

Infection Control Program

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308.1 INFECTION CONTROL PROGRAM

See attachment: [Infection Control Program Lexipol 02.27.26.pdf](#)

Attachments

Infection Control Program Lexipol 02.27.26.pdf



SAN BERNARDINO COUNTY PROBATION INFECTION CONTROL PROGRAM

Prepared by:
San Bernardino Probation Department

SAN BERNARDINO COUNTY PROBATION INFECTION CONTROL PROGRAM

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INTRODUCTION

The Infection Control Program is overseen by the Health Services Manager (HSM) and approved by the Chief Medical Officer (CMO). The HSM collaborates with Supervising Correctional Nurses, staff nurses, correctional staff, and the Compliance Officer to reduce the incidence of infectious and communicable diseases among youth and staff in the Juvenile Detention and Assessment Center (JDAC) and Treatment Facilities (TFs).

The goals of the Infection Control Program are to:

- a. Prevent or limit the spread of infections among the youth and staff.
- b. Ensure a safe work environment for all personnel.

To achieve these goals, the HSM and the CMO have developed a comprehensive program to:

- a. Establish and maintain infection control policies and protocols.
- b. Ensure compliance with Public Health and other regulatory agency requirements.
- c. Identify infectious diseases in a timely manner.
- d. Implement appropriate isolation precautions.
- e. Identify and utilize appropriate personal protective equipment (PPE).
- f. Manage accidental exposures effectively.
- g. Review and revise infection control training and provide recommendations to the Safety Officer.

Each employee is individually responsible for adhering to the Infection Control Program. Compliance with this program is essential for the surveillance, prevention, and control of infections that could lead to serious illness or death.

Infection control activities include but are not limited to: education for staff and youth, ongoing surveillance and monitoring infection control practices, and reporting of infections.

The findings are reported monthly at a minimum to the HSM, where the information is reviewed and analyzed to improve safety and the quality of care. Response measures are implemented as needed.

The HSM works closely with Medical Services, the Training Unit, and the Safety Officer to provide ongoing in-service education for all staff. Training topics include, but are not limited to: hand hygiene, standard and isolation precautions, waste management, Bloodborne Pathogen Control Program, management of accidental exposures, Tuberculosis Exposure Control Plan, Influenza-Like Illness Plan, and the reporting procedures for communicable diseases.

PURPOSE

To outline policies and procedures applicable to custody staff and youth, ensuring a safe environment free of hazards and communicable diseases within the JDAC and TFs, the following are the objectives:

- a. Prevent occupational hazards and the spread of communicable diseases within the detention settings.
- b. Ensure that individuals exposed to communicable disease have the right to be evaluated, treated, and counseled by health care providers trained in communicable disease

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management.

- c. Maintain an active surveillance program, consistent practice standard precautions, and promptly notify Epidemiology (Department of Public Health) for all cases or reportable diseases required of healthcare personnel.
- d. Provide information to support early recognition of infections and facilitate timely initiation of appropriate isolation precautions to reduce disease transmission, thereby minimizing illness, disability, and mortality.
- e. Define the shared responsibility of Medical Services and support personnel to protect the health of the youth, visitors, and staff through strict adherence to this Infection Control Program.

DEFINITIONS

Airborne precautions: Used to prevent airborne transmission of infectious agents. Applied for youth with suspected or confirmed tuberculosis, measles, and chickenpox. May require isolation in a private room that has negative pressure relative to the hallway and at least six air exchanges per hour. Placement on airborne precautions is determined on a case-by-case basis. Note that negative pressure rooms are not available in the JDAC or TFs.

Biohazard: A biological agent, such as an infectious microorganism, or any condition posing threat to human health.

Biohazardous waste: Any waste containing infectious materials or potentially infectious substances, including blood. Special attention is given to sharps such as needles, blades, glass pipettes, and other items capable of causing injury during handling.

Bloodborne pathogens: Pathogenic microorganisms present in blood and can cause disease in humans. These include but are not limited to: Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV).

Cleaning: The first level of decontamination, often sufficient for certain items. Cleaning is an essential prerequisite for disinfection or sterilization, as the presence of any organic matter can render higher-level of decontamination ineffective.

Contact precautions: Used when a person carries bacteria or viruses on the skin or in a sore, or elsewhere in the body (i.e. intestine), that can be transmitted through direct touch or contact with contaminated surfaces or equipment. Staff must wear gowns, gloves, and any additional PPE deemed necessary when entering the youth's room or providing care.

Contamination: The soiling or pollution of inanimate or living tissue with harmful, potentially infectious, or other unwanted substances.

Decontamination: The process of rendering contaminated items safe for handling or reducing infectious organisms capable of causing disease.

Droplet precautions: Intended to reduce the risk of transmission of infectious agents carried in large respiratory droplets generated when a person talks, coughs, or sneezes. Medical procedures such as suctioning and bronchoscopy can also create droplets of this size. These larger droplets do not remain airborne for long and typically travel no more than three feet. Examples of illnesses requiring droplet precautions include influenza and pneumonia. Youth suspected or confirmed to have these conditions should be placed in a single cell or cohorted with others infected with the same organism. Negative-pressure respiratory isolation is not required. Staff must wear a mask when within three feet of an infected individual. If the youth must leave the room, they should wear a mask.

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Exposure incident: A specific exposure involving contact with blood or other potentially infectious materials to the eyes, mouth, or other mucous membranes, non-intact skin or via parenteral contact.

Gassing: An intentional act of placing, or throwing human excrement, bodily fluids, and other bodily substances onto another person, resulting in actual contact with their skin or mucous membranes.

High-level Disinfection: A disinfection process achieved by immersion in Cidex OPA for at least 12 minutes or an EPA- registered 2% glutaraldehyde solution for a minimum of 45 minutes, applied to pre-cleaned objects that contact mucous membranes or non-intact skin.

Isolation precautions: The separation of infected individuals from those uninfected for the duration of communicability of a specific disease.

Medical Isolation: Applied to youth diagnosed with a communicable disease where exposure is likely to result in transmission and spread. Medical Isolation is one of several measures used to implement infection control.

Mucous Membrane: Tissues lining body cavities or canals open to the outside, such as the nose and mouth. These membranes secrete mucus and absorb water and salts.

Personal protective equipment (PPE): Protective clothing and equipment - including, helmets, goggles, face shield, pocket masks, respiratory protection, and other garments - designed to protect the wearer's from injury or exposure to hazards such as blunt impacts, electrical hazards, heat, chemicals, and infectious agents in the workplace.

Single-use device: Medical devices intended for one-time use and discarded. It is the department policy that these items are not reprocessed or re-used. These are also referred to as a disposable device.

Standard Precautions: A set of infection control practices designed to prevent transmission of diseases acquired through contact with blood, body fluids, non-intact skin (including rashes), and mucous membranes. These precautions assume all blood and body fluids are potentially infectious, regardless of perceived risk, and involve the consistent use of safe work practices.

INFECTION CONTROL ISSUES

Epidemiology is the branch of medicine that deals with the incidence, distribution, and control of diseases and other health-related factors. Strict adherence to Standard Precautions - along with the use of isolation precautions when appropriate - is essential for effective infection control in juvenile detention and treatment settings.

1. The responsible health authority ensures that:
 - a. All medical, dental, and laboratory equipment and instruments are decontaminated.
 - b. Sharps and biohazardous wastes are disposed of properly in accordance with regulatory standards.
 - c. Surveillance systems are in place and effectively detect youth with serious infectious and communicable diseases (e.g., skin infections).
 - d. Immunizations are provided when appropriate to prevent the spread of infectious diseases.
 - e. Youth diagnosed with infection receive medically indicated care.
 - f. Youth with contagious diseases are placed in medical isolation when appropriate.
2. When medical isolation is provided on-site, youth in isolation must be frequently monitored for changes in physical and mental status, and an isolation room must include:

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- a. A private toilet
 - b. A hand-washing facility
 - c. A soap dispenser or single-use soap
 - d. Single-service towels
3. Health service staff must consistently use standard precautions to reduce the risk of exposure to blood and body fluids of potentially infected youth.
 4. Health staff must ensure that youth being released with communicable or infectious diseases are provided with appropriate community health referrals to support continuity of care.
 5. All required health reports must be completed and submitted by health staff in accordance with local, state, and federal laws and regulations.
 6. Health staff are required to use needle safety devices, such as self-sheathing or needleless systems, to prevent needlestick injuries and ensure staff safety.

EPIDEMIOLOGY CONSULTATION

Epidemiology Consultation on Infection Control Issues

The Epidemiologist from the San Bernardino County Department of Public Health serves as a consultant to the Infection Control Committee on matters related to infection control.

The Epidemiologists from the County are available for consultation Monday to Friday, from 8:00 am to 5:00 p.m., with on-call staff available after hours. Epidemiology Staff are accessible 24 hours a day to answer questions, provide guidance on infection control practices, and assist in resolving infection-related concerns.

County of San Bernardino/Epidemiology
Human Service System
Department of Public Health
451 E. Vanderbilt Way, Suite 400
San Bernardino, California 92415-0011
Phone: 1-800-722-4794
Fax: (909) 381-8474

STANDARD PRECAUTIONS

Standard precautions are the foundational step in infection control and must be practiced by all employees at all times, and in all settings. Staff will be trained in infection control protocols and are required to use barrier devices provided for their safety. These includes proper hand hygiene, appropriate personal protective equipment (PPE) such as gloves, gowns, masks, eye protection, and/or face shields, and safe injection practices. Any equipment or items likely contaminated with infectious body fluids must be handled in a manner that prevents transmission of infectious agents through strict adherence to standard precautions.

1. Devices and PPE designed to reduce the staff's exposure to biohazardous fluids or materials are continually being evaluated for effectiveness. PPE shall include, but not be limited to, gowns, masks, gloves, and face shields, and must be readily available at each work site.

