

Infection Control Program

309.1 ATTACHMENT:

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Attachments

Infection Control Program (Lexipol 10-26-21).pdf



SAN BERNARDINO COUNTY PROBATION INFECTION CONTROL PROGRAM

Prepared by:
San Bernardino Probation Department

SAN BERNARDINO COUNTY PROBATION INFECTION CONTROL PROGRAM

Introduction	2
Purpose	2
Definitions	3
Infection Control Issues	4
Epidemiology Consultation	5
Standard Precautions	5
Isolation Precautions.....	6
Isolation Care Process Of Detained Youth.....	7
Medical Isolation Checklist	9
Reporting and Management of Diagnosis or Exposure to a Communicable Disease	10
Medical Waste Management Program	11
Generator Facility: Central Valley Juvenile Detention and Assessment Center	12
Generator Facility: JDACS and Treatment Facilities.....	12
Control of Pathogens	14
Hand Hygiene –An Integral Part of “Control of Pathogens”	14
Communicable Disease Plans.....	15
Sarc-Cov-2 (Covid-19) Control Plan.....	16
Influenza Like Illness (ILI) Control Plan	18
Cover Your Cough (English)	20
Cover Your Cough (Spanish).....	21
Tuberculosis Control Plan	22
Lice Control Plan.....	24
Scabies Control Plan.....	25
Chickenpox (Varicella) Control Plan	26
Shingles (Herpes Zoster) Control Plan.....	30
Rubeola Measles Control Plan	32
Rubella Measles (German) Control Plan.....	36
Methicillin Resistant Staphlococcus Aureus (MRSA) Suspected or Confirmed Control Plan.....	39
Patient Fact Sheet -General Instructions For Skin Infections.....	42
Custody Standard Precautions in the General Population –MRSA.....	43
California Health Officers Directory	44

SAN BERNARDINO COUNTY PROBATION INFECTION CONTROL PROGRAM

INTRODUCTION

The Infection Control Program is the responsibility of the Health Service Manager (HSM) and is approved by the Chief Medical Officer. The HSM works in collaboration with the Supervising Correctional Nurse I/II's, staff nurses, Correctional Staff and the Compliance Officer in efforts to minimize the incidents of infectious and communicable diseases among youth and staff in the juvenile detention and assessment centers and treatment facilities.

The goals of the Infection Control Program:

- a. Prevent or stop the spread of infections among the youth and staff.
- b. Provide a safe work environment.

To achieve the goals, the HSM and the Chief Medical Officer has developed a program to:

- a. Establish infection control policies and protocols.
- b. Comply with Public Health and other regulatory agencies requirements.
- c. Identify infectious diseases.
- d. Implement appropriate isolation precautions.
- e. Identify appropriate personal protective equipment (PPE)
- f. Manage accidental exposures.
- g. Review and revise infection control training for staff and make necessary recommendations to the Safety Officer.

Each employee is individually responsible to adhere to the Infection Control Program to aid in the surveillance, prevention, and control of infections that may result in morbidity and mortality.

Infection control activities include but are not limited to education for staff and youth, surveillance, monitoring control techniques, 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 in conjunction with medical services, Training Unit, and the Safety Officer. This group has developed a program of in-service education for employees in infection control methods to include but not limited to: hand hygiene, Standard precautions, isolation precautions, waste management, Bloodborne Pathogen Control Program, and management of accidental exposures, Tuberculosis Exposure Control Plan, Influenza-Like- Illness Plan and the reporting of communicable diseases.

PURPOSE

To outline policies and procedures that apply to the detention corrections bureau (DCB) staff and youth a safe environment free of hazards and communicable disease in the JDAC.

- a. Prevent occupational hazards and the spread of communicable diseases within the detention settings.
- b. Provide those exposed to communicable disease the right to be evaluated, treated and counseled by health care providers trained in communicable disease management.
- c. Maintain an active surveillance program, practice Standard precautions and notify Epidemiology (Public Health) for all cases or reportable diseases required of healthcare

SAN BERNARDINO COUNTY PROBATION INFECTION CONTROL PROGRAM

- personnel.
- d. Provide information to aid in early recognition of infections and the appropriate initiation of isolation precautions to reduce disease transmission decreasing illness, disability, and mortality.
 - e. Outline the joint responsibility and obligation of medical services and support personnel to protect the health of the youth, visitors, and staff by adhering to this Infection Control Program.

DEFINITIONS

Airborne precautions: Required to protect against airborne transmission of infectious agents. Utilize for youth with suspected or confirmed tuberculosis, measles, and chickenpox. It may require isolation in a private room that has negative pressure relative to the hallway and at least six air exchanges per hour. The determination to place a youth on airborne precautions will be evaluated on a case by case basis. Negative pressure rooms are not available in the JDACs or treatment facilities.

Biohazard: A biological agent, such as an infectious microorganism, or a condition that constitutes a threat to humans.

Biohazardous waste: Any waste containing infectious materials or potentially infectious substances such as blood. Of special concern are sharp wastes such as needles, blades, glass pipettes, and other wastes that can cause injury during handling

Bloodborne pathogens: Pathogenic microorganisms that are 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 and may be all that is required for certain items. Cleaning is an essential pre-requisite for disinfection or sterilization as the presence of any organic matter may render higher levels of decontamination ineffective.

Contact precautions: Used when a person has a type of bacteria or virus on the skin or in a sore, or elsewhere in the body, such as the intestine, that can be transmitted to someone else if that person touches the infected individual or contaminated surfaces or equipment near the infected individual. Staff shall wear a gown and gloves when entering the youth's room or providing care.

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

Decontamination: A process of rendering items contaminated with organisms that may be capable of producing disease or infection, safe for handling by personnel.

Droplet precautions: Intended to decrease the likelihood of transmission of organisms that can be carried in large-particle droplets created when a person talks, coughs, or sneezes. Procedures such as suctioning and bronchoscopy can also create droplets of this size. These larger droplets do not remain suspended in the air and usually will travel no more than three feet. Examples of illnesses that require droplet precautions include influenza and pneumonia. Youth suspected/confirmed to have these conditions shall be placed in a single cell or cohorted with other youth infected with the same organism. Negative pressure respiratory isolation is not required. Staff shall wear a mask when they are within three feet of the infected person. If the youth must leave the room, he/she shall wear a mask.

SAN BERNARDINO COUNTY PROBATION INFECTION CONTROL PROGRAM

Exposure incident: A specific eye, mouth or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material.

Gassing: Intentionally placing, throwing, or causing to be placed or thrown, upon the person of another; any human excrement or other bodily fluids or bodily substances that result in actual contact with the person's skin or membranes.

High level Disinfection: A process achieved by immersion in Cidex OPA for a minimum of 12 minutes or an EPA registered 2% glutaraldehyde solution for a minimum of 45 minutes or on pre-cleaned objects that come into contact with mucous membranes or non-intact skin.

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

Medical Isolation: Applied to youth diagnosed with a communicable disease where exposure would likely result in transmission and spread of the disease; Medical Isolation represents one of several measures taken to implement infection control.

Mucous Membrane: The inner tissues that cover or line body cavities or canals open to the outside, such as nose and mouth. These membranes secrete mucus and absorb water and salts.

Personal protective equipment (PPE): Protective clothing, helmets, goggles, facial protection, pocket masks, respiratory protection, or other garments designed to protect the wearer's body or clothing from injury by blunt impacts, electrical hazards, heat, chemicals and infection, for job related occupational safety and health purposes.

Single-use device: Medical devices manufactured with the intention to be used only once then discarded. It is the policy of this department that such items are not reprocessed. This may also be referred to as a disposable device.

Standard Precautions: A set of infection control practices used to prevent transmission of diseases that can be acquired by contact with blood, body fluids, non-intact skin (including rashes), and mucous membranes. Work practices that require everyone to assume that all blood and body fluids are potential sources of infection, independent of perceived risk. Such precautions involve the use of safe work practices.

INFECTION CONTROL ISSUES

Epidemiology is the branch of medicine that deals with the incidence, distribution, and possible control of diseases and other factors relating to health. Utilization of Standard precautions is imperative to adhere to along with the use of isolation precautions as deemed necessary.

1. The responsible health authority ensures that:
 - a. Appropriate medical, dental, and laboratory equipment and instruments are decontaminated.
 - b. Sharps and biohazardous wastes are disposed of properly.
 - c. Surveillance to detect youth with serious infectious and communicable disease is effective (e.g., skin infections)
 - d. Immunizations to prevent disease are provided when appropriate
 - e. Infected youth receive medically indicated care
 - f. If appropriate, youth with contagious diseases are medically isolated
2. When medical isolation is provided on-site, youth should be checked frequently for changes in physical and mental status, and are accommodated in a separate room with:
 - a. A separate toilet

SAN BERNARDINO COUNTY PROBATION INFECTION CONTROL PROGRAM

- b. Hand-washing facility
- c. Soap dispenser or single use soap
- d. Single-service towels
3. Standard precautions are always used by health service staff to minimize the risk of exposure to blood and body fluids of infected youth.
4. Health staff assures that youth who are released with communicable or infectious diseases are given community referrals.
5. Health staff completes and files all reports as required by local, state, and federal laws and regulations.
6. Health staff must use needle safety devices such as self-sheathing or needleless systems.

EPIDEMIOLOGY CONSULTATION

Epidemiology Consultation on Infection Control Issues

The Epidemiologist from San Bernardino County Public Health Department serves as a consultant to the Infection Control Committee with infection control issues.

