different participants to read each of the objectives.)

At the end of the course today, participants will be able to:

1. Explain the relationship between communicable diseases and immunity, infection, and prevention.
2. Describe the most common communicable diseases.
3. Outline what employees must do to lower the risk of transmitting communicable diseases.

Q: What questions do you have about the topic today? *(Answer questions, if any.)*



Slide 3 – Overview

Instructor's Corner:

PG: 6

 This slide appears blank. Click for direct and indirect transmission types to appear as they are mentioned.

Trainer Notes:



OVERVIEW

(The terms disease and illness are interchangeable throughout this lesson plan.)

Q: What is a communicable disease? *(Elicit responses.)*

A communicable or infectious disease is an illness caused by germs passing from one person to another. These germs spread via routes of transmission, which may be direct, requiring person-to-person contact; or indirect, where person-to-person contact is not necessary.

(Click for each of the ways of contact to appear as they are mentioned.)

Contact by direct transmission may occur in three ways, including:

- Causal contact (for example, a handshake)
- Parent to child contact (for example, childbirth)
- Intimate contact (for example, intercourse)

Indirect routes of transmission may occur by:

- Contaminated object (for example, a doorknob)
- Bite or scratch of an animal or insect (for example, a mosquito bite)
- Contaminated source (for example, water)

Q: What questions do you have about direct and indirect routes of transmission?

(Answer questions, if any.)

Let's do an activity.

Activity Routes of Transmission								
	Direct	Indirect	Casual Contact	Parent to Child	Intimate	Cont. Object	Animal or Insect	Cont. Source
Used razor		X				X		
High five	X		X					
Sneeze	X	X	X			X		X
Tick		X					X	
Blowing out candles on a cake		X						X
Intercourse	X				X			
Cafeteria buffet		X						X
Mole		X					X	
Childbirth	X			X				

Slide 4-13 – Activity | Routes of Transmission

Instructor’s Corner:

PG: 6

 This series of slides will reveal answers to the activity. Click to reveal answers as they are reviewed.

Trainer Notes:



For Your Eyes Only – Activity | Routes Of Transmission

1. Individually, participants should review the vertical list on the left and check all the routes of transmission, which apply from the horizontal list.
2. Once finished, ask various participants to share their answers.
3. After each participant reads their answer, indicate whether it is correct or not and encourage participants to correct any mistakes.
4. Discussion during this activity is not meant to be long or drawn out; it is merely an overview of information.

Activity Point: This activity is designed for participants to gain an understanding of how germs spread.



Activity | Routes of Transmission

Time: 10 minutes

In your participant guide, turn to the activity titled *Routes of Transmission*. Take a few minutes to match the examples of transmission on the vertical column with the route(s) of transmission in the horizontal row at the top. The vertical examples may have more than one choice. We will discuss the answers as a large group when everyone is finished.

Debrief

(Click for each row of answers to appear. Give various participants a chance to provide the answers. As each answer is revealed, indicate whether it is correct or not and encourage correction of any errors.)

| Answer Key

	<i>Direct</i>	<i>Indirect</i>	<i>Casual Contact</i>	<i>Parent to child</i>	<i>Intimate</i>	<i>Cont. Object</i>	<i>Animal or insect</i>	<i>Cont. Source</i>
<i>Used Razor</i>		X				X		
<i>High Five</i>	X		X					
<i>Sneeze</i>	X	X	X			X		X
<i>Tick</i>		X					X	
<i>Blowing out candles on a cake</i>		X						X
<i>Intercourse</i>	X				X			
<i>Cafeteria buffet</i>		X						X
<i>Mole</i>		X					X	
<i>Childbirth</i>	X			X				

Q: What questions do you have about routes of transmission? (*Answer questions, if any.*)

Let's move on and talk about how the body fights germs and prevents illness.



Slide 14 – Immunity

Instructor's Corner:

PG: 7

 This slide appears with a collage of pictures. Click for two ways to build immunity to appear as they are mentioned.

