



HEPATITIS—INFECTION CONTROL

POLICY.

It is the policy of the Deschutes County Adult Jail (DCAJ) to screen inmates regarding Hepatitis, provide prevention techniques and treatment, and provide reporting of infections in accordance with local and state laws.

PROCEDURES.

SECTION A: SCREENING

All new admissions to the Facility will be screened for Hepatitis as outlined in DCAJ Policy CD-5-2, Intake Screening.

- A-1.** If during screening the inmate appears to be currently jaundice or ill, or DCAJ received information from another source confirming such information, the inmate will be placed in a medical segregation isolation cell and DCAJ will follow isolation techniques for active Hepatitis/Blood Borne Pathogens (refer to DCAJ Policy MD-11, Infection Control Isolation Technique).
- A-2.** Symptoms when currently ill can vary but are relatively the same for each type of Hepatitis. The inmate may exhibit any combination of the following:
- a. Fever
 - b. Jaundice
 - c. Dark urine
 - d. Clay colored stool
 - e. Tenderness in the right upper abdomen
 - f. Itching
 - g. Nausea
 - h. Abdominal discomfort
 - i. Loss of appetite
- A-3.** For housing information, refer to this Policy's housing information as indicated under sections (B), (C), (D), below.

SECTION B: HEPATITIS A

B-1. Transmission.

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- a. Person to person, fecal to oral contamination of food or water, often involving family members.
- b. Children may have mild gastrointestinal illness and pass to adults in household.
- c. Incubation
 - 1) 15 to 50 days
 - 2) Average is 28 days

B-2. Housing.

- a. Past History: Inmate claims a past history of Hepatitis A infection but is not currently ill
 - 1) May be placed in general population, once illness ends immune to reinfection.
- b. Possible History: If the inmate states he/she has been or may have been, or may have been, exposed
 - 1) Asymptomatic
 - i. may be placed in general population
 - 2) Symptomatic
 - i. Abrupt onset, fever, malaise, loss of appetite (anorexia), nausea, abdominal discomfort, dark urine, light or “clay-colored” bowel movements, itching, jaundice or tenderness in right upper-abdomen
 - ii. Place in isolation
- c. Acute Infection
 - 1) Inmate claims to be currently infected with Hepatitis A and has been diagnosed by a physician. Verify infection, this is a mandatory reportable disease.
 - 2) Diagnosed while in the Facility
 - 3) Place in isolation

SECTION C: HEPATITIS B**C-1. Transmission.**

- a. Person to person by exchange of body fluids, blood, semen, saliva, urine, or wound drainage
- b. High risk groups (IV Drug Users, unprotected sex)
- c. Incubation—45 days to 6 months

C-2. Housing.

- a. Past History: Inmate claims a past history of Hepatitis B (IV Drug Use) but is not currently ill (antibody positive but may be a carrier of Hepatitis B).
 - 1) May be placed in general population
 - 2) Caution inmate to avoid altercations or exchanging of body fluids (No sharing of razors or toothbrushes with others)
- b. Possible History: Inmate claims he/she has been exposed or may have been exposed.
 - 1) Asymptomatic
 - i. May be placed in general population
 - 2) Symptomatic
 - i. Abrupt onset, fever, malaise, loss of appetite (anorexia), nausea, abdominal discomfort, dark urine, light or “clay-colored” bowel movements, itching, or jaundice
 - ii. Place in isolation
- c. Acute Hepatitis B (antigen positive)

- 1) Inmate claims to be currently ill with Hepatitis B that has been diagnosed by a physician or diagnosis while in DCAJ
- 2) Place in isolation

SECTION D: HEPATITIS C**D-1. Transmission.**

- a. Generally blood-borne (i.e., transfusions, IV drug use, dialysis)
- b. Incubation—14 days to 180 days

D-2. Housing.

- a. Past History: Inmate claims a past history of Hepatitis C, or claims to be a carrier of Hepatitis C, but is not currently ill.
 - 1) May be placed in general population
 - 2) Caution inmate to avoid altercations or exchange of body fluids, sharing razors or toothbrushes
- b. Possible History: Inmate claims to have been exposed or may have been exposed.
 - 1) Asymptomatic
 - i. May be placed in general population
 - 2) Symptomatic (acute illness)
 - i. Abrupt onset, fever, malaise, loss of appetite (anorexia), nausea, abdominal discomfort, dark urine, light or “clay-colored” bowel movements, itching, or jaundice
 - ii. Place in isolation
- c. Chronic History:
 - 1) Inmate claims to be currently ill with Hepatitis C that has been diagnosed by a physician or diagnosis while in DCAJ.