County of San Bernardino Epidemiologists are available 8:00 am to 5:00 p.m. (Monday through Friday), with on-call staff for consultation, to answer questions regarding infection control or to assist in resolving infection related issues. Epidemiology Staff are available 24 hours a day. For questions on type and duration of precautions required for other selected infections and conditions, contact the Department of Epidemiology.

County of San Bernardino/Epidemiology
Human Service System
Department of Public Health
351 N. Mountain View Room 104
San Bernardino, California 92415-0011

STANDARD PRECAUTIONS

Standard precautions are the first step in infection control and must be practiced by all employees at all times in all settings. Staff shall be trained and will use barrier devices provided for their safety. Such devices include: hand hygiene, the use of appropriate personal protective equipment (gloves, gown, mask, eye protection, and/or face shield) and safe injection practices. Equipment or items likely to have been contaminated with infectious body fluids must be handled in a manner to prevent transmission of infectious agents by utilization of standard precautions.

1. Devices and PPE which may reduce the staff's risk of exposure to biohazardous fluids or materials, are continually being evaluated for efficacy. PPE shall include but not be limited to: gown, mask, gloves and face shield and be readily available at the work site.
2. N-95 mask shall be made available for JDAC staff or at the request of the employee, to aid in the protection from aerosol disease transmission. Process for fit testing for N-95 mask is as follows;
 - a. Staff are fit tested at time of hire, annually, and as requested by the employee.

SAN BERNARDINO COUNTY PROBATION INFECTION CONTROL PROGRAM

- b. The staff must obtain clearance from the Center for Employee Health and Wellness or the Chief Medical Officer prior to fit testing.
 - c. The employee is responsible for notifying supervisor in the event the employee is requesting to be re-fit tested due to changes in face (weight loss/gain, facial hair).
3. Hands shall be routinely washed with soap and running water; before eating, after using the lavatory, when hands are visibly dirty, and when there has been 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, use of hand sanitizer is acceptable.
4. PPE is indicated when skin protection, in addition to mouth, nose, and eye protection is needed.
5. Sharps are to be disposed of in a leak-proof, puncture-resistant container. Never recap, bend, break or otherwise manipulate any needles.
6. Place potentially infectious youth in a private room (in consultation with medical staff). Consider for youth with poor hygiene practices.
7. Routine cleaning shall be done with a department approved disinfectant. All washable (non-porous) surfaces shall be cleaned before, during and after cell occupancy. Staff shall conduct sanitation inspections of living and bathroom areas to identify visibly dirty areas.
8. Collect all linens and clothing at bedside or youth may self-laundry. If wet or soiled, handle as little as possible and bag in a leak-proof bag at the location it was used, in accordance with local policy on management of contaminated linens. Machine wash and dry until completely dry.
9. Shared equipment, sports equipment or any other surface exposed to sweat shall be disinfected daily and routinely wiped clean between users with a clean dry towel. While using exercise equipment, youth shall use a barrier to skin, such as a towel or clean shirt.
10. Staff with possible skin infections shall report them promptly to their supervisor. Youth with possible skin infections shall be seen promptly by Medical Services for an evaluation.
11. All injuries that occur from a used sharps instrument (needle, razor) shall be documented on the sharps injury log. Complete and submit a bloodborne pathogen form to the Watch Commander/Supervising PCSII to schedule an immediate appointment at the Center for Employee Health and Wellness. The completed form shall be sent to the Safety Officer for documentation on the Sharps Injury Log.
12. Regular inspections outlined in procedures shall be utilized to evaluate and identify unsafe work practices, workplace hazards, and unsafe conditions to implement and carry out a plan of correction in a timely manner.

ISOLATION PRECAUTIONS

Isolation precautions prevent the transmission of infection between the carrier to the staff, youth, and visitors.

1. The Supervising Correctional Nurse/Designee may be required to consult with Epidemiology/Infection Control when a Communicable disease is suspected or diagnosed that requires isolation precautions.
2. Staff shall follow specific isolation precautions in addition to Standard precautions when in contact with those suspected/confirmed with a communicable disease/infection.

SAN BERNARDINO COUNTY PROBATION INFECTION CONTROL PROGRAM

3. Youth may be placed in isolation when they are suspected or diagnosed with an infection or colonized with epidemiological significant pathogens that can be transmitted through the air, by droplet, or direct contact.
4. Youth requiring Protective or Airborne Precautions must be evaluated for transfer to a facility that has a negative pressure room per physician/provider order. Negative pressure rooms are not available at the JDACs.
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 on 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 JDAC.
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 issues that pertain to the youth's health and safety.

C. Observation and Care Factors:

1. Isolation precautions are to be reasonable to contain the spread of infection and not compromise the care or security of the youth.
2. Provide youth a safe environment, not solitary confinement.
3. Educate staff, visitors, and youth regarding the special precautions. Allow youth and family opportunities for asking questions.
4. Limit the number of individuals entering the room/unit to a minimum.
5. Take only equipment/supplies necessary for immediate care of the youth into isolation room/unit.

SAN BERNARDINO COUNTY PROBATION INFECTION CONTROL PROGRAM

D. Initiation of Isolation:

1. Correctional Nurse shall complete Medical Isolation form, front and back and print on bright "lemon" colored paper and document on the Health Kardex.
2. Collect appropriate items/equipment necessary for the specific isolation (i.e., gloves, masks, isolation gowns) and keep at the staff control desk.
3. Place isolation sign on door or in a highly visible location to all persons entering the room/unit.
4. Provide a fresh mask each time the youth exits the room if the youth is required to wear a mask.

E. Care of Trash, Soiled Linen and Equipment:

1. No additional requirements needed; follow same procedures for all youth. Medical staff will indicate if special handling is required.

F. Transporting:

1. Inform the receiving unit/facility of required isolation precautions prior to the arrival of the youth.
2. Ensure the youth is to wearing appropriate mask for type of isolation and if indicated.

G. Transfers/Discharges:

1. There shall be no inter-facility transfers of a youth on isolation without the approval of Supervising Correctional Nurse and/or the Health Services Manager.
2. Notify Medical Services 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 JDACs, etc.) prior to transfer. If the youth is being transferred out of the county, the receiving county shall be notified prior to transfer of all communicable diseases.
4. Provide notification and instructions to parent/guardian for youth released from the court that require special precautions whenever possible.

H. Court:

1. The Supervising Correctional Nurse or designee shall provide notification of a youth with a suspected/confirmed communicable disease to the respective court officers which in turn shall notify the judge and attorney and verify if the court can continue without the presence of the youth.

I. Clearance from Isolation:

1. Isolation precautions must be maintained until the youth has been cleared by a physician/provider or Correctional Nurse.

J. Discontinuation of Isolation Room Cleaning:

1. For most isolation, no additional cleaning is needed. Routine terminal cleaning is done when the youth is cleared, discharged or transferred. Walls, floors, windows and all horizontal surfaces will be washed. The Watch Commander will make the determination at

SAN BERNARDINO COUNTY PROBATION INFECTION CONTROL PROGRAM

which point a contract cleaning service will be brought in to clean heavy soiling of blood or body fluids.

K. Documentation:

1. Nursing will record date, time and reason when specific precautions are initiated and discontinued in the health record.

Medical Isolation Checklist

Use Standard Precautions (hand washing, cover cough, etc.) If you have contact with an ill youth, use disinfectant for 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
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Completed By:

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

REPORTING AND MANAGEMENT OF DIAGNOSIS OR EXPOSURE TO A COMMUNICABLE DISEASE

The reporting of communicable diseases (exposed/diagnosed) is required to enable staff to be informed with the necessary information to utilize appropriate protective measures to maintain control and prevent the spread of infection in the JDAC.

A. Exposed Employee:

1. Notify immediate supervisor of unprotected contact with a suspected/confirmed communicable disease.
2. Notify immediate supervisor of and exposure incident resulting from a gassing and refer to other department procedure "Incidents of Gassing" for guidance.
3. Obtain treatment with a licensed medical provider.

B. Supervisor of Exposed Employee:

1. Schedule an appointment with Center for Employee Health and Wellness if the exposure happened while at work.

C. Employee Clearance to Return to Work:

1. Obtain medical clearance to return to work after exposure (non-work/work related illness) through the Center for Employee Health and Wellness, regardless of shift assignment before returning to duty.
2. In the event clearance was obtained by a private physician/provider, clearance must still be obtained through the Center for Employee Health and Wellness prior to returning to work.
3. Note that Center for Employee Health and Wellness appointments may only be scheduled by a supervisor.

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

1. Report to the Health Services Manager or Epidemiology/Infection Control Investigator of onset.
2. Assure communication with the Watch Commander of applicable cases.
3. Ensure completion of the Confidential Morbidity Report (CMR) form, if indicated.
4. Forward completed CMR to Infection Control Officer with Epidemiology, who will assess exposure risk and potential disease process with necessary follow-up.
5. Assure Medical Service staff complies with procedures and required follow-up.

D. Epidemiology/Infection Control Representative:

1. Conduct investigations immediately upon receipt of telephone or written reports.
2. Conduct follow-up investigations on contact cases to ensure treatment and/or resolution of the condition.
3. Report to Probation Medical Services the status of all cases and contacts.