Trainer Notes:



Immunity

Q: What is immunity? (*Elicit responses.*)

(*Click for the ways to build immunity to appear as they are mentioned.*)

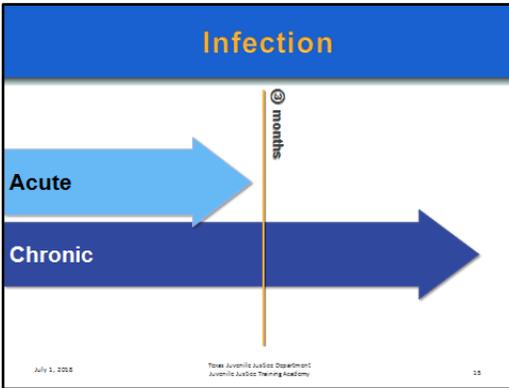
Immunity is the body's learned ability to resist infection. It is developed by:

- Fighting off an active infection successfully
- Vaccination

Typically, if the majority of the population has immunity to a disease, whether naturally or via vaccination, germs cannot cause an epidemic or widespread illness. However, if the population is not immune, a germ has the ability to pass through susceptible or vulnerable individuals quickly.

Q: What questions do you have about immunity? (*Answer questions, if any*)

There may be times when a person's body is unable to fight off certain germs and they become infected with an illness.



Slide 15 – Infection

Instructor's Corner:

PG: 7

⚠ This slide appears blank. Click for the first two graphics to appear and again for an animation as they are mentioned.

Trainer Notes:



Infection

Even when practicing preventative measures to avoid the transmission of germs, there may be times when individuals become infected with those germs and become sick. Some illnesses may last a few days, others, a lifetime. The time it takes an individual to recover from an illness, starting from the time of infection, determines if the illness is acute or chronic in nature.

Q: What is the difference between an acute and chronic illness? (*Elicit responses.*)

(Click for first graphic to appear.)

| Acute

An acute illness, like the flu, lasts for a short time, typically for less than three months. Some people remain contagious after they have recovered from an acute illness, therefore preventative measures must remain the standard.

(Click for second graphic to appear.)

Chronic

If an illness lasts longer than three months, it becomes chronic. Oftentimes, individuals may feel they are recovering from an illness, but it may actually be lying dormant or showing no signs or symptoms in the body. For example, the chronic illness human immunodeficiency virus (HIV), may lay dormant in the body for years before symptoms manifest in individuals.

(Click for third graphic to appear.)

There may be times when an illness initially appears acute in nature, but ultimately manifests as a chronic disease. Hepatitis C, for example, often begins as a short-term illness, however without proper treatment, may develop into a chronic, lifelong sickness, frequently leading to cirrhosis, liver cancer, or death. We will talk more about HIV and hepatitis in a few minutes.

Q: What questions do you have about infections? *(Answer questions, if any.)*

So far, we have talked about how germs are transmitted, ways to achieve immunity, and how individuals may become infected. Before we talk about what we may do to lower the spread of communicable diseases in the workplace, let's look at some common communicable diseases juveniles in our care may be diagnosed with.

Influenza | Flu



Symptoms

- Sneezing
- Congestion
- Runny nose
- Coughing
- Heavy chest
- Wheezing

Prevention

- Wash hands with soap
- Cover nose | mouth when coughing or sneezing
- Wear mask around vulnerable individuals
 - Vaccination

July 1, 2018 Texas Juvenile Justice Department Juvenile Justice Training Academy 17

Slide 17 – Influenza | Flu

Instructor's Corner:

PG: 7

 This slide appears with a picture. Click for the symptoms and preventative measures to appear when mentioned.

Trainer Notes:



Influenza | Flu

(Click for symptoms to appear as they are mentioned.)

A communicable disease most people know well is influenza, also known as the flu. It is a viral infection of the respiratory system, including the nose, chest, and lungs. The influenza virus is transmitted in the air via small drops of mucous. When a person sneezes or coughs, for example, germs are released into the immediate area surrounding them and those most susceptible are then likely infected with the virus. Symptoms of the flu may include:

- Sneezing
- Congestion
- Runny nose
- Coughing
- Heavy chest
- Wheezing

(Click for preventative measures to appear as they are mentioned.)