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2. N95 masks will be made available to custody staff and other employees upon request, particularly for protection against aerosol-transmitted disease. The Fit testing procedures are as follows:
 - a. Staff are fit tested at the time of hire, annually, and as requested by the employee.
 - b. Clearance from the Center for Employee Health and Wellness is required before fit testing.
 - c. The employee must inform their supervisor if a re-fit test is needed due to facial changes (weight loss/gain, facial hair).
3. Hands must be washed with soap and running water before eating, after using the restroom, when visibly soiled, and after contact with blood or other body fluids. Wash hands with soap and running water for at least 20 seconds. If hand-washing facilities are not readily available, an alcohol-based hand sanitizer may be used as an alternative.
4. PPE is indicated when skin, mouth, nose, and/or eye protection is needed.
5. Sharps must be disposed of in a leak-proof, puncture-resistant container designated for biohazard waste. Never recap, bend, break, or otherwise manipulate any needles after use.
6. Youth suspected of having an infectious condition should be placed in a private room, in consultation with Medical Services. Consider isolation especially for youth with poor hygiene practices.
7. All washable (non-porous) surfaces must be cleaned before, during, and after cell occupancy. Staff are responsible for connecting regular sanitation inspections of living and bathroom areas to identify, and address visibly dirty or contaminated surfaces.
8. Linens and clothing should be collected at bedside by the staff or may be self-laundered by the youth, depending on policy and condition. Wet or soiled items must be handled as little as possible and placed in a leak-proof bag at the location it was used, in accordance with the facility's contaminated linen management policy. All items must be machine washed and dried completely before reuse.
9. Shared equipment, including sports and exercise equipment must be disinfected daily and wiped clean between users using a clean, dry towel. Youth must use a barrier (e.g. a clean towel or shirt) between their skin and any exercise equipment surface.
10. Staff with possible skin infections must report symptoms promptly to their supervisor. Youth suspected of having skin infections must be referred immediately to Medical Services for evaluation.
11. Any injury caused by a used sharp object (needle, razor) must be documented on the sharps injury log. Complete a Bloodborne Pathogen Exposure Form and submit to the Watch Commander or Supervising PCSII. An immediate appointment must be scheduled with the Center for Employee Health and Wellness. A copy of the completed form shall be forwarded to the Safety Officer for documentation.
12. Regular inspections, as outlined in department procedures, must be conducted to identify unsafe work practices, workplace hazards, and unsafe conditions. Identified issues must be addressed with a corrective action plan in a timely manner.

ISOLATION PRECAUTIONS

Isolation precautions are implemented to prevent the transmission of infection from an infected or colonized individual (carrier) to the staff, youth, and visitors.

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1. The Supervising Correctional Nurse/Designee may be required to consult with Epidemiology/Infection Control when a Communicable disease is suspected or diagnosed that warrants isolation precautions.
2. Staff shall follow specific isolation precautions, in addition to standard precautions when interacting with individuals suspected or confirmed to have a communicable disease/infection.
3. Youth may be placed in isolation if they are suspected or diagnosed with an infection or colonized with epidemiologically significant pathogens that can be transmitted via the air, by droplet, or direct contact routes.
4. Youth requiring Protective or Airborne Precautions must be evaluated for transfer to a facility with a negative pressure room, as ordered by a physician/provider. Negative pressure rooms are not available at the JDAC or TFs.
5. Youth presenting with conditions requiring Droplet Precautions shall be assessed on an individual basis and transferred, if necessary, per physician/provider order.

ISOLATION CARE PROCESS OF DETAINED YOUTH

A. Types of Medical Isolation:

Source of Transmission	Special requirements
Protective	<ul style="list-style-type: none">• Private room• Mask, gloves, and gown if indicated• Often used for youth who are immunocompromised
Airborne	<ul style="list-style-type: none">• Private room with negative pressure may be indicated• Mask, gloves, and gown if indicated• Door closed• Each case will be managed on an individual basis to determine if the youth may remain at the facility.
Droplet	<ul style="list-style-type: none">• Private room• Mask, gloves, goggles, and gown if indicated• Door closed
Contact	<ul style="list-style-type: none">• Private room• Gloves and gown if indicated• Door may be left open

B. Orders:

1. Youth may be isolated at the discretion of the Correctional Nurse, Licensed Vocational Nurse, Epidemiologist, or physician/provider. Indications for isolation include suspected/diagnosed communicable disease and other conditions related to the youth's health and safety.

C. Observation and Care Factors:

1. Isolation precautions must be reasonable and effective in containing the spread of infection, without compromising the care, wellbeing, or security of the youth.
2. Youth in isolation must be provided with a safe and supportive environment. Isolation is not to be used as solitary confinement.

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3. Staff, visitors, and youth must be educated on applicable isolation precautions. Youth and their family should be given opportunities to ask questions and receive appropriate information.
 4. Limit the number of individuals entering the isolation room/unit to those necessary for care or essential services.
 5. Bring only the equipment and supplies needed for immediate care of the youth into the isolation room/unit.
- D. Initiation of Isolation:
1. Correctional Nurse shall complete the Medical Isolation form, (front and back), and print on bright “lemon” colored paper, and document the isolation status in the Health Kardex.
 2. Collect appropriate items and equipment required for the specific isolation (i.e., gloves, masks, isolation gowns) and store them at the staff control desk.
 3. Place an isolation sign on the door or in a location that is clearly visible to anyone entering the room/unit.
 4. Provide the youth with a clean mask each time they exit the isolation room.
- E. Care of Trash, Soiled Linen, and Equipment:
1. No additional procedures are required beyond standard practices used for all youths. Medical staff will indicate if special handling or disposal is needed for specific cases.
- F. Transporting:
1. Notify the receiving unit or facility of the required isolation precautions prior to the arrival of the youth.
 2. Ensure the youth is wearing the appropriate mask for the type of isolation, if indicated.
- G. Transfers/Discharges:
1. Inter-facility transfers of a youth on isolation shall not occur without the approval of the Supervising Correctional Nurse and/or the Health Services Manager.
 2. Medical Services must be notified prior to the transfer of a youth to an off-site facility for care and isolation.
 3. The Supervising Correctional Nurse or designee shall notify the receiving facility (i.e., hospitals, other JDAC or TFs, etc.) prior to transfer. If the youth is being transferred out of the county, the receiving county must also be notified in advance of any known communicable diseases.
 4. When possible, provide the parent/guardian with appropriate notifications and instructions regarding special precautions for youth released from court who require continued isolation or follow-up care.
- H. Court:
1. The Supervising Correctional Nurse or designee shall notify the appropriate court officers when a youth has a suspected or confirmed communicable disease. The court officers will then notify the judge and attorneys and determine whether the court proceedings can continue in the youth’s absence.
- I. Clearance from Isolation:
1. Isolation precautions must remain in effect until the youth is formally cleared by a physician, or provider or Correctional Nurse based on clinical evaluation and applicable guidelines.
- J. Discontinuation of Isolation Room Cleaning:

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1. For most cases, no additional cleaning procedure is required beyond standard protocols. Routine terminal cleaning shall be performed once youth is cleared, discharged, or transferred. This includes thorough cleaning of walls, floors, windows, and all horizontal surfaces.
2. The Watch Commander will determine when a contracted service is needed, particularly in cases involving significant soiling with blood or body fluids.

K. Documentation:

1. Nursing staff shall document the date, time, and reason for initiating and discontinuing specific isolation precautions in the youth's health record.

Medical Isolation Checklist

Use standard precautions (hand washing, and covering coughs, etc.) If you have contact with an ill youth, use disinfectant on phones, keyboards, doorknobs, sinks, buttons, etc.

The checked instructions on the back side are to be followed until further notice from Medical Services. If there are any questions, please contact the Medical Clinic.

Start Date/Time:

Youth label here

Completed By:

<p>Reason</p> <p><input type="checkbox"/> Communicable</p> <p><input type="checkbox"/> Non-communicable</p> <p><input type="checkbox"/> Inability to perform necessary medical screening</p> <p><input type="checkbox"/> Health safety for the youth</p>	<p>Precautions</p> <p><input type="checkbox"/> Standard Precautions</p> <p><input type="checkbox"/> Mask required prior to entering</p> <p><input type="checkbox"/> Gloves required for all contact</p> <p><input type="checkbox"/> Gown required for all direct contact</p> <p><input type="checkbox"/> Youth to wear a mask when out of room</p>
<p>Housing</p> <p><input type="checkbox"/> No roommate</p> <p><input type="checkbox"/> House with a youth of the same diagnosis</p> <p><input type="checkbox"/> Isolated in unit, separate from others</p>	<p>Laundry/Showers</p> <p><input type="checkbox"/> Separate the youth's soiled clothes/linens</p> <p><input type="checkbox"/> Shower last in designated stall. Stall to be disinfected after use</p>
<p>Transports</p> <p><input type="checkbox"/> Cleared to go to the clinic for care/treatment with personal protective wear as indicated: mask/gloves/gown/none</p> <p><input type="checkbox"/> Cannot go to the clinic for care/treatment</p> <p><input type="checkbox"/> Cannot go to court</p> <p><input type="checkbox"/> Cleared to go to court with personal protective wear as indicated: mask/gloves/gown/none</p> <p><input type="checkbox"/> Cannot go to school (School folder only)</p>	
<p>Comments:</p>	

REPORTING AND MANAGEMENT OF DIAGNOSIS OR EXPOSURE TO A COMMUNICABLE DISEASE

Reporting communicable disease exposures or confirmed diagnoses is required to ensure that staff are properly informed and can implement appropriate protective measures. This report supports infection control efforts and helps prevent the spread of disease within the facility.

A. Exposed Employee:

1. Immediately notify your direct supervisor if you have had unprotected contact with an individual suspected or confirmed to have a communicable disease.
2. If exposure occurred because of a gassing incident, notify your supervisor and refer to the departmental procedure titled "Incidents of Gassing/Exposure" for further guidance.
3. Seek medical evaluation and treatment from a licensed medical provider as soon as possible.

B. Supervisor of Exposed Employee:

1. If the exposure occurred in the workplace, the supervisor shall schedule an appointment for employees with the Center for Employee Health and Wellness.

C. Employee Clearance to Return to Work:

1. All employees must obtain medical clearance from the Center for Employee Health and Wellness before returning to duty following an exposure – whether the illness is work related or not - regardless of shift assignment.
2. If an employee receives clearance from a private physician/provider, final return-to-work clearance must still be obtained through the Center for Employee Health and Wellness.
3. Only supervisors are authorized to schedule appointments with the Center for Employee Health and Wellness.

D. Supervising Correctional Nurse/Designee Reporting Diagnosed Communicable Disease of Youth:

1. Notify the Health Services Manager and/or Epidemiology/Infection Control Investigator immediately upon identification of a diagnosed communicable disease in a youth.
2. Ensure timely communication with the Watch Commander for applicable cases.
3. Complete the Confidential Morbidity Report (CMR) form, if required.
4. Submit the completed CMR to the Infection Control Officer within Epidemiology, who will assess exposure risk and the disease process, and coordinate any necessary follow-up.
5. Ensure Medical Services staff adhere to established procedures and complete required follow-up actions.

E. Epidemiology/Infection Control Representative:

1. Initiate investigations promptly upon receipt of verbal or written reports of communicable disease.
2. Conduct follow-up investigations involving contact cases to ensure appropriate treatment and/or resolution of the condition.

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3. Report on the status of all confirmed cases and contacts to Probation Medical Services for documentation and further coordination.