MEDICAL WASTE MANAGEMENT PROGRAM

PURPOSE

To provide guidelines and procedures for the recognition, handling and disposal of biohazard/waste in accordance with the Medical Waste Management Act (Act). The Act outlines specific requirements regarding the handling, treatment and disposal of medical waste and applies to all generators of medical waste.

OVERVIEW

All medical (biohazard) waste generated by the Probation Department shall be handled, segregated, transported, and disposed in accordance with the requirements set forth in the California Waste Management Act in order to reduce and control the risk of exposure to and the spread of infection among staff, youth, visitors and contract workers. Medical Waste Permits are renewed annually and posted in the lobby of the facilities.

The Probation Department does not generate medical waste which contains recognizable anatomical remains nor does it produce waste containing hazardous or radiological materials.

The following are types of medical waste generated by the Probation Department;

1. Biohazardous waste
2. Sharps
3. Pharmaceuticals

The following are types of waste not considered medical waste:

1. Disposable products such as paper towels and other paper products, packaging, gloves, swabs, gauze and other articles containing non-fluid blood.
2. Urine, feces, saliva, sputum, nasal secretions, sweat, tears, and vomitus unless they contain fluid blood, except for wastes from humans isolated due to highly communicable diseases (CDC BioSafety Level 4 organisms.)
3. Empty medication and vaccine vials.



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

Generator Facility: JDACs and Treatment Facilities

Person responsible for implementation of plan:

Title: Health Services Manager [REDACTED]

Types of Medical Waste generated:

- Blood or body fluids
- Sharps
- Pharmaceutical

Estimate of monthly quantity generated: CVJDAC, HDJDAC and Gateway are registered as a small quantity generator. The estimated monthly volume of medical waste generated is 20 pounds per location.

Method of treatment performed on site: none

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

Medical waste is contained separately from other wastes at the point of generation. As medical waste is generated it is placed into RED biohazard bags labeled with the words, "Biohazard Waste." These bags are to be impervious to moisture and have strength sufficient to preclude ripping, tearing, or bursting under normal use and handling. All waste placed in a red bag is considered to be medical waste. The bags will be tied to prevent spillage in the event the bag is dumped upside down.

All sharps will be placed in a sharps container labeled with the words "SHARPS WASTE" or with the international biohazard symbol and the word "Biohazard." These sharps containers are found in the exam rooms in the clinic, the medical intake office, as well as on each housing unit. Sharps containers will be rigid puncture proof containers that when sealed are leak resistant and not able to be reopened without great difficulty. Sharps containers shall be considered "full" when they reach 2/3 capacity of the manufacturer's full line. Lids on filled sharps containers must be snapped closed, taped, or otherwise sealed to prevent loss of contents prior to disposal.

Pharmaceutical Waste will be discarded into the provided blue and white containers located in the medical clinic. Medical waste will be transported in red biohazardous bags labeled "Biohazardous Waste" and taken to the biohazardous waste storage area located at the warehouse. The containers will be labeled with the words "Biohazardous Waste," or "Biohazard," and the international biohazard symbol. This storage area will be locked at all times. The key is located with the Watch Commander and a designated Safety and Security Officer of each facility.

SAN BERNARDINO COUNTY PROBATION INFECTION CONTROL PROGRAM

The JDACs and Treatment Facilities do not generate recognizable human anatomical remains, mixed waste, chemotherapeutic waste or pathology waste or accept no medical waste from any other facility.

Medical Waste Storage Methods

All medical waste will be collected and stored in the Biohazardous Waste Storage Area until transported by the medical waste hauler. All biohazardous waste shall be stored, handled or transported in red biohazardous bags labeled "Biohazardous Waste". This area shall be marked with warning signs saying in English "CAUTION-BIOHAZARDOUS WASTE STORAGE AREA-UNAUTHORIZED PERSON KEEP OUT," and in Spanish, "CUIDADO-ZONA DE RESIDUOS BIOLÓGICOS-PELIGROSOS-PROHIBIDA LA ENTRADA A PERSONAS NO AUTORIZADAS."

Biohazardous bags and filled sharps containers shall not be stored for more than thirty (30) days at a temperature above 32 degrees Fahrenheit. This thirty (30) days period begins when any waste has been placed in the bag or container.

Medical Waste Treatment and Disposal Method

All Medical Waste will be picked up monthly by STERICYCLE, INC. and transported to an off-site treatment facility. Records of medical Waste transported by STERICYCLE will be kept by the Safety/Security Office at each facility and retained for a minimum of three (3) years.

Emergency Action Plan

While it is highly unlikely that the company would experience a shutdown of operations, contingencies include contacting alternate vendors who can be located on the internet under "waste" or contacting the Local Enforcement Agency (Department of Health Services, Medical Waste Program) for guidance at [REDACTED]

Spills are cleaned up utilizing "Standard Precaution Compliance Kit."

Waste Hauler:
STERICYCLE, INC.
2775 E 26TH St.
Vernon, CA 90023
[REDACTED]

CONTROL OF PATHOGENS

The purpose is to outline the process to effectively decontaminate and sterilize commonly used items and equipment utilized in the JDAC.

Decontamination and disinfection is designed to reduce the risk of cross contamination of commonly used items and equipment within the facility. The following measures aid in the prevention and control of infections;

1. Ensure cleaning and disinfection of high touch surfaces such as keys, HT's, computer keyboards, doorknobs, faucet handles, etc.
2. Thoroughly clean and disinfect environmental and medical equipment surfaces on a regular basis using approved Environmental Protection Agency registered disinfectants in accordance with the manufacturer's instructions.
3. Utilize proper hand hygiene to minimize the spread of disease.
4. Use disposable barrier coverings as appropriate to minimize surface contamination.
5. Single-use items are to be disposed of or destroyed appropriately, immediately after use.
6. Medical items that are not single-use are to be cleaned using high level disinfectant, immediately after use.
7. Utilize Standard Precautions Compliance kit for containment, cleaning, and decontamination of blood spills.
8. When Custodial Services are not available, each department is responsible for cleaning areas that are heavily soiled with blood or body fluids. In some instances an approved contractor may be brought in.
9. Perform the following for blood soiled area:
 - a. Utilize PPE.
 - b. Bag blood soaked laundry in a leak proof red bag labeled "Biohazardous Waste".
 - c. Use a Standard Precaution Compliance Kit to clean spill area.
 - d. Discard blood soiled disposable material in red biohazard bag provided in the Standard Compliance Precaution Kit.
 - e. Remove PPE and discard in regular trash.
 - f. Wash hands.

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

Hand hygiene (the washing of one's hands with soap and water or use of an alcohol hand cleansing agent) is to be practiced by employees and youth to prevent or reduce infections and decrease the risk of communicable diseases.

The Hand Hygiene Policy stems from the Center for Disease Control findings and guidelines; clean hands are the most important factor in preventing the spread of pathogens and antibiotic resistance in healthcare and correctional settings. The Center for Disease Control and Prevention states that the single most important method to reduce the risk of cross-contamination and infection is good hand hygiene.

SAN BERNARDINO COUNTY PROBATION INFECTION CONTROL PROGRAM

Hand hygiene in the correctional setting presents its own unique challenges such as physical barriers, security and lack of washing facilities. Use appropriate hand hygiene instructions, personal protective equipment and isolation precautions, if applicable, during cleaning and disinfecting procedures and cleaning of biohazardous or potential biohazardous spills.

It is a collective goal of all Correctional Facilities and Medical Services to prevent or reduce infections. Employees that provide direct care and have contact with supplies, equipment and food must comply with all practices in the Hand Hygiene Policy.

Routinely wash hands with soap and running water or alcohol based hand sanitizer;

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

COMMUNICABLE DISEASE PLANS

POLICY

Because of the risk of infection, youth with communicable diseases outlined in Title 17, section 2500 shall be isolated as necessary and their disease reported to the San Bernardino County Public Health Department as required by law. Refer to Probation Department Procedure - Management of Communicable Diseases.

REPORTING OF COMMUNICABLE DISEASES

State law requires every physician, nurse practitioner, coroner, dentist, every superintendent or a manager of a hospital, clinic, dispensary, or any person knowing of, or in attendance of a case or suspected case of any disease or condition on the required reporting listed in Title 17 Section 2500 of the California' Code of Regulations, must notify the local health authority, in accordance with all public ordinances. The facility, in accordance with the public health law requires that a Communicable Disease Morbidity Report (CMR) form be completed and faxed to San Bernardino County Epidemiology, [REDACTED]

Refer to 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 during the pandemic.

DEFINITION

An infectious disease caused by a newly discovered coronavirus. Most people will experience mild to moderate respiratory illness and recover without requiring special treatment.

PRESENTATION

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

TRANSMISSION

The virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes.

ADMINISTRATIVE AUTHORITY

At the direction of the Health Officer/Chief Medical Officer or Health Services Manager in accordance with the Center for Disease Control and Prevention.

SCREENING AND SURVEILLANCE

All youth are screened during the intake/booking process for signs and symptoms of COVID-19. Polymerase Chain Reaction (PCR) testing shall be conducted during the intake process, prior to medical/dental appointments, placement, and DJJ transfers unless otherwise indicated by the Chief Medical Officer. Temperatures are monitored for every individual that enters the facility. Visitors are also screened prior to visiting. The recommendations outlined in this plan is the use of a surgical mask, frequent hand washing and regular sanitizing of work areas at a minimum. Expansion to the broadest level of precautionary measures shall be based on the level of outbreak and the direction of the Health Officer.