To prevent the spread of the influenza virus, remember to:

- Wash hands with soap regularly
- Cover the nose and mouth when sneezing or coughing
- Wear a mask around vulnerable individuals or those unable to fight infection
- Receive an annual vaccination to avoid the anticipated strains of the flu, if desired.

Q: What questions do you have about the flu? (*Answer questions, if any.*)

Let's move on and talk about another common communicable disease, MRSA.

Methicillin-Resistant Staphylococcus Aureus | MRSA

Symptoms

- Red
- Swollen
- Warm to touch
- Painful
- Filled with pus



Prevention

- Bandage wounds
- Avoid sharing towels | bedding
- Disinfect contaminated areas

July 1, 2018 Texas Juvenile Justice Department Juvenile Justice Training Academy 18

Slide 18 – Methicillin-Resistant Staphylococcus Aureus | MRSA

Instructor’s Corner:

PG: 8

 This slide appears with a picture. Click for symptoms and preventative measures to appear as mentioned.

Trainer Notes:



Methicillin-Resistant Staphylococcus Aureus | MRSA

Methicillin-resistant staphylococcus aureus, or MRSA (*pronounced Mersa or as the acronym M.R.S.A.*), is an antibiotic-resistant bacterial infection which may cause serious infections in the circulatory and respiratory systems, often introduced by sharing personal items, like razors or towels which have touched infected skin.

(Click for symptoms to appear as they are mentioned.)

People often believe a spider has bitten them when MRSA symptoms appear. Along with a small bump or infected area and fever, the area around the bump may appear:

- Red | swollen
- Warm to the touch
- Painful
- Filled with pus or other drainage

(Click for preventative measures to appear as they are mentioned.)

A few preventative measures which may help with the prevention of MRSA include:

- Bandaging all wounds
- Abstaining from sharing towels or bedding
- Disinfecting areas of possible contamination (for example, door handles)

Q: What questions do you have about MRSA? (*Answer questions, if any.*)

Another of the common communicable diseases juveniles are diagnosed with are STIs.

Sexually Transmitted Infections | STIs

GONORRHEA

Symptoms

- Pain during urination
- Abnormal discharge
- Pain | discharge around anus
- Bleeding between periods
- Pain | swelling of testicles

July 1, 2018 Texas Juvenile Justice Department Juvenile Justice Training Academy

Slide 19-20 – Sexually Transmitted Infections | STIs

Instructor's Corner:

PG: 8

This slide appears with a picture. Click for types of infections and symptoms to appear as they are mentioned.

Trainer Notes:



Sexually Transmitted Infections | STIs

(Click for types of infections to appear, as they are mentioned)

Sexually transmitted infections or STIs are diseases transmitted via intimate, physical contact. There are a wide variety of these infections, categorized into three categories, including:

- Viral
- Bacterial
- Parasitic

Today, we will talk about two of the most common bacterial STIs juveniles are diagnosed with, gonorrhea and chlamydia. Both of these infections typically affect the reproductive organs and may cause serious health issues later in life. They are both treatable with medication; however, screening is critical, as symptoms may never manifest in some individuals.

| Gonorrhea

(Click for symptoms to appear as they are mentioned.)

Gonorrhea symptoms may include:

- Pain or burning during urination
- Abnormal discharge
- Pain or discharge from the anus, if infected
- Bleeding between periods
- Pain, swelling, or tenderness of testicles

| Chlamydia

(Click for symptoms to appear as they are mentioned.)

Symptoms for chlamydia may include symptoms similar to those of gonorrhea, in addition to:

- Lower abdominal pain
- Pain during intercourse

Both gonorrhea and chlamydia are transmitted via contact with bodily fluids such as semen, vaginal secretions, and mucous membranes, like the mouth or eyes. The only sure way to prevent the spreading of either infection is to abstain from sexual activity. If this is not possible, precautions must be practiced if a risk of exposure to bodily fluids is possible.

Q: What questions do you have about STIs, specifically regarding gonorrhea, or chlamydia? *(Answer questions, if any.)*

Let's turn our attention to tuberculosis.