MEDICAL WASTE MANAGEMENT PROGRAM

PURPOSE

To provide established guidelines and procedures for the identification, handling, and disposal of biohazard (medical) waste in accordance with the Medical Waste Management Act (Act). The Act outlines specific requirements for the safe handling, treatment, and disposal of medical waste and applies to all entities that generate such waste.

OVERVIEW

All medical (biohazard) waste generated by the Probation Department shall be properly handled, segregated, transported, and disposed of in accordance with the requirements outlined in California Waste Management Act. These practices are designed to minimize the risk of exposure to and prevent the spread of infection among staff, youth, visitors, and contract workers.

Medical Waste Permits are renewed annually and are posted in the facility lobbies for public reference.

The Probation Department does not generate medical waste containing recognizable anatomical remains, hazardous chemicals or radiological materials.

The following are types of medical waste generated by the Probation Department including, but not limited to:

1. Biohazardous waste
2. Sharps
3. Pharmaceuticals

The following are types of waste that are not considered medical waste:

1. Disposable items such as paper towels, packaging, gloves, swabs, gauze, and other materials that contain only non-fluid blood.
2. Bodily excretions and secretions including urine, feces, saliva, sputum, nasal secretions, sweat, tears, and vomitus - unless they contain blood, or if generated from individuals isolated due to highly communicable diseases (CDC BioSafety Level 4 organisms).
3. Empty medication and vaccine vials that do not contain residual amounts of hazardous or infectious materials.



San Bernardino County Probation Department/Health Services
Medical Waste Management Plan

Generator Facility: JDAC and TFs

Person responsible for implementation of plan:

Title: Health Services Manager Telephone: [REDACTED]

Types of Medical Waste generated:

- Blood or body fluids
- Sharps
- Pharmaceutical

Estimate of monthly quantity generated: Central Valley Juvenile Detention and Assessment Center (JDAC) and Treatment Facilities (TFs) are registered as small quantity generators. The estimated medical waste generated is approximately 20 pounds per location per month.

Method of treatment performed on site: none

Medical Waste, Segregation, Containment, Labeling, and Collection Procedures:

Medical waste is separated from general waste at the point of generation. All medical waste is immediately placed into RED biohazard bags labeled with the words, "Biohazard Waste." Or "Biohazard". These bags must be impervious to moisture and durable enough to resist ripping, tearing, or bursting under normal use. All waste placed in a red bag is considered to be medical waste. This bag will be securely tied to prevent spillage, particularly if the bag is overturned.

All sharps are disposed of in a rigid, puncture-resistant sharps container labeled with the words "SHARPS WASTE" or with the international biohazard symbol and the word "Biohazard." These sharps containers are located in the exam rooms within the clinic, the medical intake office, and in each housing unit. Sharps containers shall be leak-resistant and difficult to reopen once sealed. Sharps containers shall be considered "full" at 2/3 capacity. And have lids that are snapped closed, taped, or otherwise sealed prior to disposal.

All pharmaceutical waste will be discarded into the designated blue and white containers located in the medical clinic. Medical waste is transported in sealed red biohazardous bags labeled "Biohazardous Waste" to the designated biohazardous waste storage area located at the facility warehouse. The storage containers must be labeled "Biohazardous Waste" or "Biohazard," and display the international biohazard symbol. This storage container must be kept in a secure, locked area at all times. The storage area key is held by the Watch Commander and a designated Safety and Security Officer of each facility.

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The JDAC and TFs do not generate recognizable human anatomical remains, mixed waste, chemotherapeutic waste, or pathological waste, nor do they accept medical waste from any other facility.

Medical Waste Storage Methods

All medical waste shall be collected and stored in the Biohazardous Waste Storage Area until transported by the medical waste hauler. All waste must be contained in red biohazardous bags labeled "Biohazardous Waste." Or an approved sharps container with appropriate labeling and the biohazard symbol. The Biohazardous Waste storage area must be clearly marked with the following warning signs:

English: "CAUTION-BIOHAZARDOUS WASTE STORAGE AREA-UNAUTHORIZED PERSON KEEP OUT,"

Spanish: "CUIDADO-ZONA DE RESIDUOS BIOLÓGICOS-PELIGROSOS-PROHIBIDA LA ENTRADA A PERSONAS NO AUTORIZADAS."

Biohazardous waste, including filled sharps containers, shall not be stored for more than thirty (30) days at a temperature above 32 degrees Fahrenheit. The thirty (30) day storage period begins on the date when the first item is placed in the bag or container.

Medical Waste Treatment and Disposal Method

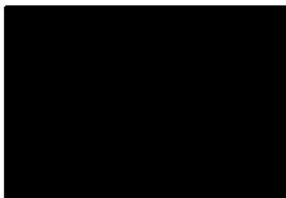
All Medical Waste will be picked up monthly by licensed hauler STERICYCLE, INC. The waste is then transported to an off-site treatment facility for proper processing and disposal. Documentation of all medical waste pickups and transport by STERICYCLE is maintained by the Safety/Security Office at each facility and retained for a minimum of three (3) years in accordance with regulatory requirements.

Emergency Action Plan

In the unlikely event of disruption in medical waste pickup services or facility operation:

- a. The facility will attempt to locate alternative licensed waste vendors, searchable online under "waste" or "medical waste disposal."
- b. For additional assistance, the facility may contact the Local Enforcement Agency (Department of Health Services, Medical Waste Program) at [REDACTED]

In the event of a medical waste spill, the staff shall respond using the Standard Precaution Compliance Kit in accordance with established infection control protocols.



CONTROL OF PATHOGENS

The purpose is to outline the process for effectively decontaminating and sterilizing commonly used items and equipment within the facilities.

Decontamination and disinfection procedures are essential to minimize the risk of cross-contamination of frequently used items and equipment. The following measures support infection prevention and control:

1. Clean and disinfect high-touch surfaces regularly, including keys, handsets/HT's, computer keyboards, doorknobs, faucet handles, and similar items.
2. Thoroughly clean and disinfect environmental and medical equipment surfaces using approved Environmental Protection Agency-registered disinfectants, following the manufacturer's instructions.
3. Practice proper hand hygiene consistently to reduce the spread of infections.
4. Use disposable barrier coverings when appropriate to minimize surface contamination.
5. Dispose of single-use items immediately after use according to protocol.
6. Clean re-usable medical items with high-level disinfectants immediately after use.
7. Utilize the Standard Precautions Compliance Kit for containment, cleaning, and decontamination of blood spills.
8. If Custodial Services are unavailable, each department is responsible for cleaning heavily soiled areas contaminated with blood or body fluids. In some cases, an approved contractor may be engaged.
9. Procedures for blood-soiled areas include:
 - a. Use appropriate personal protective equipment (PPE).
 - b. Place blood-soaked laundry in a leak-proof red bag labeled "Biohazardous Waste."
 - c. Clean the spill using the Standard Precaution Compliance Kit.
 - d. Dispose of blood-soiled disposable materials in the provided red biohazard bag.
 - e. Remove PPE carefully and discard it in regular trash if not contaminated.
 - f. Perform thorough handwashing immediately after removing PPE.

HAND HYGIENE – AN INTEGRAL PART OF “CONTROL OF PATHOGENS”

Hand hygiene, which includes washing hands with soap and water or using an alcohol-based hand sanitizer, is essential for both employees and youth to prevent infections and reduce the risk of communicable diseases.

This policy is based on guidelines and findings from the Centers for Disease Control and Prevention (CDC), which identify clean hands as the most important factor in preventing the spread of pathogens and antibiotic resistance, especially in healthcare and correctional settings. According to the CDC, effective hand hygiene is the primary method to reduce the risk of cross-contamination and infection.

Hand hygiene in correctional settings presents unique challenges such as physical barriers, security restrictions, and limited access to handwashing facilities. Therefore, it is critical to follow proper

SAN BERNARDINO COUNTY PROBATION INFECTION CONTROL PROGRAM

hand hygiene techniques, use appropriate personal protective equipment, and apply isolation precautions when handling cleaning, disinfection, or biohazardous spills.

All Correctional Facilities and Medical Services share the collective goal of preventing or reducing infections. Employees who provide direct care and/or have contact with supplies, equipment, and food are required to strictly adhere to all hand hygiene outlined in this policy.

Routinely wash hands with soap and running water or use an alcohol-based hand sanitizer:

1. Before preparing or eating food.
2. After using the restroom.
3. When hands are visibly dirty.
4. After contact with blood or other body fluids.
5. Before direct contact with youth.
6. After contact with a youth's skin.
7. After removing gloves.

COMMUNICABLE DISEASE PLANS

POLICY

Due to the risk of infection, youth diagnosed with communicable diseases listed in Title 17, section 2500, shall be isolated as necessary. Additionally, these cases must be reported to the San Bernardino County Department of Public Health in accordance with the legal requirements. For detailed guidance, refer to Probation Department Procedure - Management of Communicable Diseases.

REPORTING OF COMMUNICABLE DISEASES

State law mandates that every physician, nurse practitioner, coroner, dentist, hospital superintendent or a manager, clinic or dispensary staff member, or any person aware of, or attending to a case or suspected case of a reportable disease or condition listed in Title 17 Section 2500 of the California's Code of Regulations, must notify the local health authority following all applicable public health ordinances. In compliance with public health law, the facility requires that a Communicable Disease Morbidity Report (CMR) form be completed and faxed to San Bernardino County Epidemiology at (909)381-8474.

For further information, see Department procedure – Management of Communicable Diseases and Standardized Procedures for Registered Nurses.

SAN BERNARDINO COUNTY PROBATION INFECTION CONTROL PROGRAM

SARC-CoV-2 (COVID-19) CONTROL PLAN

PURPOSE

To provide guidelines for the detection, protection, and prevention of COVID-19 within the JDAC and TFs.

DEFINITION

COVID-19 is an infectious disease caused by a coronavirus. Most individuals experience mild to moderate respiratory illness and recover without special treatment.

PRESENTATION

Common symptoms include fever, dry cough, and fatigue. Less common symptoms may include aches and pains, sore throat, diarrhea, conjunctivitis, headaches, loss of taste or smell, skin rash, or discoloration of the fingers or toes. Serious symptoms include difficulty breathing or shortness of breath, chest pain or pressure, and loss of speech or movement.

TRANSMISSION

The virus spreads primarily through respiratory droplets expelled when an infected person coughs, sneezes, or talks.

ADMINISTRATIVE AUTHORITY

This plan is implemented under the direction of the Health Officer/Chief Medical Officer or the Health Services Manager in accordance with the CDC guidelines.

SCREENING AND SURVEILLANCE

All youth are screened for COVID-19 symptoms during intake/booking. Rapid (antigen) testing is conducted at intake, prior to placement, before facility transfers, and as indicated, prior to off-site medical/dental appointments. Visitors are also screened prior to visiting. Recommended precautions include frequent handwashing and, at a minimum, regular sanitizing of work areas. Additional precautionary measures may be implemented based on the outbreak severity and the Health Officer's direction.