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 rounds if the youth complains of or displays symptoms.
2. Utilize the Standardized Procedures for Registered Nurses- Flu-like symptoms.
3. Notify the HSM, Watch Commander, Deputy Chief Probation Officer and custody staff working the youth's assigned unit when youth are symptomatic and pending lab results or if there is a confirmed positive test and consult with the Chief Medical Officer.

B. Probation Corrections Staff:

1. Utilize the Center for Disease Control and Prevention recommended screening questions to screen visitors for symptoms or exposure.
(<https://www.cdc.gov/screening/paper-version.pdf>)
2. Decline visits for those who answer yes to the screening questions.
3. Contact Medical Services for questions or concerns.

SAN BERNARDINO COUNTY PROBATION INFECTION CONTROL PROGRAM

HOUSING

- A. Youth are housed on the Orientation Unit on Medical Isolation until there are two confirmed negative PCR test and then transferred to the general population. Youth with confirmed cases will remain on Medical Isolation for 14 days or until otherwise determined safe by a health care provider. In the event testing is not available, youth will be housed on the Orientation unit for approximately 21 days to monitor for symptoms. All youth not cleared shall be placed Medical Isolation in a single room with a separate toilet, hand washing 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 required care cannot be provided there.
- B. The youth shall wear a surgical mask during encounters with others.
- C. Offsite appointments shall be re-scheduled unless it is an emergency. In those instances, the receiving facility shall be notified that the youth is symptomatic or has a confirmed COVID-19 diagnosis.
- D. Onsite dental and optometry appointments shall be rescheduled to a time when youth has been cleared by the provider. In the event of urgent dental needs, the dentist shall be consulted as to how to proceed.
- E. Inter-facility transfers will be discouraged.

COURT

- A. The Supervising Correctional Nurse or designee shall provide notification to the court officers which in turn shall notify the judge and attorney and verify if the court can continue without the presence of the youth.

INFECTION PREVENTION AND CONTROL FOR HEALTH CARE WORKERS

- A. Hand hygiene before and after all youth contact.
- B. Appropriate use of PPE.
- C. Appropriate disinfection of equipment.
- D. Cleaning/disinfection of all patient contact surfaces after youth leaves the examining room.

LABORATORY TESTING

Polymerase Chain Reaction (PCR) testing shall be conducted during the intake process, prior to medical/dental appointments, transfer to placement, and DJJ transfers. Additionally, if in the opinion of the clinician based on severity of clinical presentation, laboratory testing is required.

YOUTH DISPOSITION AND TREATMENT

Youth who do not require admission to a health care facility shall be provided education to assist in containing the spread of their illness to others. The education shall include information on hand hygiene and respiratory cough etiquette.

SAN BERNARDINO COUNTY PROBATION INFECTION CONTROL PROGRAM

INFLUENZA LIKE ILLNESS (ILI) CONTROL PLAN

PURPOSE

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

DEFINITION

Influenza-like illness (ILI): A non-specific contagious respiratory illness that may be caused by the influenza viruses. It can cause mild to severe illness and at times can lead to death.

PRESENTATION

A fever 100° F or grater with at least one of the following symptoms; cough, sore throat, shortness of breath without a known cause other than influenza.

ADMINISTRATIVE AUTHORITY

At the direction of the Health Officer/Chief Medical Officer or Health Services Manager, the ILI Plan will be implemented.

SCREENING AND SURVEILLANCE

All youth are screened during the intake/booking process for any signs and symptoms of the flu. All settings shall have signage posted requesting anyone with a cough to perform hand hygiene and cover the cough.

The recommendations outlined in this plan are the use of a surgical mask. Expansion to the broadest level of precautionary measures shall be based on the level of outbreak and the direction of the Health Officer.

ROLES AND RESPONSIBILITIES

A. Correctional Nurse:

1. Screen youth and triage at intake utilizing the Supplemental Intake Screening form.
2. Utilize the Standardized Procedures for Registered Nurses- Flu-like Symptoms
3. Place youth that meet the clinical criteria on medical isolation until cleared by the physician/provider.

B. Probation Corrections Staff:

1. Contact Medical Services for questions or concerns.

HOUSING

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

APPOINTMENTS

- A. The youth shall wear a surgical mask when brought to the clinic.
- B. Offsite appointments shall be re-scheduled unless it is an emergency. In those instances, the receiving facility shall be notified that the youth is being monitored for ILI and will be transported with a mask.
- C. Onsite dental and optometry appointments shall be rescheduled to a time when youth has been cleared by the provider. In the event of urgent dental needs, the dentist will be consulted as to how to proceed.

SAN BERNARDINO COUNTY PROBATION INFECTION CONTROL PROGRAM

D. Inter-facility transfers will be discouraged.

COURT

The Supervising Correctional Nurse shall provide notification of the youth being monitored for ILI to court officers which in turn shall notify the judge and attorney and verify if the court can continue without the presence of the youth.

INFECTION PREVENTION AND CONTROL FOR HEALTH CARE WORKERS

- A. Hand hygiene before and after all youth contact.
- B. Appropriate use of PPE.
- C. Appropriate disinfection of equipment.
- D. Cleaning/disinfection of all patient contact surfaces after youth leaves the examining room.

LABORATORY TESTING

If in the opinion of the clinician based on severity of clinical presentation, laboratory testing is required, a nasopharyngeal (NP) swab shall be obtained. If an NP swab is obtained, specimens shall be forwarded to the Department of Public Health Laboratory.

YOUTH DISPOSITION AND TREATMENT

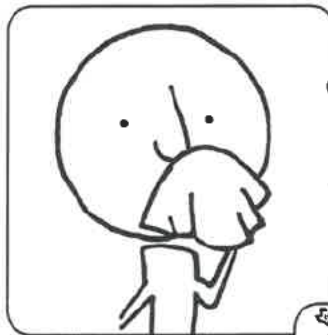
Youth who do not require admission to a health care facility shall be provided education to assist in containing the spread of their illness to others. The education shall include information on hand hygiene and respiratory cough etiquette.

IMMUNIZATIONS

Per the Standardized Procedures for Registered Nurses, all youth shall be offered influenza vaccine.

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

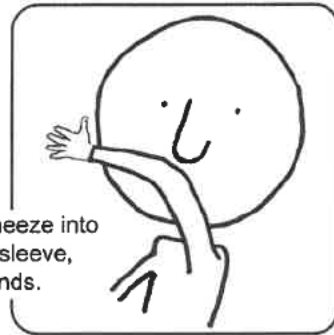
Cover your Cough



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

or

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

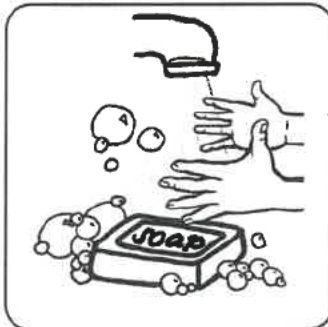


Put your used tissue in the waste basket.



Clean your Hands

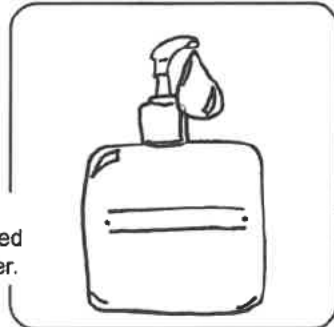
after coughing or sneezing.



Wash hands with soap and warm water

or

clean with alcohol-based hand cleaner.



Minnesota Department of Health
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ASSOCIATION FOR PROFESSIONALS IN
INFECTION CONTROL AND EPIDEMIOLOGY

12/15/14

¡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

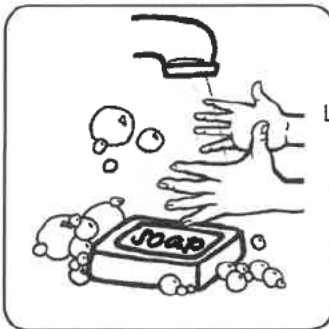
o
tosa o estornude en la manga de su camisa, no en sus manos.

Deseche el kleenex sucio en un basurero.



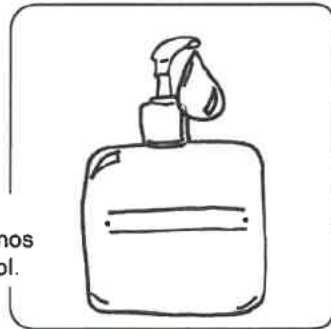
Lávese las manos

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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APIC
PEDIATRIC IN THE PROTECTIVE DUALS OF
PROFESSIONAL INFECTION CONTROL

San Bern
04-111-021

TUBERCULOSIS CONTROL PLAN

PURPOSE

To provide recommended procedures for the early detection of TB, the isolation and/or treatment of youth who have confirmed or suspected TB.

OVERVIEW

Tuberculosis (TB): is an acute or chronic infection with the bacillus *Mycobacterium Tuberculosis*. The primary focus of infection is in the lungs, but may spread (via the lymphatic system) to other organs of the body.

ADMINISTRATIVE AUTHORITY

The administrative responsibility for compliance to the policies and procedures set forth below resides with the Supervising Correctional Nurse/Designee (under the direction of the Chief Medical Officer, Health Services Manager, Superintendent, Risk Manager and Safety Officer).