Tuberculosis | TB



Symptoms

- Chronic cough
- Weight loss
- Loss of appetite
- Fatigue
- Coughing up blood

Prevention

- Well-ventilated areas
- Use face masks

July 1, 2018 Texas Juvenile Justice Department Juvenile Justice Training Academy 25

Slide 21 – Tuberculosis | TB

Instructor's Corner:

PG: 9

 This slide appears with a picture. Click for symptoms and preventive measures to appear as they are mentioned.

Trainer Notes:



Tuberculosis | TB

(Click for symptoms to appear as they are mentioned.)

Tuberculosis or TB is a bacterial infection affecting the respiratory system, typically the lungs, although it may affect other areas. The disease spreads through small drops of mucous in the air and is treatable with specific antimicrobial medication. Symptoms of TB may include:

- Chronic cough
- Weight loss
- Loss of appetite
- Fatigue
- Coughing up blood

(Click for preventative measures to appear as they are mentioned.)

Preventative measures which may lower the risk of transmitting TB include:

- Remaining in well-ventilated areas
- Properly using face masks in small enclosed spaces with those infected

Q: What questions do you have about tuberculosis? (*Answer questions, if any.*)

Let's move on and talk about hepatitis.

Hepatitis

<p>Symptoms</p> <ul style="list-style-type: none"> • Fatigue • Loss of appetite • Nausea • Vomiting • Abdominal pain • Grey-colored fecal matter • Joint pain • Jaundice 	<p>Hepatitis A</p> 	<p>Prevention</p> <ul style="list-style-type: none"> • Exercise proper hygiene • Vaccination series • Vaccination immediately after exposure
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July 1, 2018 Texas Juvenile Justice Department
Juvenile Justice Training Academy 22

Slide 22-23 – Hepatitis

Instructor’s Corner:

PG: 9

 This slide appears blank. Click for symptoms and preventative measures to appear when they are mentioned.

Trainer Notes:



Hepatitis

Hepatitis, considered an infection of the liver, manifests itself in five distinct viruses. Today, we will discuss the most common, hepatitis A, B, and C.

(Click for the symptoms to appear as they are mentioned.)

Symptoms of hepatitis, regardless of the type, include:

- Fatigue
- Loss of appetite
- Nausea
- Vomiting
- Abdominal pain
- Grey-colored fecal matter
- Joint pain
- Jaundice, or yellowing of the skin and eyes

(Click for hepatitis A picture to appear.)

| Hepatitis A

Hepatitis A, an acute illness, is transmitted by eating something contaminated with small amounts of human waste. When an infected individual does not sufficiently wash their hands after using the restroom and then prepares food, those consuming that food may become infected.

(Click for preventative measures to appear as they are mentioned.)

Preventative measures for hepatitis A include:

- Exercise proper hygiene, especially washing of hands, particularly during food preparation and after using the restroom
- Receive a vaccination series, if desired
- Obtain a vaccination immediately after exposure, which may minimize the illness, if desired

(Click for hepatitis B picture to appear.)

| Hepatitis B

Hepatitis B, an acute or chronic illness, is typically transmitted through blood, semen, or other bodily fluids. When the disease becomes chronic, symptoms may subside but the virus may still be present, causing damage to the liver; leading to liver scarring or cancer.

(Click for preventative measures to appear as they are mentioned.)

Some ways to prevent hepatitis B include:

- Receive vaccination, immediately after exposure
- Avoid unprotected sex with multiple partners
- Receive a vaccination series, if desired

(Click for hepatitis C picture to appear.)

| Hepatitis C

Hepatitis C, also an acute or chronic illness, is blood borne and is typically transmitted by sharing needles or other contaminated objects, such as cocaine straws, used to inject drugs.

(Click for preventative measures to appear as they are mentioned.)

While there is no available vaccine, some ways to prevent hepatitis C include:

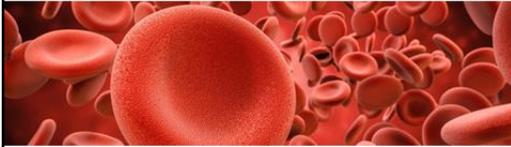
- Wash hands thoroughly, proper hygiene
- Abstain from high risk behaviors by:
 - avoid unprotected sex with multiple partners
 - avoid sharing needles for tattooing, piercing, or drug use
 - avoid sharing of drug paraphernalia

Q: What questions do you have about hepatitis? *(Answer questions, if any.)*

The last communicable disease we will talk about today is HIV.