ROLES AND RESPONSIBILITIES

A. Correctional Nurse:

1. Screen youth at intake, daily while the youth is housed on the "Orientation Unit," and during sick call if symptoms are present.
2. Follow the Standardized Procedures for Registered Nurses - Flu-like symptoms.
3. Notify the HSM, Watch Commander, Deputy Chief Probation Officer, and custody staff working on the youth's unit of symptomatic cases pending test results, or confirmed positive cases, and consult with the Chief Medical Officer.

B. Custody Staff:

1. Use CDC-recommended screening questions to assess visitors for symptoms or exposure. (<https://www.cdc.gov/screening/paper-version.pdf>)
2. Deny visits to anyone who answers "yes" to the screening questions.
3. Contact Medical Services with any questions or concerns.

HOUSING

- A. Youth are housed on the Orientation Unit on Medical Isolation until they have received a negative rapid antigen test, after which they are transferred to the general population. Youth

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with confirmed COVID-19 cases will remain on Medical Isolation for 5 days or until a health care provider determines it is safe to release them. If testing is unavailable, symptomatic youth will be housed on the Orientation unit for approximately 5 days for symptom monitoring. All youth not yet cleared must be placed on Medical Isolation in a single room equipped with a separate toilet, handwashing facility, single-use soap, and single-service towels until cleared by the on-site medical provider.

APPOINTMENTS

- A. Youth with confirmed positive test results will remain on the Orientation Unit unless their care cannot be provided there.
- B. Youth must wear a surgical mask during encounters with others.
- C. Off-site appointments shall be rescheduled unless it is an emergency. In emergency cases, the receiving facility must be notified if the youth is symptomatic or has a confirmed COVID-19 diagnosis.
- D. On-site dental and optometry appointments shall be postponed until the youth has been cleared by the healthcare provider. For urgent dental needs, the dentist should be consulted for appropriate guidance.
- E. Inter-facility transfers will be discouraged whenever possible.

COURT

- A. The Supervising Correctional Nurse or designee will notify the court officers, who will then inform the judge and attorneys to determine if the court can proceed without the youth's presence.

INFECTION PREVENTION AND CONTROL FOR HEALTH CARE WORKERS

- A. Perform hand hygiene before and after all youth contact.
- B. Use of personal protective equipment (PPE) appropriately.
- C. Disinfect all equipment properly after use.
- D. Clean and disinfect all patients' contact surfaces after the youth leaves the examination room.

LABORATORY TESTING

COVID-19 rapid antigen testing shall be conducted during the intake process, prior to medical/dental appointments, before transfer to placement, and during other interfacility transfers. Additionally, laboratory testing may be ordered at the discretion of the clinician, based on the severity of the youth's clinical presentation.

YOUTH DISPOSITION AND TREATMENT

Youth who do not require admission to a health care facility shall receive education aimed at preventing the spread of illness. This education will include guidance on proper hand hygiene and respiratory etiquette, including covering coughs and sneezes.

INFLUENZA-LIKE ILLNESS (ILI) CONTROL PLAN

PURPOSE

To provide clear guidelines for the detection, protection, and prevention of Influenza-Like Illnesses (ILI) within the facility.

DEFINITION

Influenza-Like Illness (ILI): A non-specific contagious respiratory illness that the influenza viruses may cause. It can range from mild to severe illness and, in some cases, may lead to death.

PRESENTATION

ILI is typically characterized by a fever of 100.5° F or higher, accompanied by at least one of the following symptoms: cough, sore throat, shortness of breath not attributable to another known cause.

ADMINISTRATIVE AUTHORITY

The ILI Plan shall be implemented at the direction of the Health Officer/Chief Medical Officer or Health Services Manager.

SCREENING AND SURVEILLANCE

All youth are screened during the intake/booking process for any signs and symptoms of ILI. The facilities shall display signage for individuals with a cough to practice proper hand hygiene and to cover their cough.

The use of a surgical mask is recommended as a standard precaution. The level of the outbreak and the Health Officer's direction will guide the expansion of precautionary measures.

ROLES AND RESPONSIBILITIES

A. Correctional Nurse:

1. Screen and triage youth at intake using the Supplemental Intake Screening form.
2. Follow the Standardized Procedures for Registered Nurses - Flu-like Symptoms
3. Consider placing the youth who meet the clinical criteria on Medical Isolation per protocol until cleared by a physician or healthcare provider.

B. Custody Staff:

1. Contact Medical Services with any questions or concerns regarding infection control procedures.

HOUSING

- A. Youth with confirmed or suspected ILI shall be placed on Medical Isolation in a single-occupancy room equipped with a separate toilet, hand washing facility, single-use soap or soap dispenser, and single-service towels.

APPOINTMENTS

- A. Youth must wear a surgical mask when brought to the clinic.
- B. Offsite appointments should be rescheduled unless it is an emergency. If the appointment must proceed, the receiving facility must be notified that the youth is being monitored for ILI and will arrive wearing a mask.
- C. On-site dental and optometry appointments shall be rescheduled until the youth is medically cleared. In urgent cases, the dental provider shall be consulted for guidance.

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D. Inter-facility transfers should be discouraged whenever possible.

COURT

The Supervising Correctional Nurse shall notify court officers when a youth is being monitored for ILI. The court officers will then inform the judge and attorneys to determine whether the court proceeding can continue without the youth's presence.

INFECTION PREVENTION AND CONTROL FOR HEALTH WORKERS

- A. Perform hand hygiene before and after all youth contact.
- B. Use of PPE appropriately.
- C. Disinfect medical equipment after each use.
- D. Clean and disinfect all patient-contact surfaces after the youth leaves the examination room.

LABORATORY TESTING

If, in the clinician's professional judgement, laboratory testing is warranted based on the severity of the youth's clinical presentation, a nasopharyngeal (NP) swab shall be collected. Specimens must be submitted to the Department of Public Health Laboratory for analysis.

YOUTH DISPOSITION AND TREATMENT

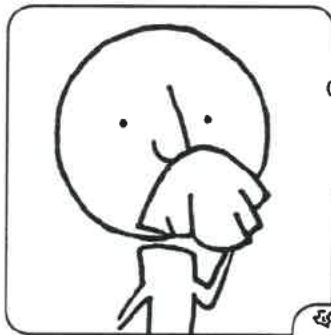
Youth who do not require admission to a healthcare facility shall be provided with education aimed at preventing the spread of illness. This education shall include proper hand hygiene practices and respiratory cough etiquette.

IMMUNIZATIONS

In accordance with the Standardized Procedures for Registered Nurses, all youth shall be offered the annual influenza vaccine.

Stop the spread of germs that make you and others sick!

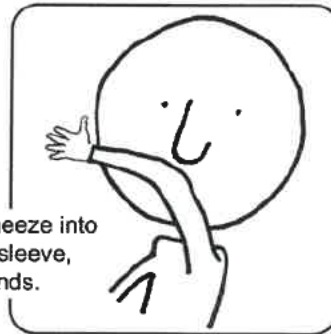
Cover your Cough



Cover your mouth and nose with a tissue when you cough or sneeze

or

cough or sneeze into your upper sleeve, not your hands.

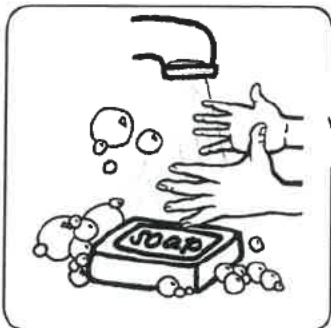


Put your used tissue in the waste basket.



Clean your Hands

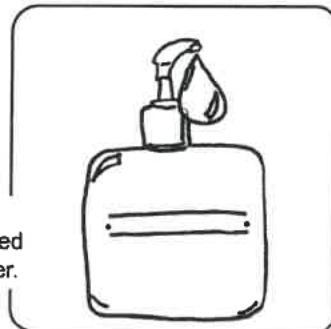
after coughing or sneezing.



Wash hands with soap and warm water

or

clean with alcohol-based hand cleaner.



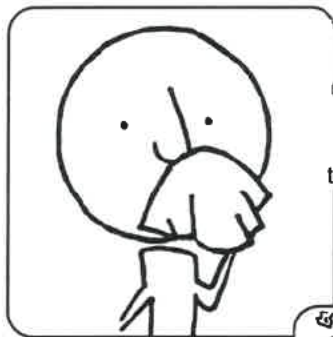
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ASSOCIATION FOR PROFESSIONALS IN
INFECTION CONTROL AND EPIDEMIOLOGY

¡Pare la propagación de gérmenes que lo enferman a usted y a otras personas!

Cubra SU tos



Cubra su boca y nariz con un kleenex cuando tosa o estornude

o tosa o estornude en la manga de su camisa, no en sus manos.

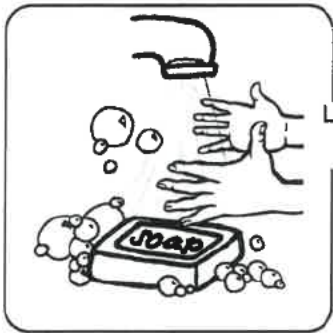


Deseche el kleenex sucio en un basurero.



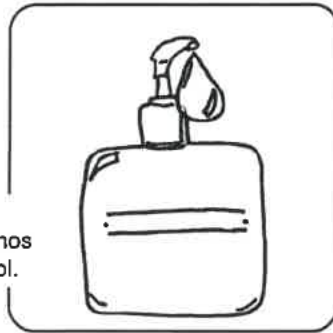
Lávese las manos

después de toser o estornudar.

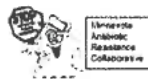


Lávese con agua tibia y jabón

o límpiense con un limpiador de manos a base de alcohol.



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MDH
DH-171124

SAN BERNARDINO COUNTY PROBATION INFECTION CONTROL PROGRAM

TUBERCULOSIS CONTROL PLAN

PURPOSE

To provide recommended procedures for the early detection of Tuberculosis (TB), including the isolation and/or treatment of youth with confirmed or suspected TB.

OVERVIEW

Tuberculosis is an acute or chronic infection caused by the bacterium *Mycobacterium tuberculosis*. While the lungs are the primary site of infection, TB can spread through the lymphatic system to other organs.

ADMINISTRATIVE AUTHORITY

The Supervising Correctional Nurse/Designee is responsible for ensuring compliance with the procedures outlined in this plan, under the direction of the Chief Medical Officer, the Health Services Manager, the Superintendent, the Risk Manager, and the Safety Officer.