Monitoring the implementation of the tuberculosis infection control plan (TB ICP) on an ongoing basis is essential to ensure that the plan is fully implemented and to identify and address barriers to implementation. Periodic evaluation of the established TB ICP is necessary to ensure that the plan is effective in preventing TB transmission.

PRESENTATION

TB presents itself with a bad cough that last three (3) weeks or longer, pain in the chest, coughing up blood or sputum, weakness or fatigue, weight loss, no appetite, chills, fever and sweating at night.

TRANSMISSION

TB is primarily an airborne disease. The bacteria are spread from person to person in tiny microscopic droplets when a TB sufferer coughs, sneezes, speaks, sings, or laughs. Only people with active TB can spread the disease to others.

ROLES AND RESPONSIBILITIES

A. Health Services Manager:

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

B. Supervising Correctional Nurse I/II:

1. Notify the local Public Health Department regarding the transfer/release of a youth with suspected/active TB.
2. Consideration of immunocompromised youth that may have been exposed.
3. Notify the respective court officer if a youth is unable to attend court due to suspected or confirmed active TB.
4. Notify receiving facility (i.e. hospital) prior to transfer.

C. Correctional Nurse:

1. Screen all youth during the intake/booking process. The screening questions shall include:
 - a. *Have you ever been treated for tuberculosis (TB)?*

SAN BERNARDINO COUNTY PROBATION INFECTION CONTROL PROGRAM

- b. *Have you had a cough for 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 suspected youth on medical isolation until cleared by the physician/provider.
3. Follow the Standardized Procedures for Registered Nurses – Tuberculosis (suspected/confirmed).

D. Watch Commander:

1. Consult with medical staff, transportation staff and the receiving facility the need for PPE, isolation, etc. of youth with suspected/confirmed active TB in the event of a youth going off-site.

INFECTION CONTROL MEASURES

The most important measure to prevent TB transmission is to maintain a high index of suspicion. Early identification and isolation is critical. Youth with suspected TB shall be promptly isolated and immediately transported to ARMC for evaluation. The number of staff having direct contact with the youth shall be kept to a minimum. Those in contact with the youth shall utilize respiratory protection. Most TB outbreaks reported from correctional facilities have involved a highly infectious case who remained undetected for a prolonged period.

TRANSPORT OF YOUTH

- A. Transport in a manner that minimizes the risk of transmission to others.
- B. Transfer immediately to Arrowhead Regional Medical Center (ARMC) if screening is highly suspect for active TB.
- C. Transport within and outside the facility only in situations considered essential for medical or criminal justice purposes.
- D. In those situations where a youth is required to be transported off site, he/she shall be the sole youth in the vehicle and placed in the rear seat.
- E. The youth shall wear a surgical mask that fits tightly over the mouth and nose at all times during transport and the mask shall be changed if it becomes wet or torn.
- F. Receiving facilities, healthcare providers, and the local health officer, or designee, in the receiving county shall be notified prior to transfer. (i.e., other JDACs, Placements, hospitals).
- G. Transport personnel shall wear an appropriate mask while in the transport vehicle and in the presence of the youth.
- H. Transport personnel shall keep windows of the transport vehicle open to promote proper ventilation, weather permitting, during transport.
- I. The transport vehicle shall be operated with the air system in fresh air mode set on high (air will not be re-circulated).
- J. The transport vehicle shall be aired out, with all windows and doors fully open and the fan on before staff and youth re-enter.

LICE CONTROL PLAN

PURPOSE

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

OVERVIEW

Lice are ectoparasites, organisms that require external contact with a human host for nutrient. They are parasitic insects that can be found on people's heads, bodies, including the pubic area. Lice are 3-mm long insects that are found on the scalp hair and produces nits (egg cases), which adhere to the hair shaft.

Pubic lice resemble a miniature crab. They have 6 legs: their 2 front legs are very large & look like pincher claws of a crab. They are tan to grayish-white in color.

TRANSMISSION

Head lice are usually transmitted by direct contact or on shared objects (e.g., combs, towels, headphones, etc.). Pubic lice are usually transmitted by sexual contact. Occasionally spread by close personal contact with articles such as clothing, bed linen used by an infested person

PRESENTATION

Head lice infestations can be asymptomatic, particularly with a first infestation or when an infestation is light. Itching is the most common symptom, which is caused by an allergic reaction to louse bites. It may take 4 to 6 weeks for itching to appear. Other symptoms may include a tickling feeling or sensation of something moving in the hair, irritability, and sores on the head caused by scratching.

ROLES AND RESPONSIBILITIES

A. Correctional Nurse/Licensed Vocational Nurse/Medical Assistant :

1. Screen all youth for ectoparasites during the intake/booking screening process.
2. Perform lice checks bi-monthly for females and monthly for males.
3. Treat all identified cases as outlined in the Standardized Procedures for Registered Nurses- Lice (Pediculosis) Capitis/Pubis.
4. Place youth on proper isolation precautions.
5. Notify Custody Staff and Supervising Correctional Nurse of identified cases.

B. Custody Staff:

1. Remove youth's belongings and place in bag.
2. Place youth's previously used clothing and linens in a plastic bag and attach a laundry tag labeled "Contaminated possible lice" The clothing and linens are now ready for transport to the laundry.
3. Spray the youth's mattress and shoes with RID (following directions on the bottle) and allow it to sit for a no less than two (2) hours.

SAN BERNARDINO COUNTY PROBATION INFECTION CONTROL PROGRAM

HOUSING

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

COURT

- A. The youth shall keep hair contained with a cap to attend court.
-

SCABIES CONTROL PLAN

PURPOSE

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

OVERVIEW

Scabies mites are ectoparasites, organisms that require external contact with a human host for nutrient. Scabies is caused by an infestation of the skin by the human itch mite. They burrow into the upper layer of the skin where it lives and lays its eggs.

TRANSMISSION

The scabies mite usually is spread by direct, prolonged, skin to skin-contact with a person who has scabies. Scabies can spread rapidly under crowded conditions. They move by crawling; they cannot hop or fly. An infected person can transmit scabies, even if they do not have symptoms, until they are successfully treated and the mites and eggs are destroyed.

PRESENTATION

For first time infestation, symptoms usually do not appear for up to 2 to 6 weeks after being infested. If a person has had scabies before, symptoms appear much sooner (1-4 days) after exposure. The most common symptoms are itching and a skin rash which may be described as pimple-like. Itching usually becomes severe at night. Common sites that scabies may be found are; between the fingers, wrist, elbow, armpit, penis, nipple, waist, buttocks and shoulder blades.

While infestations are usually more of a nuisance than medically serious, persons who have HIV infection can be severely affected by scabies. Efforts to adequately control infestations may be hampered by the development of resistance to available treatments, as well as the improper application of otherwise effective agents.

ROLES AND RESPONSIBILITIES

- A. Correctional Nurse/Licensed Vocational Nurse/Medical Assistant:
1. Screen all youth for ectoparasites during the intake/booking screening process.
 2. Treat identified cases as outlined in the Standardized Procedures for Registered Nurses-Scabies.
 3. Instruct youth and Custody Staff to use contact precautions until treatment is completed.
 4. Notify Custody Staff and Supervising Correctional Nurse of identified cases.
 5. Notify Custody Staff of MD orders for housing.
-

SAN BERNARDINO COUNTY PROBATION INFECTION CONTROL PROGRAM

B. Custody Staff:

1. Remove youth's belongings and place in bag.
2. Place youth's previously used clothing and linens in a plastic bag and attach a laundry tag labeled "Contaminated possible scabies" The clothing and linens are now ready for transport to the laundry.
3. Spray the youth's mattress and shoes with RID (following directions on the bottle) and allow it to sit for a no less than two (2) hours.

Deciding whether cellmates of persons with scabies shall also receive treatment depends on their degree of contact (keeping in mind the mode of transmission), coupled with an assessment of anxiety levels of those at risk. It is important to remember that being in close contact with someone with scabies doesn't necessarily mean that you will get scabies. Although the routine practice of treating entire housing units on a precautionary basis is excessive, if there are no contraindications, one shall not be overly restrictive about treating persons whose degree of contact is uncertain.

HOUSING

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

COURT

- A. The Supervising Correctional Nurse will inform the court officers of youth on medical isolation for scabies who will in turn notify the judge and attorney and find out if the court can continue without the presence of the youth.

CHICKENPOX (VARICELLA) CONTROL PLAN

PURPOSE

To provide guidelines for the medical management of youth with chickenpox as well as prevention and control measures.

OVERVIEW

Chickenpox (Varicella) also known as human herpesvirus 3 causes two distinct clinical conditions. Primary infection causes chickenpox, a contagious rash illness typically occurring among children. Decades after the initial infection, (or sooner) the Varicella virus can reactivate to cause shingles (herpes zoster), a localized, generally painful cutaneous eruption.

PRESENTATION

Chickenpox normally presents with slight fever, feeling tired, weak and the sudden onset of a rash. The rash classically spreads in successive crops, resulting in lesions appearing in various stages of evolution, including papules, superficial vesicles, pustules, and crusted lesions. Lesions are concentrated on the trunk, with fewer lesions on the distal extremities (but not involving the palms of the hands or soles of the feet.)

TRANSMISSION

Readily transmitted from person to person as follows:

- A. Droplet spread when a person with chickenpox coughs or sneezes.

SAN BERNARDINO COUNTY PROBATION INFECTION CONTROL PROGRAM

- B. Direct contact with upper respiratory secretions or with lesions that have not yet crusted.
- C. Airborne spread is more likely to occur when an individual is immunocompromised.
- D. Congenital transmission results from maternal infection during pregnancy.

