

COOK COUNTY JUVENILE TEMPORARY DETENTION CENTER Policies and Procedures Chapter: Six (6) Safety and Emergency Procedures	Policy # 6.23	
	Replaces: NEW	Total Pages: 4
	Subject: Emergency Plan – Pandemic Influenza Outbreak, Serious Infections or Communicable Diseases	References: JDF 4C-36, 37, 38 NCCHC Y-B-01 IJDS 702.90 MOA ¶ # 15 JDAI II-D-25, 26 Cermak Health Services Policies HS-201, 201.1, 201.2, 201.3, 201.4, 201.5
Effective Date: 04/02/12	Authorized By: E. Dunlap	Annual Review: 06/2012

Policy:

In order to protect the health and physical well-being of residents, employees, visitors and the general public while maintaining facility safety and security, it is the policy of the JTDC to develop, publish and implement an emergency plan in response to a pandemic influenza outbreak and the management of serious, infectious or communicable diseases, including HIV.

In the event that a pandemic influenza outbreak or serious, infectious or communicable diseases is detrimental to staffing levels it is the policy of the JTDC to follow the procedures specified in JTDC Policy # 6.18 Emergency Plan – Alternative Personnel Deployment.

Definitions:

Universal Precautions: Safety measures taken to reduce the risk of transmitting bloodborne pathogens.

Body Secretion Isolation: the act of isolating an individual identified as a carrier of a communicable disease to reduce the transmission of the pathogens from moist body substances.

Standard Precautions: The use of both, universal precaution and body secretion isolation, major features.

Procedures:

1. Emergency Plan

The Executive Director, or designee, and the Medical Director for Cermak Health Services shall be responsible for collaborating with state and local boards of health, the center for disease control (CDC), local health facilities, law enforcement agencies and other relevant community stakeholders to develop, publish and implement an emergency plan in response to a pandemic influenza outbreak and the management of serious,

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infectious or communicable diseases, including HIV. Provisions shall be made for medical examination of any employee or resident suspected of a communicable disease.

1. Cermak Health Services has a written exposure control plan (see Cermak Health Service of Cook County policy HS 201, Infection Control Program, Section III.A) that is approved by the Medical Director and reviewed annually by all health services staff.
2. Residents admitted to the JTDC receive a receiving screening, as soon as possible upon admission. (see Cermak Health Service of Cook County policy HS-502, Receiving Screening) The screening includes inquiry into past serious infectious disease and recent communicable illness symptoms. (See Cermak Health Service of Cook County policy HS-502, Section III.C.b and III.C.c.)

2. Infection Control Program

Cermak Health Services of Cook County in collaboration with the JTDC has developed an infection control program to eliminate or minimize exposures to pathogens for residents and staff. (See Cermak Health Service of Cook County policy HS-201 through 201.5)

1) The program includes, at a minimum, the following:

1. Appropriate medical, dental, and laboratory equipment/instruments decontamination procedures. (See Cermak Health Service of Cook County policy HS-201, section III.B.a)
2. How to properly dispose of sharps and bio-hazardous waste. (See Cermak Health Service of Cook County policy HS-201, section III.B.b)
3. Surveillance to detect residents with serious infectious and communicable disease, including tuberculosis, hepatitis B, HIV and sexually transmitted diseases. (See Cermak Health Service of Cook County policies HS-201, section III.B.c. and HS-201.3, section III.B.)
4. Applicable immunizations to provide to prevent disease when appropriate. (See Cermak Health Service of Cook County policy HS201.1)
5. The use of medically indicated care for infected patients. (See Cermak Health Service of Cook County policy HS201, section III.B.e.)
6. Medical isolation for residents with contagious diseases when applicable. (See Cermak Health Service of Cook County policy HS201, section III.F.)

3. Housekeeping

1. Infectious waste handling and discarding shall meet the specifications of OSHA Standard 1910.1030.
2. The facility shall follow its waste management and waste handling policies. Heavily soaked bandages, clothing or other materials shall be discarded in

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appropriately labeled biohazard bags and shall be removed from the facility by a contracted biohazardous waste management company on a timely basis.

C. Spills containing body fluids shall be cleaned using an OSHA approved spill kit or a fresh bleach solution (1 part bleach/10 parts water).

4. Standard Precautions shall be used to prevent contact with blood or other potentially infectious material.
5. Residents will not handle or dispose of bio-hazardous materials or spills.

4. Personal Protective Equipment (PPE)

1. PPE shall be available to each employee. If there is a high risk of exposure to a Serious Infectious Disease, as when administering Cardio-Pulmonary Resuscitation (CPR) the appropriate PPE shall, if readily available, be used. PPE shall include a face shield and gloves.
2. A bloodborne pathogen kit and other materials are located in the console of each pod.
3. Disposable, single use, gloves shall be worn during a procedure where there is contact with potentially infectious body fluids of another individual. An acceptable alternative to latex gloves shall be available for staff that are allergic. Hands shall be washed following removal of gloves.

5. Hands shall be washed:

1. After touching blood, body fluids, secretions, excrement, or a contaminated item, regardless of whether gloves are worn.
2. Immediately after gloves are removed.
3. To avoid transfer of a serious infectious disease.

6. Training

JTDC staff shall be provided training in accordance with JTDC Policy # 4.05, Annual Training Requirements, Sections 5A through 5E. The training shall address, at a minimum, the following issues:

1. Importance of strict adherence to the standard and transmission based precautions to minimize the risk of exposure to blood and body fluids.
2. Review of procedural techniques for hand washing, proper handling and disposal of infectious materials, proper isolation methods, instructions for resident and for

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visitors, proper handling of food utensils and dishes, proper handling of patient care equipment; and cleaning and disinfecting of room bedding and accommodations.

C. The Director of Facility Support Services shall ensure that all sanitation workers are trained in appropriate methods for handling and disposing of bio-hazardous materials and spills.

7. Monitoring Mechanism

The Executive Director or designee and Cermak Health Services shall ensure that the emergency plan for this policy is updated as needed and reviewed annually, as indicated by the date and signature on the policy.

The Director of Training or designee shall ensure that training relevant to this policy and its procedures (e.g., CPR/First Aid, Universal Precautions and Bloodborne Pathogens, etc.) is offered to all departments throughout JTDC, added to all center trainings, and all sanitation staff annually (as indicated by training calendars, and training sign-in sheets).

These policies and procedures were reviewed, approved and signed by:

Earl Dunlap, Transitional Administrator Date of approval 04/02/2012

Official signed copies are maintained in the offices of the Executive Director, and the Project Manager for Policies and Procedures.