Ongoing monitoring of the Tuberculosis Infection Control Plan (TB ICP) is critical to ensure full implementation and to identify any barriers to compliance. Periodic evaluations of the plan must be conducted to assess its effectiveness in preventing TB transmission within the facility.

PRESENTATION

Common signs of active TB include: a persistent cough lasting three (3) weeks or more, chest pain, coughing up blood or sputum, weakness or fatigue, unexplained weight loss, loss of appetite, chills, fever, and night sweats.

TRANSMISSION

TB is primarily an airborne disease. It spreads from person to person through tiny droplets released in the air when someone with active TB coughs, sneezes, speaks, sings, or laughs. Only individuals with active TB can transmit the infection to others.

ROLES AND RESPONSIBILITIES

A. Health Services Manager:

1. Oversee the implementation and compliance of this policy and its procedures.

B. Supervising Correctional Nurse I/II:

1. Notify the local Department of Public Health when a youth with suspected or active TB is transferred or released.
2. Ensure consideration is given to immunocompromised youth who may have been exposed.
3. Notify the appropriate court officer if a youth is unable to attend court due to suspected or confirmed active TB.
4. Notify the receiving facility (i.e., hospital) prior to transferring a youth with suspected or confirmed TB.

C. Correctional Nurse:

1. Screen all youth during the intake/booking process using the following questions:
 - a. *Have you ever received treatment for tuberculosis (TB)?*

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- b. *Have you had a cough lasting more than 2 weeks?*
 - c. *Are you coughing up blood?*
 - d. *Have you recently lost weight?*
 - e. *Do you have frequent fevers or night sweats?*
2. Place any youth with suspected TB on medical isolation until cleared by the physician/provider.
 3. Follow the Standardized Procedures for Registered Nurses – Tuberculosis (suspected/confirmed).

D. Watch Commander:

1. In the event a youth with suspected or confirmed TB must be transported off-site, consult with medical staff, transportation personnel, and the receiving facility to determine appropriate precautions, including the use of PPE and isolation measures, and other relevant protocols.

INFECTION CONTROL MEASURES

The most effective way to prevent TB transmission is to maintain a high index of suspicion for the disease. Early identification and immediate isolation of suspected cases are critical. Youth who are suspected of having an active TB shall be promptly isolated and transported without delay to Arrowhead Regional Medical Center (ARMC) for evaluation. The number of staff with direct contact with the youth should be minimized, and all personnel in contact must use appropriate respiratory protection. Most TB outbreaks in correctional facilities have resulted from highly infectious cases that remained undetected for extended periods.

TRANSPORT OF YOUTH

- A. Transport youth in a manner that minimizes the risk of TB transmission to others.
- B. Immediately transfer any youth suspected of active TB to ARMC
- C. Limit transport within and outside the facility to essential medical or criminal justice purposes only.
- D. When off-site is necessary, the youth shall be the only occupant in the vehicle and seated in the rear seat.
- E. Youth must wear a surgical mask that fits securely over the mouth and nose at all times during transport. The mask should be replaced if it is wet or damaged.
- F. Notify receiving facilities, healthcare providers, and the local health officer or their designee in the receiving jurisdictions prior to transfer. (i.e., other JDACs, Placements, hospitals).
- G. Transport personnel must wear an appropriate mask while inside the vehicle and when in the proximity to the youth.
- H. When weather permits, transport vehicle windows should remain open to promote proper ventilation during transport.
- I. The vehicle's air system should be set to fresh air mode on high, ensuring no air recirculation occurs.

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- J. Before staff and youth re-enter the vehicle, it should be aired out with all windows and doors open and the fan running to maximize ventilation.

LICE CONTROL PLAN

PURPOSE

To provide guidelines for the medical management of youth with lice, including detection, diagnosis, treatment, and prevention of lice infestation in the correctional setting.

OVERVIEW

Lice are ectoparasites—organisms that depend on external contact with a human host for nutrients. They are parasitic insects that infest the scalp, body, or pubic area. Head lice are small insects, approximately 3 mm in length, found on the scalp, where they lay nits (egg cases) that firmly adhere to the hair shaft.

Pubic lice, often called “crabs” due to their appearance, have six legs, with two front legs enlarged like pincers. They are tan to grayish-white.

TRANSMISSION

Head lice are primarily transmitted through direct head-to-head contact or by sharing personal items such as combs, towels, and headphones. Pubic lice are usually spread by sexual contact. Less commonly, lice may be transmitted by close personal contact with infested clothing, bed linen, or other personal items.

PRESENTATION

Head lice infestations can be asymptomatic, especially during the first infestation or if the infestation is light. The most common symptom is caused by an allergic reaction to louse bites, which may take 4 to 6 weeks to develop. Other symptoms can include a tickling sensation or feeling something moving in the hair, irritability, and sores on the scalp caused by scratching.

ROLES AND RESPONSIBILITIES

A. Correctional Nurse/Licensed Vocational Nurse/ Health Services Assistant:

1. Screen all youth for ectoparasites during the intake/booking process.
2. Conduct lice check bi-monthly for females and monthly for males.
3. Treat all confirmed cases following the Standardized Procedures for Registered Nurses - Lice (Pediculosis) Capitis/Pubis.
4. Implement appropriate isolation precautions for affected youth.
5. Notify custody staff and the Supervising Correctional Nurse of any identified cases.

B. Custody Staff:

1. Remove the youth’s belongings and place them in a sealed bag.
2. Bag the youth’s used clothing and linens in a plastic bag labeled “Contaminated- possible lice,” with a laundry tag, and prepare them for transport to the laundry.
3. Spray the youth’s mattress and shoes with RID following the product instructions, and allow to remain for at least two (2) hours.

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HOUSING

- A. Youth shall not be assigned a roommate until cleared by Medical Services.

COURT

- A. The youth shall keep their hair contained with a cap when attending court.
-

SCABIES CONTROL PLAN

PURPOSE

To provide guidelines for the detection, diagnosis, treatment, and prevention of scabies in the correctional setting.

OVERVIEW

Scabies is caused by an infestation of the skin by the human itch mite, which is an ectoparasite that requires direct contact with a human host for nutrients. The mites burrow into the upper layer of the skin, where they live and lay their eggs.

TRANSMISSION

Scabies mites spread primarily through prolonged, direct, skin-to-skin contact with an infected person. The mites crawl: they cannot hop or fly. Scabies can spread rapidly in crowded conditions. An infected person can transmit scabies, even if asymptomatic, until successfully treated and all mites and eggs are eliminated.

PRESENTATION

For a first-time infestation, symptoms typically do not appear until 2 to 6 weeks after exposure. For those previously infested, symptoms may appear within 1 to 4 days. The most common symptoms include intense itching – especially at night, and a rash that may appear pimple-like. Typical sites of infestation include between the fingers, wrists, elbows, armpits, penis, nipples, waist, buttocks, and shoulder blades.

While generally more of a nuisance than a serious medical issue, individuals with HIV infection can experience severe scabies infestations. Treatment efforts may be complicated by mite resistance and improper medication applications.

ROLES AND RESPONSIBILITIES

A. Correctional Nurse/Licensed Vocational Nurse/ Health Services Assistant:

1. Screen all youth for ectoparasites during the intake/booking process.
2. Treat confirmed cases according to the Standardized Procedures for Registered Nurses - Scabies.
3. Instruct youth and custody staff to follow contact precautions until treatment is complete.
4. Notify custody staff and the Supervising Correctional Nurse of identified cases.
5. Communicate medical orders regarding housing to custody staff.

B. Custody Staff:

1. Remove the youth's belongings and place them in a sealed bag.
-

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2. Bag the youth's used clothing and linens in a plastic bag labeled "Contaminated - possible scabies" with a laundry tag and prepare them for laundry transport.
3. Spray the youth's mattress and shoes with RID following the product instructions, and allow to remain for at least two (2) hours.

Decisions on whether cellmates of persons with scabies should also be treated depend on the degree of contact and the mode of transmission, balanced with an assessment of anxiety among those at risk. Close contact does not guarantee transmission. Routine treatment of entire housing units is excessive, but if there are no contraindications, treatment should not be withheld from individuals with uncertain exposure levels.

HOUSING

- A. Youth shall not be assigned a roommate until cleared by Medical Services.

COURT

- A. The Supervising Correctional Nurse or designee will notify the court officers when a youth is placed in medical isolation for scabies. The court officers will then inform the judge and attorney to determine if the court can proceed without the youth's presence.

CHICKENPOX (VARICELLA) CONTROL PLAN

PURPOSE

To provide guidelines for the medical management of youth with chickenpox, including detection, diagnosis, treatment, and prevention of outbreaks.

OVERVIEW

Chickenpox (Varicella), also known as human herpesvirus 3, causes two distinct clinical conditions. The primary infection results in chickenpox, a contagious rash illness commonly seen in children. Years or decades later, the varicella virus can reactivate to cause shingles (herpes zoster), a localized and often generally painful skin eruption.

PRESENTATION

Chickenpox typically begins with low-grade fever, fatigue, and malaise, followed by the sudden onset of a rash. The rash appears in successive crops, with lesions appearing at various stages of development, including papules, superficial vesicles, pustules, and crusted scabs. Lesions are primarily concentrated on the trunk, with fewer on the distal extremities and notably do not involve the palms and soles.

TRANSMISSION

Chickenpox is readily transmitted from person to person through:

- A. Droplets are spread when an infected person coughs or sneezes.
- B. Direct contact with respiratory secretions or with lesions that are uncrusted.
- C. Airborne spread, especially in immunocompromised individuals.
- D. Additionally, congenital transmission can happen if the mother is infected during pregnancy.

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EXPOSURE PERIOD

Ten (10) to twenty-one (21) days before the onset of the rash.

INCUBATION PERIOD

The average incubation period—from exposure to rash onset—is 14 to 16 days, but can range from 10 to 21 days.

INFECTIOUS PERIOD

Contagiousness begins one (1) to two (2) days before the rash appears and continues until all lesions have crusted over, usually 4 to 7 days after the onset of rash. Immunocompromised individuals may remain contagious for a longer duration.

ROLES AND RESPONSIBILITIES

A. Supervising Correctional Nurse I/II:

1. Notify Administration and Watch Commander of quarantine/isolation dates and affected unit numbers.
2. Distribute a memo to all relevant staff with instructions for management, including isolation protocols and reporting procedures.
3. Arrange for a general information letter to be sent to parents/guardians of youth in custody, informing them of any outbreak and precautions being taken.