EXPOSURE PERIOD

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

INCUBATION PERIOD

The average incubation period (time period from exposure to onset of rash) is 14-16 days, but can range from 10-21 days.

INFECTIOUS PERIOD

The period of contagiousness begins one (1) to two (2) days before the onset of rash and ends with the crusting of the lesions (usually 4-7 days after the onset of rash). Immunocompromised persons may be contagious for a somewhat longer period of time.

ROLES AND RESPONSIBILITIES

A. Supervising Correctional Nurse I/II:

1. Notify Administration and Watch Commander of dates of quarantine/isolation and unit numbers.
2. Release staff memo that includes instructions for management.
3. Arrange for general information letter to be sent to parents/guardians of youth in custody.

B. Correctional Nurse:

1. Place youth on medical isolation.
2. Verify varicella immunization status of youth in custody.
3. Collect titer for youth exposed to varicella with no record of immunization and send specimen to Public Health Lab.
4. Take into consideration immunocompromised youth that may have been exposed.
5. Request youth to be transported to clinic wearing a mask to obtain confirmation of chickenpox by the physician/provider.
6. Contact Epidemiology Department for collaboration on incubation time and dates.
7. Confirm date chickenpox lesion was identified.
8. Update Epidemiology with all cases including names, age and dates of outbreaks.
9. Confirm pregnancy status of female patients.

C. Probation Corrections Staff:

1. Utilize isolation precautions.
2. Utilize standard precautions.
3. Refer to information forms received from Medical Services.
4. Contact Medical Services for questions or concerns.

SAN BERNARDINO COUNTY PROBATION INFECTION CONTROL PROGRAM

HOUSING

- A. The youth shall be placed on med-isolation until all lesions are crusted and youth is cleared by the physician/provider to return to normal programming.
- B. Youth that have been exposed to chickenpox but are not confirmed to have the disease shall be placed on med-isolation for 23 days if vaccine status is unknown. Multiple youth on quarantine may be out for PE at the same time.
- C. Two (2) quarantine units may be combined for population control but never a unit with a case of active chickenpox.
- D. All new, incoming pregnant youth shall be re-routed to another facility as long as that facility is not under quarantine.
- E. Newly booked youth shall be kept in holding until the youth can be moved 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 in advance of appointment time to ensure the appointment care are carried out using the proper precautions.
- B. Youth on quarantined units shall attend all hospital medical appointments unless otherwise directed by the Supervising Correctional Nurse. They will be transported with a mask and with no other youth's unless they are also on quarantine.

PLACEMENT

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

COURT

- A. The Health Services Manager will notify the courts and Judges of any outbreak and will send formal notification to the presiding Judge.
- B. The Supervising Correctional Nurse shall provide notification of infected youth to court officers which in turn shall notify the judge and attorney of the outbreak and verify if the court can continue without the presence of the youth.
- C. In the event court insists on the youth appearing, the youth shall wear a mask. This includes youth that have been identified as being exposed and not identified as having chickenpox.
- D. Youth that have been exposed shall not be transported with those who have not.
- E. Consult with Administration prior to transporting exposed youth to court.

EXPOSED EMPLOYEES/PREGNANT EMPLOYEES

- A. Employees who develop chickenpox must notify their Supervisor as soon as possible if they are diagnosed. If they suspect chickenpox they must contact the Watch Commander.
- B. Employees with chickenpox shall receive clearance from the Center for Employee Health and Wellness prior to returning to work. This appointment shall be scheduled by the Supervisor.
- C. All pregnant staff shall be re-assigned to another JDAC until all quarantines are lifted, if indicated.

SAN BERNARDINO COUNTY PROBATION INFECTION CONTROL PROGRAM

D. Refer to the Injury and Illness Prevention Program (located in Policy Manager) for guidelines and forms.

VISITORS

If chickenpox has been identified in the JDAC's, all visitors (particularly women of childbearing age) shall be notified about the possible risk of exposure to chickenpox. For example, warnings shall be posted in the visiting area.

REPORTING OF CASES TO PUBLIC HEALTH

All cases of Chickenpox shall be reported to Public Health as outlined in the Infection Control Program.

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 onset of rash.	2 days before until 4 to 7 days after onset of rash.	10 days after exposure began until 23 days after exposure.

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

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

Date rash started → ___/___

Exposure period- This information is very important for Public Health to assist with the determination as to where the youth was at the time of exposure. (This is the same time frame as the incubation period.)

Infectious period-Timeframe isolation of the youth is required.

SAN BERNARDINO COUNTY PROBATION INFECTION CONTROL PROGRAM

Incubation period- Timeframe between exposure and the development of symptoms – Youth that have been exposed to an active case will be quarantined for this time frame as a precaution in the event they actually develop the disease.

SHINGLES (HERPES ZOSTER) CONTROL PLAN

PURPOSE

To provide guidelines for the medical management of youth with shingles as well as prevention and control measures.

OVERVIEW

Following primary chickenpox infections, varicella also known as human herpesvirus 3 infection persists in a dormant state. Reactivation of chickenpox infection results in shingles (herpes zoster). Shingles occurs sporadically in otherwise healthy individuals. Shingles cases will be handled on a case by case basis as determined by the provider, Chief Medical Officer, and Epidemiology.

PRESENTATION

Shingles normally presents with a severe painful rash on one side of the face or body. The pain may be described as steady burning, pins and needles, electrical shock. It begins as blisters that typically scab over in 7 to 10 days and usually clears within 2 to 4 weeks. There is often pain, itching, or tingling in the area where the rash develops will occur anywhere from 1 to 5 days prior. Other symptoms of shingles can include fever, headache, chills and upset stomach.

TRANSMISSION

The virus that causes shingles can be spread from a person with active shingles to a person who has never had chickenpox through direct contact with the rash. The person exposed would develop chickenpox, not shingles. The virus is not spread through sneezing, coughing or casual contact. A person with shingles can spread the disease when the rash is in the blister-phase. Once the rash has developed crusts, the person is no longer contagious. A person is not infectious prior to the appearance of blisters.

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

- A. Direct contact with lesions in the blister phase. Lesions that have not yet crusted.
- B. Congenital transmission results from maternal infection during pregnancy

INCUBATION PERIOD

There is no incubation period for shingles.

INFECTIOUS PERIOD

Shingles is only infectious during the blister phase, when the lesions have not yet crusted.

ROLES AND RESPONSIBILITIES

- A. Supervising Correctional Nurse I/II:
 - 1. Notify Administration and Watch Commander of dates of quarantine/isolation and unit numbers.
 - 2. Take into consideration immunocompromised youth that may have been exposed.
 - 3. Release staff memo on instructions for management.

SAN BERNARDINO COUNTY PROBATION INFECTION CONTROL PROGRAM

4. Arrange for general information letter to be sent to parents/guardians of youth in custody.
- B. Correctional Nurse:
1. Place youth on medical isolation.
 2. Have youth transported to clinic with blisters covered to obtain confirmation of shingles by the physician/provider.
 3. Confirm date blisters were identified.
 4. Update Epidemiology with all cases including names, age and dates of outbreaks.
 5. Confirm pregnancy status of female patients.
- C. Probation Corrections Staff:
1. Utilize isolation precautions.
 2. Utilize standard precautions.
 3. Refer to information forms received from Medical Services.
 4. Contact Medical Services for questions or concerns.

HOUSING

- A. The youth with confirmed shingles will be placed on med-isolation until all lesions are crusted and youth is cleared by the provider to return to normal programming.

APPOINTMENT MANAGEMENT

- A. Communication shall occur with all on-site and off-site health providers in advance of appointment time to ensure the appointment care be carried out using the proper precautions

PLACEMENT

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

COURT

- A. The Health Services Manager will notify the courts and judges of any outbreak and will send formal notification to the presiding judge.
- B. The Supervising Correctional Nurse shall provide notification of infected youth to court officers which in turn shall notify the Judge and attorney of the outbreak and verify if the court can continue without the presence of the youth.
- C. If court insists on having youth in court, the youth shall have the blisters covered.
- D. Youth that have been exposed shall not be transported with those who have not.
- E. Consult with Administration prior to transporting exposed youth to court.

EXPOSED EMPLOYEES/PREGNANT EMPLOYEES

- A. Employees who develop shingles must notify their Supervisor soon as possible if they are diagnosed. If they suspect shingles they must contact the Watch Commander.

SAN BERNARDINO COUNTY PROBATION INFECTION CONTROL PROGRAM

- B. Employees with shingles shall receive clearance from the Center for Employee Health and Wellness prior to returning to work. This appointment shall be scheduled by the Supervisor.
- C. All pregnant staff shall be re-assigned to another JDAC until all quarantines are lifted, if indicated.
- D. Refer to the Injury and Illness Prevention Program (In Policy Manager) for guidelines and forms.

VISITORS

If shingles has been identified in the JDAC's, all visitors (particularly women of childbearing age) shall be notified about the possible risk of exposure to shingles. For example, warnings shall be posted in the visiting area.

REPORTING OF CASES TO PUBLIC HEALTH

Shingles are no longer required to be reported to Public Health.

RUBEOLA MEASLES CONTROL PLAN

PURPOSE

To provide guidelines for detection, diagnosis, treatment, and prevention of rubeola measles outbreaks.