Human Immunodeficiency Virus | HIV

<u>Transmission</u>	<u>Prevention</u>
<ul style="list-style-type: none">• Sexual Contact• Use of contaminated objects	<ul style="list-style-type: none">• Abstain from high-risk behavior• Use of latex condoms• Sterilizing needles syringes



July 1, 2018 Texas Juvenile Justice Department Juvenile Justice Training Academy 24

Slide 24-25 – Human Immunodeficiency Virus | HIV
Instructor's Corner: PG: 10

 This slide appears with a picture. Click for ways of transmission and preventative measures to appear as they are mentioned.

Trainer Notes:



Human Immunodeficiency Virus | HIV

(Click for methods of transmission to appear as they are mentioned.)

Human immunodeficiency virus or HIV is a chronic viral infection of the immune system. After an initial exposure, an individual may experience symptoms similar to the flu, for up to two weeks. Subsequently, symptoms may not manifest for decades. Though fragile and unable to survive exposure to oxygen, the HIV virus is blood borne and transmitted by:

- Sexual contact
- Use of contaminated objects, like shared needles

(Click for preventative measures to appear as they are mentioned.)

Some ways to lower the risk of the HIV infection include:

- Abstaining from high risk behaviors
- Using latex condoms during oral, anal, or vaginal sex

- Sterilizing needles or syringes before use

(Click for the facts about AIDS to appear.)

| Acquired Immune Deficiency Syndrome | AIDS

The third phase of the HIV virus, when the infected cells in the body have become more numerous than the fighting white blood cells, is called acquired immune deficiency syndrome or AIDS. Oftentimes, an individual does not die from AIDS but rather from an AIDS-related illness, such as the flu, as the immune system is unable to protect adequately against minor infections.

Q: What questions do you have about HIV | Acquired Immune Deficiency Syndrome?

(Answer questions, if any.)

We have talked about various communicable diseases, their signs and symptoms, and preventative measures for each of them. Let's turn our attention to some preventative measures in place in the workplace we may use to prevent the spread of these communicable diseases.



Slide 26 – What Must You Do?

Instructor's Corner:

PG: 10

 This slide appears blank. Click for proactive measures and video to appear as they are mentioned.

Trainer Notes:



WHAT MUST YOU DO?

Local policy and procedure will outline ways necessary to lower the spread of communicable diseases in an effort to safeguard juveniles, their families, and employees. These implementations describe specific protocols which minimize exposure of germs along with procedures to follow when exposed to possible contaminants.

Two of these practices, identified as standard and universal precautions are ways in which we may lower the risk of germ transmission. While in the workplace, everyone has a responsibility to adhere to these protocols, to reduce the risk of any individual becoming ill.

Q: What is the difference between standard and universal precautions? (*Elicit responses.*)

Both standard and universal precautions are necessary when fighting germs. Standard precautions safeguard individuals from the spread of germs. Universal precautions are just as critical, particularly in the workplace, when there may be times when an

individual encounters bodily fluids.

| Standard precautions

(Click for standard precautions to appear as they are mentioned.)

Adhering to standard precautions reminds individuals about general steps necessary for proper personal hygiene, and lowers the chances of becoming sick. Some standard precaution measures include:

- Washing hands per American Red Cross standards

If a staff member is exposed to a contaminated surface or object, he (or she) must wash his (or her) hands immediately, using the proper technique. If unable to wash hands immediately, an individual must use other methods to sanitize their hands until regular hand washing is possible.



Let's take a moment to watch a video on the proper way to wash one's hands.

(Click to play video titled Red Cross Handwashing Standards. Length of video is 2 minutes 23 seconds.)

Q: What are your thoughts on the video? *(Elicit responses.)*

Hand washing is one of the easiest and most effective ways to control the transmission of dangerous germs.

(Click for remaining measures to appear as they are mentioned.)