B. Correctional Nurse:

1. Place the affected youth on medical isolation.
2. Verify the varicella immunization status of all youth in custody.
3. Collect titers for youth exposed to varicella without a record of immunization and send specimens to the Department of Public Health laboratory.
4. Consider immunocompromised youth who may have been exposed.
5. Request that youth wear masks when escorted to the clinic for the physician/provider confirmation of chickenpox.
6. Coordinate with the Epidemiology of the Department of Public Health on incubation periods and relevant dates.
7. Confirm the date when the chickenpox lesions were first identified.
8. Update Epidemiology with case details, including names, ages, and outbreak dates.
9. Confirm pregnancy status of all female youth in custody.

C. Custody Staff:

1. Implement and maintain isolation precautions for youth with confirmed chickenpox.
2. Maintain standard precautions for general infection control.
3. Refer to the informational materials provided by Medical Services.
4. Contact Medical Services with any questions or concerns regarding infection control procedures.

HOUSING

- A. The youth with confirmed chickenpox shall be placed on medical isolation until all lesions are crusted and the provider medically clears the youth to return to regular programming.
- B. Youth who have been exposed to chickenpox but do not have a confirmed diagnosis shall be placed on medical isolation for 23 days if their vaccination status is unknown. Multiple youth under quarantine may participate in physical education (PE) at the same time.

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- C. Two (2) quarantine units may be combined for population control purposes; however, a unit with an active case of chickenpox shall never be combined with another unit.
- D. All newly admitted pregnant youth shall be redirected to another facility if that facility is not under quarantine.
- E. Newly booked youth shall remain in holding until they can be transferred to a unit that is not under quarantine or to a facility without a chickenpox outbreak.

APPOINTMENT MANAGEMENT

- A. Communication shall occur with all on-site and off-site health providers prior to the scheduled appointment to ensure proper precautions are in place for care delivery.
- B. Youth in quarantined units shall attend all hospital or medical appointments unless otherwise directed by the Supervising Correctional Nurse. They shall be transported wearing a mask and may be accompanied by other youth only if those youth are also under quarantine.

PLACEMENT

- A. The placement unit shall be notified of any chickenpox outbreak.

COURT

- A. The Health Services Manager shall notify the courts and presiding judges of any chickenpox outbreak by sending formal written communication.
- B. The Supervising Correctional Nurse shall notify court officers of any infected youth. The court officers will then inform the judge and attorneys to verify if court proceedings can continue without the youth's presence.
- C. If the court requires the youth to appear in person, the youth must wear a mask. This requirement also applies to youth who have been identified as exposed but are not confirmed to have chickenpox.
- D. Youth who have been exposed to chickenpox shall not be transported with youth who have not been exposed.
- E. Prior to transporting the youth to court, staff shall consult with Administration for approval and guidance.

EXPOSED EMPLOYEES/PREGNANT EMPLOYEES

- A. Employees diagnosed with chickenpox must notify their supervisor immediately. If chickenpox is suspected but not confirmed, the employee shall contact the Watch Commander.
- B. Employees with confirmed chickenpox must obtain clearance from the Center for Employee Health and Wellness before returning to work. The employee's supervisor is responsible for scheduling this appointment.
- C. All pregnant staff shall be reassigned to another location until all quarantines have been lifted, if indicated.
- D. Staff shall refer to the Injury and Illness Prevention Program (located in Lexipol) for detailed guidelines and required forms.

SAN BERNARDINO COUNTY PROBATION INFECTION CONTROL PROGRAM

VISITORS

If chickenpox is identified in the JDAC or TF, all visitors – especially women of childbearing age - shall be notified of the potential risk of exposure. Notification may include posted warnings in the visiting area.

REPORTING OF CASES TO PUBLIC HEALTH

All cases of chickenpox shall be reported to the Department of Public Health in accordance with the Infection Control Program guidelines.

CHICKENPOX (VARICELLA) WORKSHEET

✓	Date	Task
		1. Identify, isolate, and confirm the varicella case.
		<input type="checkbox"/> Chickenpox (varicella) or <input type="checkbox"/> Shingles (herpes zoster)
		a. Appropriately isolate (if chickenpox) or contain drainage (if shingles)
		b. Determine the incubation and infectious periods for the chickenpox case, and the incubation period for the chickenpox contacts.

Chickenpox (Varicella) Timeline: Fill in the dates beginning with the date the rash started.

Exposure Period Timeframe exposure may have occurred.	Infectious Period Timeframe infection can be transmitted.	Incubation Period Timeframe from exposure to onset of rash.
10 to 21 days before the onset of rash.	2 days before until 4 to 7 days after the onset of rash.	10 days after exposure began until 23 days after exposure.

Timeline diagram showing three periods: Exposure Period, Infectious Period, and Incubation Period. Each period has 'Begins' and 'Ends' markers with arrows pointing to date fields. A separate arrow points to the 'Date rash started' field.

← **Begins** ↓ ↓ **Ends** **Begins** ↓ ↓ **Ends** **Begins** ↓ ↓ **Ends** →

Date ___/___ ___/___ ___/___ ___/___ ___/___ ___/___

Date rash started → ___/___

Exposure period - This timeframe is critical for Public Health to help determine where the youth was at the time of exposure. (Note: This period aligns with the incubation period.)

Infectious period – The period during which the youth is contagious and must be placed in medical isolation.

Incubation period - The timeframe between exposure and the onset of symptoms. Youth who have been exposed to an active case shall be quarantined for the duration of the incubation period as a precaution, in case they develop the disease.

SHINGLES (HERPES ZOSTER) CONTROL PLAN

PURPOSE

To provide guidelines for the medical management of youth with shingles, including detection, diagnosis, treatment, and control measures.

OVERVIEW

Following primary varicella (chickenpox) infections, the virus (human herpesvirus 3) remains dormant in the body. Reactivation of the virus results in shingles (herpes zoster), which occurs sporadically in otherwise healthy individuals. All cases of shingles will be managed on a case-by-case basis, as determined by the provider, Chief Medical Officer, and Epidemiology.

PRESENTATION

Shingles typically presents as a painful rash on one side of the face or body. Pain may be described as burning, pins and needles, or electrical shocks. The rash begins as blisters, which generally scab over in 7 to 10 days and resolve within 2 to 4 weeks. Early symptoms may include localized pain, itching, or tingling in the affected area 1 to 5 days before the rash appears. Additional symptoms may include fever, headache, chills, and upset stomach.

TRANSMISSION

Shingles are caused by reactivation of the varicella-zoster virus. It can be transmitted to individuals who have never had chickenpox or the varicella vaccine through direct contact with the blister-phase rash. Individuals exposed in this way would develop chickenpox, not shingles. The virus cannot be spread through sneezing, coughing, or casual contact. Transmission is only possible during the blister phase. Once the lesions crust over, the individual is no longer contagious. Individuals are not infectious before the appearance of blisters.

Shingles infection is readily transmitted from person to person as follows:

- A. Direct contact with lesions during the blister phase (before crusting).
- B. Congenital transmission may occur if a pregnant person is infected during pregnancy.

INCUBATION PERIOD

There is no incubation period for shingles, as it results from the reactivation of a latent virus, not from new exposure.

INFECTIOUS PERIOD

A person with shingles is considered infectious only during the blister phase, before the lesions have crusted.

ROLES AND RESPONSIBILITIES

- A. Supervising Correctional Nurse I/II or Designee:
 - 1. Notify Administration and Watch Commander of quarantine/isolation dates and affected unit numbers.
 - 2. Consider and assess any immunocompromised youth who may have been exposed, and coordinate care accordingly.
 - 3. Distribute a memo to all relevant staff with instructions for management of shingles cases, including isolation protocols and reporting procedures.

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4. Arrange for a general information letter to be sent to parents/guardians of youth in custody, informing them of any outbreak and precautions being taken.

B. Correctional Nurse:

1. Place the affected youth on medical isolation.
2. Request that the youth be escorted to the clinic - with all blisters covered for evaluation and confirmation of shingles by the physician/provider.
3. Confirm and document the date when the blisters were first identified.
4. Report all confirmed or suspected cases to Epidemiology, including names, ages, and dates of symptom onset or diagnosis.
5. Confirm and document the pregnancy status of all female youth under evaluation.

C. Custody Staff:

1. Implement and maintain isolation precautions for youth with confirmed shingles.
2. Maintain standard precautions for general infection control.
3. Refer to the informational materials provided by Medical Services.
4. Contact Medical Services with any questions or concerns regarding infection control procedures.

HOUSING

- A. Youth with confirmed shingles shall remain on medical isolation until all lesions are crusted and the provider has cleared the youth to return to normal programming.

APPOINTMENT MANAGEMENT

- A. Communication with all on-site and off-site health providers must occur prior to any medical appointments to ensure appropriate infection control measures are in place.

PLACEMENT

- A. The placement unit shall be notified immediately of any shingles outbreak.

COURT

- A. The Health Services Manager shall notify the courts and presiding judges of any outbreak by sending formal written communication.
- B. The Supervising Correctional Nurse shall notify court officers of any infected youth. The court officers will then inform the judge and attorneys to verify if the court proceedings can continue without the youth's presence.
- C. If the court requires the youth to appear in person, all blisters must be covered during transport and throughout the court appearance.
- D. Youth who have been exposed to shingles shall not be transported with those who have not been exposed.
- E. Staff must consult with Administration prior to transporting any exposed youth to court.

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EXPOSED EMPLOYEES/PREGNANT EMPLOYEES

- A. Employees diagnosed with shingles must notify their supervisor as soon as possible. If shingles are suspected but not confirmed, the employee must immediately contact the Watch Commander.
- B. Employees with confirmed shingles must obtain clearance from the Center for Employee Health and Wellness prior to returning to work. The employee's supervisor is responsible for scheduling this appointment.
- C. All pregnant staff shall be reassigned to another location until all quarantines are lifted, if indicated.
- D. Staff shall refer to the Injury and Illness Prevention Program (located in Lexipol) for applicable guidelines and required forms.

VISITORS

If shingles is identified in the JDAC or TF, all visitors – especially women of childbearing age shall be notified about the potential risk of exposure. Notification may include posted warnings in the visiting area.

REPORTING OF CASES TO PUBLIC HEALTH

Shingles are no longer a reportable condition and do not need to be reported to the Department of Public Health.

RUBEOLA MEASLES CONTROL PLAN

PURPOSE

To provide guidelines for the medical management of youth with rubeola or measles, including detection, diagnosis, treatment, and prevention of outbreaks.

OVERVIEW

Measles, also known as rubeola, is a highly contagious respiratory disease caused by a virus. The disease and the virus that causes it share the same name. Confirmation of measles requires a blood test. Measles can be particularly dangerous during pregnancy, as it may cause harm to the unborn baby.

PRESENTATION

Initial symptoms may include mild to moderate fever, cough, runny nose, red eyes, and sore throat. Small, white spots, also known as Koplik spots, may appear inside the mouth 2 to 3 days after the initial symptoms.