OVERVIEW

A highly contagious respiratory disease caused by a virus. The disease of measles and the virus that causes it share the same name. The disease is also called rubeola. Measles during pregnancy can harm the unborn baby. Confirmation can only be done through a blood test.

PRESENTATION

A typical case of measles begins with mild to moderate fever, cough, runny nose, red eyes and sore throat. 2 to 3 days after symptoms begin, tiny white spots may appear inside the mouth.

3 to 5 days after symptoms, a reddish-brown rash appears. It usually begins on the person's face at the hairline and spreads downward to the neck, trunk, arms, legs and feet. When the rash appears, a person's fever may spike to more than 104 degrees Fahrenheit.

TRANSMISSION

Rubeola is highly contagious. The virus lives in the mucus in the nose and throat of the infected person. Readily transmitted from person to person as follows:

- A. Droplet spread when a person with rubeola measles coughs or sneezes.
- B. Direct contact with upper respiratory secretions.
- C. Airborne spread which is more likely to occur when an individual is immunocompromised.
- D. Congenital transmission results from maternal infection during pregnancy.

EXPOSURE PERIOD

7 to 18 days before symptom onset.

SAN BERNARDINO COUNTY PROBATION INFECTION CONTROL PROGRAM

INCUBATION PERIOD

This period is to be determined by Epidemiology (Public Health).

INFECTIOUS PERIOD

4 days before to 4 days after the onset of the rash.

IMMUNIZATION

Most people receive a 2 part series of MMR (measles, mumps, rubella) vaccine which makes them immune to both rubeola and rubella.

ROLES AND RESPONSIBILITIES

Staff members with documented immunity to rubeola measles shall provide care to these youth.

A. Supervising Correctional Nurse I/II:

1. Notify Administration and Watch Commander of dates of quarantine/isolation and unit numbers.
2. Take into consideration immunocompromised youth that may have been exposed.
3. Release staff memo on instructions for management.
4. Arrange for general information letter to be sent to parents/guardians of youth in custody.

B. Correctional Nurse:

1. Place youth on medical isolation.
2. Have youth transported to clinic wearing a mask to obtain confirmation of rubeola measles by the physician/provider.
3. Confirm date the symptoms were identified.
4. Contact Epidemiology for collaboration on incubation time and dates.
5. Update Epidemiology with all cases including names, age and dates of outbreaks.
6. Verify MMR immunization status of youth in custody.
7. Verify pregnancy status of female youth in custody.

C. Probation Corrections Staff:

1. Utilize isolation precautions.
2. Utilize standard precautions.
3. Refer to information forms received from Medical Services.
4. Contact Medical Services for questions or concerns.

HOUSING

- A. The youth with suspected/confirmed rubeola measles shall be placed on medical-isolation in a single room or in a room with similarly affected individuals for 4 days once the diagnosis has been made.
- B. Epidemiology (Public Health) will be consulted regarding non-immune youth. Once vaccinated, non-immune youth do not need to be quarantined. Susceptible persons, if not

SAN BERNARDINO COUNTY PROBATION INFECTION CONTROL PROGRAM

immunized within 72 hours after exposure, shall be quarantined for 21 days, at the direction of Public Health.

- C. All new, incoming pregnant youth shall be re-routed to another facility as long as that facility is not under quarantine.
- D. Newly booked youth shall be kept in holding until the youth can be moved to a unit that is not under quarantine or to a facility without a rubeola measles outbreak.

APPOINTMENT MANAGEMENT

- A. Communication shall occur with all on-site and off-site health providers in advance of appointment time to ensure the appointment can be carried out using proper precautions.
- B. Youth on quarantined units shall attend all hospital medical appointments unless otherwise directed by the Supervising Correctional Nurse. They will be transported with a mask and with no other youth unless they too are on quarantine.

COURT

- A. The Health Services Manager will notify the courts and Judges of any outbreak and will send formal notification to the presiding Judge.
- B. The Supervising Correctional Nurse will have youth kept at the facility and will have court officers notify the Judge and attorney of the outbreak and find out if the court can continue without the presence of the youth.
- C. If court insists on having youth in court, the youth will be sent with a mask even if the youth has only been exposed and doesn't actually have rubeola (measles).
- D. All transportation of youth shall be done by isolating youth having been exposed from those who have not.
- E. Consult with Administration prior to transporting exposed youth to court.

EXPOSED EMPLOYEES/PREGNANT EMPLOYEES

- A. Confirmation of rubeola (measles) needs to be made with employee's private physician/provider.
- B. Employees who develop rubeola (measles) must notify their supervisor and Center for Employee Health and Wellness as soon as possible if they are diagnosed. If they suspect rubeola (measles) they must contact the Watch Commander.
- C. Employees with rubeola (measles) cannot return to work until they have been cleared by the Center for Employee Health and Wellness. Only the employee's Supervisor can arrange an appointment.
- D. All pregnant staff shall be re-assigned to another JDAC until all quarantines are lifted, if indicated.
- E. Refer to the Injury and Illness Prevention Program (located in Policy Manager) for guidelines and forms.

VISITORS

- A. If rubeola (measles) has been identified in the JDAC's, all visitors (particularly women of childbearing age) shall be notified about the possible risk of exposure to rubeola (measles). For example, warnings shall be posted in the visiting area.

SAN BERNARDINO COUNTY PROBATION INFECTION CONTROL PROGRAM

- B. Pregnant women shall be prohibited from entering any JDAC with suspected /confirmed cases of Measles/Rubeola.
- C. Visitors will be advised to not enter the facility if they have unknown or uncertain rubeola (measles) immunity.

REPORTING OF CASES TO PUBLIC HEALTH

All cases of rubeola (measles) shall be reported to Public Health as outlined in 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 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.
7 to 18 days before symptom onset	4 days before to 4 days after rash onset	To be determined by Epidemiology (Public Health)

Begins **Ends** **Begins** **Ends** **Begins** **Ends**
 ↓ ↓ ↓ ↓ ↓ ↓
 ← Date ___/___ ___/___ ___/___ ___/___ ___/___ ___/___ →
Date rash started → ___/___

Exposure period-this is important information for Public Health to help determine where the youth was at the time of exposure. (This is the same time frame as the incubation period.)

Infectious period-this is the time that the youth needs to be isolated.

Incubation period-time period between exposure to the disease and the development of symptoms-this is the time that youths who have been exposed to an active case need to be quarantined. In this case, only youth that have not been vaccinated need to be considered for quarantine.

SAN BERNARDINO COUNTY PROBATION INFECTION CONTROL PROGRAM

RUBELLA MEASLES (GERMAN) CONTROL PLAN

PURPOSE

To provide guidelines for detection, diagnosis, treatment, and prevention of rubella measles outbreak.

OVERVIEW

An acute viral infection that causes fever and rash. It is most serious in pregnant females because it can harm their unborn baby. It is also called German measles or 3-day measles. Confirmation can only be done through a blood test.

PRESENTATION

Rubella measles (German) presents with a rash and fever for 2 to 3 days. Usually mild in children and young adults.

TRANSMISSION

Spread by direct contact with an infected person, through coughing and sneezing.

Rubella measles are readily transmitted from person to person as follows:

- A. Droplet spread when a person with rubella measles coughs or sneezes.
- B. Direct contact with upper respiratory secretions.
- C. Airborne spread which is more likely to occur when an individual is immunocompromised.
- D. Congenital transmission results from maternal infection during pregnancy.

EXPOSURE PERIOD

12 to 23 days before symptom onset.

INCUBATION PERIOD

This period is to be determined by Epidemiology (Public Health).

INFECTIOUS PERIOD

7 days before to 7 days after rash onset.

IMMUNIZATION

Most people receive a 2 part series of MMR (measles, mumps, rubella) vaccine which makes them immune to both rubeola and rubella.

ROLES AND RESPONSIBILITIES

Staff members with documented immunity to rubella will provide care to the youth.

A. Supervising Correctional Nurse I/II:

1. Notify Administration and Watch Commander of dates of quarantine/isolation and unit numbers.
2. Take into consideration immunocompromised youth that may have been exposed.
3. Release staff memo on instructions for management.
4. Arrange for general information letter to be sent to parents/guardians of youth in custody.

SAN BERNARDINO COUNTY PROBATION INFECTION CONTROL PROGRAM

B. Correctional Nurse:

1. Place youth on medical isolation.
2. Have youth transported to clinic wearing a mask to obtain confirmation of rubella measles by the physician/provider.
3. Confirm date the symptoms were identified.
4. Contact Epidemiology for collaboration on incubation time and dates.
5. Update Epidemiology with all cases including names, age and dates of outbreaks.
6. Verify MMR immunization status of youth in custody.
7. Confirm pregnancy status of female youth in custody.

C. Probation Corrections Staff:

1. Utilize isolation precautions.
2. Utilize standard precautions.
3. Refer to information forms received from Medical Services.
4. Contact Medical Services for questions or concerns.

HOUSING

- A. Youth with or suspected to have rubella (German measles) shall be placed on Medical Isolation in a single room or in rooms with similarly affected individuals for 7 days once the diagnosis has been made.
- B. Local public health department/epidemiology will be consulted regarding non-immune youth. Youth with no documented evidence of having been immunized shall be vaccinated if no contraindications exist. Youth who have been exempted from rubella vaccination for medical, religious, or other reasons shall remain on quarantine until 21 days after the onset of the last reported case.
- C. Do not accept transfers or intakes of pregnant youth to a facility that has suspected or confirmed cases of rubella.