Let's continue the discussion on standard precautions.

- Dispose of used needles, sharps, or contaminated items appropriately
Employees must place found needles and sharps in a rigid, closable, puncture-resistant, leak-proof, and biohazard labeled or color-coded container and take the contained sharps to the medical or infirmary area for proper disposal. Further, juveniles and employees must not handle contaminated broken glass or other objects. Any contaminated items found must be reported to appropriate personnel for clean-up.
- Prohibit juveniles from sharing disposable or battery-operated razors
Though razors are not considered a biohazard when disposed of, they should be stored away from juveniles until they are allowed to use them. Be sure to closely monitor the use of razors and ensure juveniles are not sharing them. Follow local policy and procedure with regard to when, where, and how long a juvenile may use a razor.
- Use personal protective clothing and equipment (PPE)
If an employee must handle contaminated equipment or clean a spill, he (or she) must use personal protective clothing and equipment or PPE. This protective equipment must be fluid-resistant to blood or other potentially infectious material, meaning infectious material must not be able to pass through the employee's clothing and reach the skin, eyes, mouth, or other mucous membranes.
- Dispose of used PPE properly

Follow local policy and procedure regarding how to dispose of PPE properly. Any contaminated equipment must be cleaned properly, according to local standards. Equipment visibly soiled with any bodily fluids must be cleaned with cleaning materials provided at the local probation department or facility and by proper personnel.

(Click for universal precaution information to appear.)

| Universal precautions

Taking universal precautions is different from standard protocols in that all bodily fluids are assumed infectious and are handled as such. These precautions are necessary because some people may not appear ill when they are, or may not show symptoms of illness when they are sick. In addition, as mentioned earlier, due to federal statute, juvenile medical records are confidential and it may not always be known if a juvenile has been diagnosed with an illness. Be mindful of local protocols with regard to handling bodily fluids.

Q: What questions do you have about proactive measures you must take in the workplace? *(Answer questions, if any.)*

Even with policies, standards, precautions, and universal precautions in place regarding communicable diseases, there may be individuals who do not comply. Let's talk about what may happen if these measures are not followed.

Disregarding Safeguards



Poop stays on your hands even if you don't see it.
Wash your hands, yep!

- Risks of infection
- Professional liability
- Transmission of illness to juveniles |
- Disciplinary action
- Transmission of illness to juveniles
- Increase in healthcare costs
- Missed work

HELPFUL REMINDERS:

- Address minor incidents immediately
- Maintain personal hygiene | clean workplace conditions
- Always follow standard and universal precautions

July 1, 2018 Texas Juvenile Justice Department Juvenile Justice Training Academy 28

Slide 28 – Disregarding Safeguards

Instructor's Corner:

PG: 11

 This slide appears with a picture. Click for consequences of failing to follow protocols and helpful reminders to appear as they are mentioned.

Trainer Notes:



Disregarding Safeguards

Q: What may happen if an individual fails to follow standard and universal precautions? *(Elicit responses.)*

(Click for consequences to appear as they are mentioned.)

There are several ways failing to follow policy and procedure with regard to preventing communicable diseases may affect the workplace, including:

- Risks of infection
- Transmission of illness to juveniles | other individuals
- Missed work
- Professional liability
- Disciplinary action
- Increased healthcare costs

(Click for helpful reminders to appear as they are mentioned.)

Remember:

- Address minor incidents immediately to prevent larger issues
- Maintain personal hygiene and clean, sanitary workplace conditions
- Follow all procedures using standard and universal precautions

Q: What questions do you have about failing to follow proactive measures with regard to preventing the spread of disease? *(Answer questions, if any.)*

The last thing we will talk about today are reporting requirements. According to your local department or facility, there will be certain protocols you must follow if you or a juvenile are exposed to bodily fluids.