A reddish-brown rash appears 3 to 5 days after the onset, typically at the hairline and spreading downward to the neck, trunk, arms, legs, and feet. When the rash appears, the fever may spike to more than 104 degrees Fahrenheit.

TRANSMISSION

Measles is highly contagious and can spread through respiratory droplets and airborne particles.

- A. Droplets are expelled when an infected person coughs or sneezes.
- B. Direct contact with nasal or throat secretions.

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- C. Airborne transmission, especially in immunocompromised individuals.
- D. Congenital transmission, which can occur when a pregnant individual contracts measles.

EXPOSURE PERIOD

7 to 18 days before the onset of symptoms.

INCUBATION PERIOD

This period is determined and confirmed by Epidemiology (Department of Public Health).

INFECTIOUS PERIOD

From 4 days before to 4 days after the appearance of the rash.

IMMUNIZATION

Most individuals are immunized through the MMR vaccine (measles, mumps, rubella), which is typically administered in a 2-dose series and provides immunity to both rubeola and rubella.

ROLES AND RESPONSIBILITIES

Only staff members with documented immunity to measles shall provide direct care to affected youth.

A. Supervising Correctional Nurse I/II:

1. Notify Administration and Watch Commander of quarantine/isolation dates and affected unit numbers.
2. Consider any immunocompromised youth who may have been exposed and ensure appropriate precautions are taken.
3. Distribute a memo to all relevant staff with instructions for management of measles cases, including isolation protocols and reporting procedures.
4. Arrange for a general information letter to be sent to parents/guardians of youth in custody, informing them of any outbreak and precautions being taken.

B. Correctional Nurse:

1. Place the affected youth on medical isolation immediately.
2. Request that the youth be escorted to the clinic wearing a mask for evaluation and confirmation of measles (rubeola) by the physician/provider.
3. Confirm and document the date symptoms were first identified.
4. Contact Epidemiology (Department of Public Health) for collaboration on incubation period and key exposure dates.
5. Report all confirmed or suspected cases to Epidemiology, including names, ages, and dates of symptom onset or diagnosis.
6. Verify the MMR (measles, mumps, rubeola) immunization status of all youth in custody.
7. Confirm and document the pregnancy status of all female youth in custody.

C. Custody Staff:

1. Implement and maintain isolation precautions for youth with confirmed measles.
2. Maintain standard precautions for general infection control.
3. Refer to the informational materials provided by Medical Services.
4. Contact Medical Services with any questions or concerns regarding infection control and procedures.

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HOUSING

- A. Youth with suspected/confirmed measles (rubeola) shall be placed on medical isolation in a single room or cohort with other confirmed cases. Isolation must continue for 4 days after diagnosis or as directed by Epidemiology (Department of Public Health).
- B. Epidemiology (Department of Public Health) must be consulted regarding non-immune youth. Non-immune youth who are vaccinated within 72 hours of exposure do not require quarantine. Non-immune youth who are not vaccinated within 72 hours of exposure must quarantine for 21 days under the direction of Epidemiology (Department of Public Health).
- C. All incoming pregnant youth shall be rerouted to another facility, provided that the facility is not under quarantine.
- D. Newly booked youth shall remain in holding until they can be transferred to a unit or facility that is not under quarantine or free from an active measles (rubeola) outbreak.

APPOINTMENT MANAGEMENT

- A. Communication with all on-site and off-site health providers shall occur before the appointment to ensure all necessary precautions are in place.
- B. Youth in quarantined units shall attend all hospital medical appointments unless otherwise directed by the Supervising Correctional Nurse. They will be transported wearing a mask and without any other youth unless they are also under quarantine.

COURT

- A. The Health Services Manager shall notify the courts and presiding judges of any outbreak by sending formal written communication.
- B. The Supervising Correctional Nurse will ensure the youth will remain at the facility and notify the court officers, who will then inform the judge and attorneys of the outbreak to verify if the court proceedings can continue without the youth's presence.
- C. If the court requires the youth to appear in person, the youth will be transported wearing a mask. This applies only if the youth has only been exposed to, but not confirmed to have, measles.
- D. During transport, youth who have been exposed to measles shall be separated from those who have not been exposed.
- E. Staff must consult with Administration prior to transporting any exposed youth to court.

EXPOSED EMPLOYEES/PREGNANT EMPLOYEES

- A. Confirmation of measles (rubeola) must be obtained from the employee's private physician/provider.
- B. Employees diagnosed with measles must notify their supervisor as soon as possible. If they suspect measles, the employee must immediately contact the Watch Commander.
- C. Employees with confirmed measles must obtain clearance from the Center for Employee Health and Wellness prior to returning to work. The employee's supervisor is responsible for scheduling this appointment.
- D. All pregnant staff shall be reassigned to another location until all quarantines are lifted, if indicated.
- E. Staff shall refer to the Injury and Illness Prevention Program (located in Lexipol) for applicable guidelines and required forms.

VISITORS

SAN BERNARDINO COUNTY PROBATION INFECTION CONTROL PROGRAM

- A. If measles (rubeola) is identified in the JDAC or TFs, all visitors - especially women of childbearing age - shall be notified about the possible risk of exposure. Notification may include posted warnings in the visiting area.
- B. Pregnant women shall be prohibited from entering any JDAC or TF with suspected/confirmed cases of measles.
- C. Visitors will be advised not to enter the facility if they have unknown or uncertain immunity to measles (rubeola).

REPORTING OF CASES TO PUBLIC HEALTH

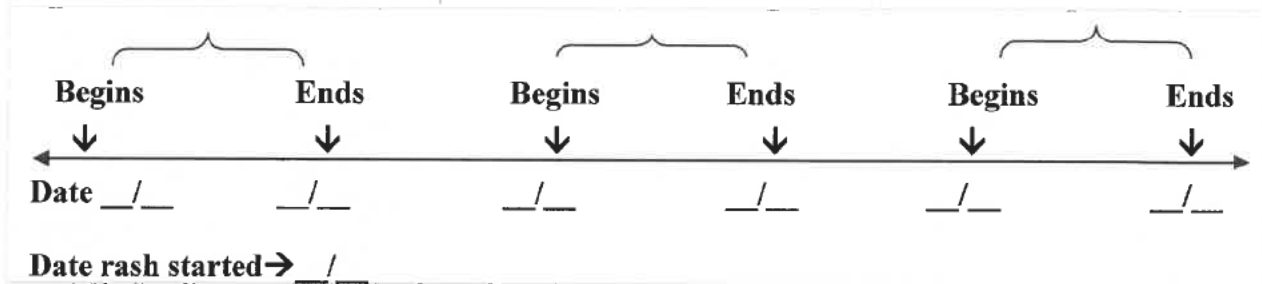
All confirmed cases of measles (rubeola) shall be reported to the Department of Public Health in accordance with the Infection Control Program.

RUBEOLA MEASLES WORKSHEET

✓	Date	Task
		1. Identify, isolate, and confirm the Rubeola case.
		2. Determine the infectious periods for the Rubeola case.

Rubeola Timeline: Fill in the dates, starting with the date the rash began.

Exposure Period Timeframe exposure may have occurred.	Infectious Period Timeframe infection can be transmitted.	Incubation Period Timeframe from exposure to onset of rash.
7 to 18 days before symptom onset	4 days before to 4 days after rash onset	To be determined by Epidemiology (Public Health)



Exposure period - this timeframe is important for the Epidemiology (Department of Public Health) to help determine where the youth was at the time of exposure. (Note: This period aligns with the incubation period.)

Infectious period - this is the time during which they are contagious and must be placed in medical isolation.

Incubation period - the period between exposure to the virus and the development of symptoms. During this time, the youth who have been exposed to an active case must be quarantined if they are not vaccinated. Only unvaccinated youth shall be considered for quarantine.

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RUBELLA MEASLES (GERMAN) CONTROL PLAN

PURPOSE

To provide guidelines for medical management of youth with rubella, including detection, diagnosis, treatment, and prevention of outbreaks.

OVERVIEW

Rubella, also known as German measles or 3-day measles, is an acute viral infection that typically causes fever and rash lasting 2 to 3 days. While usually mild in children and young adults, rubella is most serious in pregnant individuals, as it can cause severe birth defects and miscarriages. Confirmation of rubella infection can only be done through a blood test.

PRESENTATION

Rubella typically presents with a low-grade fever and rash that lasts 2 to 3 days. This illness is generally mild in children and young adults.

TRANSMISSION

Rubella is readily transmitted from person to person through respiratory droplets and direct contact.

- A. Respiratory droplets are expelled when an infected person coughs or sneezes.
- B. Direct contact with nasal or throat secretions.
- C. Airborne spread, particularly in immunocompromised individuals.
- D. Congenital transmission, which occurs when a pregnant individual contracts rubella, potentially causing congenital rubella syndrome in the unborn baby.

EXPOSURE PERIOD

12 to 23 days prior to the onset of symptoms.

INCUBATION PERIOD

To be determined and confirmed by Epidemiology (Department of Public Health).

INFECTIOUS PERIOD

From 7 days before to 7 days after the onset of rash.

IMMUNIZATION

Most individuals are immunized through the MMR vaccine (measles, mumps, rubella), which is administered in a 2-dose series. This vaccine provides effective immunity to both rubeola and rubella.

ROLES AND RESPONSIBILITIES

Only staff members with documented immunity to rubella shall provide direct care to the affected youth.

A. Supervising Correctional Nurse I/II:

1. Notify Administration and Watch Commander of quarantine/isolation dates and affected unit numbers.

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2. Consider any immunocompromised youth who may have been exposed and ensure appropriate precautions are taken.
3. Distribute memo to all relevant staff with instructions for management of rubella cases, including isolation and reporting procedures.
4. Arrange for a general information letter to be sent to parents/guardians of youth in custody, informing them of any outbreak and precautions being taken.

B. Correctional Nurse:

1. Place the affected youth on medical isolation immediately.
2. Request that the youth be escorted to the clinic wearing a mask for evaluation and confirmation of rubella by the physician/provider.
3. Confirm and document the date when the symptoms were first identified.
4. Contact Epidemiology (Department of Public Health) for collaboration on incubation period and key exposure dates.
5. Report all confirmed or suspected cases to Epidemiology, including names, ages, and dates of symptom onset or diagnosis.
6. Verify MMR (measles, mumps, rubella) immunization status of all youth in custody.
7. Confirm and document the pregnancy status of all female youth in custody.

C. Probation Corrections Staff:

1. Implement and maintain isolation precautions for youth with confirmed measles.
2. Maintain standard precautions for general infection control.
3. Refer to informational materials provided by Medical Services.
4. Contact Medical Services with any questions or concerns regarding infection control and procedures.