APPOINTMENT MANAGEMENT

- A. Communication shall occur with all on-site and off-site health providers in advance of appointment time to ensure the appointment can be carried out using proper precautions.
- B. Youth on quarantined units shall attend all hospital medical appointments unless otherwise directed by the Supervising Correctional Nurse. They will be transported with a mask and with no other youth unless they too are on quarantine.

COURT

- A. The Health Services Manager will notify the courts and Judges of any outbreak and will send formal notification to the presiding Judge.
- B. The Supervising Correctional Nurse will have youth kept at the facility and will have court officers notify the Judge and attorney of the outbreak and find out if the court can continue without the presence of the youth.

SAN BERNARDINO COUNTY PROBATION INFECTION CONTROL PROGRAM

- C. If court insists on having youth in court, the youth will be sent with a mask even if the youth has only been exposed and doesn't actually have rubella.
- D. All transportation of youth shall be done by isolating youth having been exposed from those who have not.
- E. Consult with Administration prior to transporting exposed youth to court.

EXPOSED EMPLOYEES / PREGNANT EMPLOYEES

- A. Confirmation of rubella needs to be made with employee's private physician/provider.
- B. Employees with rubella cannot return to work until they have been cleared by the Center for Employee Health and Wellness. Only the employee's Supervisor can arrange an appointment.
- C. All pregnant staff shall be re-assigned to another JDAC until all quarantines are lifted, if indicated.
- D. Refer to the Injury and Illness Prevention Program (located in Policy Manager) for guidelines and forms.

VISITORS

- A. Pregnant women shall be prohibited from entering any JDAC with suspected/confirmed cases of Rubella.
- B. Visitors will be advised to not enter the facility if they have unknown or uncertain Rubella immunity.

REPORTING OF CASES TO PUBLIC HEALTH

All cases of rubella measles shall be reported to Public Health as is outlined in the Infection Control Program.

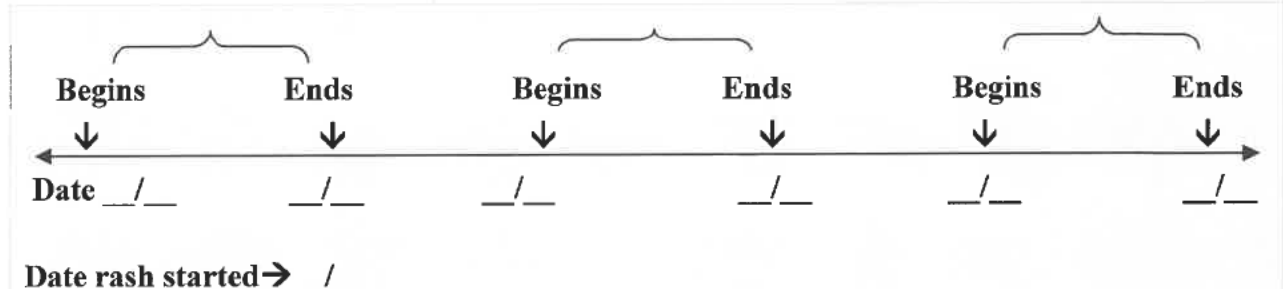
RUBELLA MEASLES (GERMAN) WORKSHEET

✓	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

Rubella timeline: Fill in the dates beginning with the date the rash started.

Exposure Period	Infectious Period	Incubation Period
Timeframe exposure may have occurred.	Timeframe infection can be transmitted.	Timeframe from exposure to onset of rash.
12 to 23 days before symptom onset	7 days before to 7 days after rash onset	To be determined by Epidemiology (Public Health)



Exposure period-this is important information for Public Health to help determine where the youth was at the time of exposure. (This is the same time frame as the incubation period.)

Infectious period-this is the time that the youth needs to be isolated.

Incubation period-time period between exposure to the disease and the development of symptoms-this is the time that youths who have been exposed to an active case need to be quarantined. In this case, only youth who have not been vaccinated shall be considered for quarantine.

METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS (MRSA) SUSPECTED OR CONFIRMED CONTROL PLAN

PURPOSE

To provide guidelines for the prevention, treatment and containment of MRSA infections within the JDACs.

OVERVIEW

MRSA infections are staphylococcal infections that are resistant to beta-lactam antibiotics including: penicillin, ampicillin, amoxicillin, amoxicillin/clavulanate, methicillin, oxacillin, dicloxacillin, nafcillin, cephalosporins, and the monobactams. MRSA infections range from mild to severe skin/soft tissue infections to more serious invasive disease such as blood stream infections, pneumonia and toxic shock syndrome. Although most infections are treated successfully with antibiotics, some cases result in significant injury or death.

Within the correctional system, MRSA infections have been associated with illicit, unsanitary tattoo practices and poor hygiene. It has also been linked to youth sharing towels, linens, or other personal items potentially contaminated with wound drainage.

PRESENTATION

MRSA infections often present as mild skin or soft tissue infections that occur spontaneously

SAN BERNARDINO COUNTY PROBATION INFECTION CONTROL PROGRAM

without an obvious source. There may be common complaints of an/a “infected pimple, insect bite, spider bite, or sore. Many MRSA infections cause slight inflammation without pain and those infected may not seek medical attention.

ADMINISTRATIVE AUTHORITY

The administrative responsibility for compliance to the policies and procedures set forth below resides 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 on intake for any obvious infections. Youth with youth skin infections may be reluctant to seek medical attention. All wounds, sores, boils, abscess, etc. shall be reported to Medical Services. Youth with MRSA infections may be limited 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. Keep record of youth’s name, location of infection and treatment status.
 - 3. Collaborate with Epidemiology (Public Health) in the event of multiple confirmed cases at the same time.
- B. Correctional Nurse:
 - 1. Utilize the Standardized Procedures for Registered Nurses - Methicillin Resistant Staphylococcus Aureus (MRSA).
 - 2. Place youth on isolation when the wound is exposed, purulent drainage exists, or the health and safety of others could be compromised.
 - 3. Provide youth with the Patient Fact Sheet General Instructions for Skin Infections (See form 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. Probation Corrections Staff:
 - 1. Utilize Custody Standard Precautions In The General Population – MRSA form (See form below).
 - 2. Refer to information forms received from Medical Services.
 - 3. Contact Medical Services for questions or concerns.

HOUSING

- A. To be determined by the physician/provider. 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.

TRANSFERS/APPOINTMENTS

- A. Suspected/confirmed cases of MRSA shall not be transferred to other institutions until fully evaluated, treated (completed/initiated) and cleared by physician/provider.
- B. Required transfers: Youths with MRSA infections absolutely requiring transfer for security

SAN BERNARDINO COUNTY PROBATION INFECTION CONTROL PROGRAM

reasons or medical care, the following shall occur;

1. All wounds shall be covered with bandages that adequately contain the drainage.
2. Transporting officers shall be notified of the condition and properly decontaminate security devices (e.g. handcuffs and other reusable restraints). If possible, consider the use of disposable restraints when feasible.
3. The Supervising Correctional Nurse/Designee shall notify the receiving institution's medical staff of youth with suspected/confirmed MRSA infections prior to transfer. If the youth is being transferred to another county, the Supervising Correctional Nurse/Designee will notify the Health Officer/Designee of the receiving county of the impending transfer.

COURT

- A. The Supervising Correctional Nurse will inform the court officers of youth on medical isolation for MRSA who will in turn notify the judge and attorney and find out if the court can continue without the presence of the youth.

EXPOSED EMPLOYEE RESPONSIBILITY

- A. Notify immediate supervisor of contact with a suspected/confirmed cases of MRSA.
- B. Obtain treatment with a licensed medical provider.
- C. Employees with MRSA cannot return to work until they have been cleared by the Center for Employee Health and Wellness. Only the employee's Supervisor can arrange an appointment.
- D. Refer to the Injury and Illness Prevention Program (located in Policy Manager) for guidelines and forms.

VISITORS

Visitor restrictions are rarely indicated and shall be handled 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 whenever soiled with wound drainage.
- Do not share personal items such as razors, towels, wash clothes, and bars of soap, etc.
- If you have an open wound, MD or 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 the Medical Services immediately.

Antibiotics

Take all medications prescribed by your doctor exactly as you are told to. If you get released, make sure that you see a nurse prior to leaving. Follow up with your regular doctor when 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	Routinely with soap and running 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 likely.
Sharps	X	Dispose properly in a leak-proof, puncture-resistant container.
Housing	Varies	Medical determines the appropriate housing for youth with skin infection. Youth with skin infections may be housed in 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 daily sanitation of cell. Youth will be instructed by Medical Services on proper disposal of bandages. Remove trash daily. Clean all washable surfaces during and following (terminal) cell occupancy. Probation workers shall conduct sanitation inspections of living and bathroom areas.
Laundry	X	Change linens every other day (more often if visibly soiled). Linen shall be bagged by the youth in the cell. Change towels/wash cloths 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 will determine restrictions on activities or visitors for youth with skin infections. Restrictions on visitors are rarely indicated.
Equipment	X	Single-use device is recommended. Security use devices such as hand cuffs, 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 (hand-washing, gloves is touching wound drainage and safe disposal of dressings). If not, decontaminate after use. (3) Place clean sheet on cloth seats in vehicle (not needed if vinyl). Decontaminate if visible contamination occurs.