Reporting Requirements

JUVENILE EXPOSURE

- Medical personnel contacted immediately
- Supervisors contacted immediately
- Pertinent paperwork
- Other juveniles kept safe and secure

EMPLOYEE EXPOSURE

- Report to supervisor immediately
- Document incident thoroughly
- Seek professional medical advice
- If seeking worker's compensation
 - Blood drawn 10 days after exposure
 - Second test after required waiting time



July 1, 2018 Texas Juvenile Justice Department Juvenile Justice Training Academy 28

Slide 28 – Reporting Requirements

Instructor's Corner:

PG: 11

 This slide appears with a picture. Click for juvenile and employee exposure requirements to appear as they are mentioned.

Trainer Notes:



Reporting Requirements

When a juvenile or staff member are exposed to bodily fluids in a juvenile detention or residential facility, certain procedures must be followed, particularly when reporting the incident.

(Click for juvenile exposure requirements to appear as they are mentioned.)

| Juvenile Exposure

If juveniles are exposed to bodily fluids, either from another juvenile or staff member, the following procedures, outlined in a department or facility's Health Service Plan, developed in conjunction with the local Health Service Authority, must be followed:

- Medical personnel must be contacted
- Supervisor must be informed of incident
- Pertinent documentation thoroughly detailing incident, dictated by local policy and procedure
- Other juveniles must be kept safe and secure from potential exposure

Further, according to the Texas Administrative Code, Chapter 343, if a juvenile must be medically isolated because of an illness or exposure, documentation must be completed and placed in the juvenile file and he (or she) must be seen by a medical professional no later than 12 hours from the initial isolation. Medical isolation may only be authorized by a facility administrator or health care professional and the 12-hour requirement applies when a facility administrator places a juvenile on medical isolation. A JSO must monitor the juvenile during the medical isolation, at random moments, no more than 15 minutes apart. A juvenile may only be cleared from medical isolation by a health care professional.

(Click for employee exposure requirements to appear as they are mentioned.)

| Employee Exposure

If an employee is exposed to bodily fluids from a juvenile or another employee, he (or she) must follow local policy and procedure. Recommended protocols to follow include:

- Report to facility administrator, supervisor, and/or other parties as noted by local departments or facilities, immediately
- Thoroughly complete paperwork detailing the incident, dictated by local policy and procedure
- Seek professional medical advice regarding all options available after exposure, which may lower the risk of contracting a disease

An employee must follow local guidelines with respect to returning to work after an exposure, including documentation clearing him (or her) to return to work by a medical professional along with how to seek worker's compensation, if applicable. These

recommendations are suggestions; an employee must adhere to local policy and procedure regarding a potential exposure.

Employees must also be aware of what to do if they have been or are diagnosed with a specific illness. For example, if a staff member is HIV positive, he (or she) is not required to disclose this to the local juvenile probation department or facility, however if he (or she) so chooses to disclose the information, the department or facility is bound under the Americans with Disabilities Act or ADA, which provides protection against any potential discrimination.

For additional information or questions regarding a personal medical situation, contact your local Human Resource representative. In addition, the Texas Administrative Code, Chapter 343 and 355 outlines specific policies related to communicable diseases in secure pre and post-adjudication facilities. Further, local policy and procedure may outline additional requirements, which must be adhered to as well.

Q: What questions do you have regarding reporting responsibilities? (*Answer questions, if any.*)

We have come to the end of the course today. Let me leave you with some final thoughts.

Final Thoughts

- Prevention of communicable diseases is the responsibility of everyone.
- Using standard and universal precautions at all times keeps juveniles, their families, and staff members safe.
- Follow all policies and procedures, report any possible exposure immediately, and follow up with a medical professional as soon as possible.



July 1, 2018
Texas Juvenile Justice Department
Juvenile Justice Training Academy
20

Slide 29 – Final Thoughts

Instructor's Corner:

PG: 12

Trainer Notes:



FINAL THOUGHTS

We have talked about communicable diseases today, including those most prevalent among juveniles we serve, symptoms, preventative measures, and the detriment of not following proactive measures necessary in lowering the spread of communicable diseases.

Some final thoughts to keep in mind:

- Prevention of communicable diseases is the responsibility of everyone.
- Using standard and universal precautions at all times keeps juveniles, their families, and staff members safe.
- Follow all policies and procedures, report any possible exposure immediately, and follow up with a medical professional as soon as possible.

Thank you for attending the *Communicable Diseases* course today.