HOUSING

- A. Youth with confirmed or suspected to have rubella shall be placed on medical isolation in a single room or cohort/grouped with others who have the same diagnosis. Isolation will be maintained for 7 days from the date of diagnosis.
- B. The Epidemiology (Department of Public Health) will be consulted regarding non-immune youth. Youth without documented evidence of rubella immunization shall be vaccinated if there are no contraindications. Those exempt from rubella vaccination for medical, religious, or other reasons shall remain in quarantine until 21 days after the onset of the last reported case.
- C. Transfers or admissions of pregnant youth will not be accepted at facilities with suspected or confirmed rubella cases.

APPOINTMENT MANAGEMENT

- A. Communication with all on-site and off-site health providers shall occur before the appointment to ensure all necessary precautions are in place.
- B. Youth in quarantined units shall attend all hospital and or medical appointments unless otherwise directed by the Supervising Correctional Nurse. They will be transported wearing a mask and without any other youth unless they are also under quarantine.

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COURT

- A. The Health Services Manager shall notify the courts and presiding judges of any outbreak by sending formal written communication.
- B. The Supervising Correctional Nurse shall have the youth kept at the facility. He or she shall notify the court officers, who will then inform the judge and attorneys to confirm if the court proceedings can continue without the youth's presence.
- C. If the court requires the youth to appear in person, the youth shall wear a mask even if the youth has only been exposed to rubella and is not confirmed to have the infection.
- D. Ensure all transportation of youth who are exposed to rubella is isolated from those who have not been exposed.
- E. Staff must consult with Administration prior to transporting any exposed youth to court.

EXPOSED EMPLOYEES / PREGNANT EMPLOYEES

- A. Employees diagnosed with rubella must notify their supervisor as soon as possible. If rubella is suspected but not confirmed, the employee must immediately contact the Watch Commander. Confirmation of rubella must be obtained from the employee's private physician/provider.
- B. Employees with confirmed rubella must obtain clearance from the Center for Employee Health and Wellness prior to returning to work. The employee's supervisor is responsible for scheduling this appointment.
- C. All pregnant staff shall be reassigned to another location until all quarantines are lifted, if indicated.
- D. Staff shall refer to the Injury and Illness Prevention Program (located in Lexipol) for applicable guidelines and required forms.

VISITORS

- A. If rubella is identified in the JDAC or TFs, all visitors - especially women of childbearing age - shall be notified about the possible risk of exposure. Notification may include posted warnings in the visiting area.
- B. Pregnant women shall be prohibited from entering any JDAC or TF with suspected/confirmed cases of rubella.
- C. Visitors will be advised not to enter the facility if they have unknown or uncertain immunity to rubella.

REPORTING OF CASES TO PUBLIC HEALTH

All confirmed cases of rubella measles shall be reported to the Department of Public Health in accordance with the Infection Control Program.

RUBELLA MEASLES (GERMAN) WORKSHEET

✓	Date	Task
		1. Identify, isolate, and confirm the Rubella case.
		2. Determine the infectious periods for the Rubella case.

SAN BERNARDINO COUNTY PROBATION INFECTION CONTROL PROGRAM

PRESENTATION

MRSA infections often present as mild skin or soft tissue infections occurring spontaneously without a clear source. Common complaints include an “infected pimple, insect bite, spider bite, or sore.” Many MRSA infections cause mild inflammation without pain, and those infected may delay or not seek medical attention.

ADMINISTRATIVE AUTHORITY

The administrative responsibility for ensuring compliance with the policies and procedures lies with the Supervising Correctional Nursing/Designee, under the direction of the Chief Medical Officer, Health Services Manager, Superintendent, Risk Management and Safety Officer.

SCREENING AND SURVEILLANCE

Youth are screened at intake for any obvious infections. Because youth with skin infections may be reluctant to seek medical care, all wounds, sores, boils, abscesses, etc., must be reported to Medical Services. Youth diagnosed with MRSA infections may be restricted from certain activities on a case-by-case basis.

ROLES AND RESPONSIBILITIES

A. Supervising Correctional Nurse I/II:

1. Monitor all cases of MRSA
2. Maintain records of the youth’s name, location of infection, and treatment status.
3. Collaborate with Epidemiology (Department of Public Health) in the event of multiple confirmed cases.

B. Correctional Nurse:

1. Follow the Standardized Procedures for Registered Nurses – Methicillin-Resistant Staphylococcus Aureus (MRSA).
2. Place youth on medical isolation when wounds are exposed, purulent drainage is present, or when health and safety concerns exist.
3. Provide youth with the Patient Fact Sheet: General Instructions for Skin Infections (See forms below).
4. Perform wound management as ordered by the physician/provider.
5. Dispose of saturated, bloody bandages in the red bio-hazard bags. All other bandages shall be disposed of in the trash can.

C. Custody Staff:

1. Utilize the Custody Standard Precautions in the General Population – MRSA form (See form below).
2. Refer to informational materials provided by Medical Services.
3. Contact Medical Services with any questions or concerns regarding infection control and procedures.

HOUSING

- A. The physician/provider will determine housing assignments. Youth with skin infections may remain in the general population if the wound drainage is contained by dressing and the youth is cooperative. Youth with wounds that have significant drainage should generally be housed in a single cell. During an outbreak, youth with MRSA infections may be housed together.

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TRANSFERS/APPOINTMENTS

1. Suspected or confirmed cases of MRSA shall not be transferred to other institutions until fully evaluated, treatment has been initiated or completed, and a physician/provider gives clearance. Required Transfers: For youths with MRSA infections who must transfer due to security or medical reasons: All wounds must be covered with dressings that adequately contain drainage.
2. Transporting officers must be notified of the condition and properly decontaminate security devices (e.g., handcuffs and other reusable restraints). Disposable restraints should be used when feasible.
3. The Supervising Correctional Nurse/Designee shall notify the receiving institution's medical staff of any youth with suspected or confirmed MRSA infections prior to transfer. For transfer to another county, the Health Officer/Designee of the receiving county will also be notified.

COURT

- A. The Supervising Correctional Nurse shall notify the court officers of youth on medical isolation for MRSA. The court officers will then inform the judge and attorneys to confirm if the court can continue without the youth's presence.

EXPOSED EMPLOYEE RESPONSIBILITY

- A. Employees must notify their supervisor immediately upon contact with a suspected or confirmed case of MRSA.
- B. Employees may seek treatment with a licensed medical provider.
- C. Employees with confirmed MRSA must obtain clearance from the Center for Employee Health and Wellness. The employee's supervisor is responsible for scheduling this appointment.
- D. Staff shall refer to the Injury and Illness Prevention Program (located in Lexipol) for applicable guidelines and required forms.

VISITORS

Visitor restrictions are rarely necessary and will be determined on a case-by-case basis.

PATIENT FACT SHEET -GENERAL INSTRUCTIONS FOR SKIN INFECTIONS

Hand Washing and General Hygiene

- Regularly wash your hands with soap and water for at least 20 seconds, especially:
 - Before eating
 - Before and after using the toilet
 - Before and after touching your wound
- Shower daily and put on clean clothes. Change clothing whenever it is soiled with wound drainage.
- Change linens every other day and as needed when soiled with wound drainage.
- Do not share personal items such as razors, towels, washcloths, bars of soap, etc.
- If you have an open wound, an MD or a nurse should cover it at all times with a bandage or dressing.
- Do not allow other youth to touch your wound.
- If your bandage comes off, dispose of it as instructed by Medical Services staff. Wash your hands. Inform unit staff that you need a new bandage.

Warm Soaks and Compresses

You may be instructed to soak your skin infection regularly in warm salt water or apply moist compresses for 20 minutes at a time. Carefully follow the instructions you receive. Very important: if your wound begins to drain, report it to Medical Services immediately.

Antibiotics

Take all medications prescribed by your doctor exactly as directed. If you are released, make sure you see a nurse before leaving. Follow up with your regular doctor after you are released.

Report any of the following to Medical Services

- Fever (symptoms)
- Red streaks up from the wound
- Increased foul smell from drainage
- Increased wound drainage

SAN BERNARDINO COUNTY PROBATION INFECTION CONTROL PROGRAM

CUSTODY STANDARD PRECAUTIONS IN THE GENERAL POPULATION –MRSA

Control Measure	Indicated (X)	Notes:
Hand Washing	X Rigorously	Wash hands regularly with soap and water for at least 20 seconds. Perform hand washing before and after every contact with an infected youth, even if gloves were worn.
Personal Protective Equipment (PPE)	As needed	Use gloves if touching contaminated items/contact with blood/infectious body fluids is likely. Use other personal protective equipment (mask, face/eye wear, gowns) if contact with sprays or splashes is likely.
Sharps	X	Dispose properly in a leak-proof, puncture-resistant container.
Housing	Varies	Medical Services determines the appropriate housing for youth with skin infections. Youth with skin infections may be housed in the general population if the wound drainage can be contained in a dressing and the youth is cooperative. Youth with wounds that have significant drainage shall generally be housed in a single cell. In an outbreak situation, youth with MRSA may be housed together.
Sanitation	X	Youth are responsible for the daily sanitation of their cell. Medical Services will instruct youth on proper disposal of bandages. Remove trash daily. Clean all washable surfaces during and following (terminal) cell occupancy. Probation staff shall conduct sanitation inspections of living and bathroom areas.
Laundry	X	Change linens every other day (more often if visibly soiled). Youth shall bag linen in the cell. Change towels/washcloths daily. Machine wash and dry.
Hygiene	X	Monitor the youth's hygiene practices. Youth with skin infections shall shower daily.
Activities/Visitors	Case-By-Case	Medical Services will determine restrictions on activities or visitors for youth with skin infections. Restrictions on visitors are rarely indicated.
Equipment	X	Single-use devices are recommended. Security use devices, such as handcuffs, must be disinfected after use.
Transports	Only When Essential	If transfer is required for security or medical reasons, the following procedures shall be followed: (1) Wound shall be dressed on the day of transfer with clean bandages that contain wound drainage; (2) Use contact precautions as described above (handwashing, gloves if touching wound drainage, and safe disposal of dressings). If not, decontaminate after use. (3) Place a clean sheet on cloth seats in the vehicle (not needed if vinyl). Decontaminate if visible contamination occurs.

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CALIFORNIA HEALTH OFFICERS DIRECTORY

For a current listing of the California Conference of Local Health Officers (CCLHO) visit:
[CCLHO Health Officer Directory \(ca.gov\)](#)

SAN BERNARDINO COUNTY

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Signature of personnel authorized to approve the plan:

 2-11-24
Tracy Reece, Chief Probation Officer Date

Signed by:  2/3/2026
746811274GD948F...
Michael Neeki DO, MS, FACEP, Chief Medical Officer Date

 2/3/26
Jocelyn Lara RN, BSN, CCHP-RN Date
Acting Health Services Manager