Richmond Juvenile Detention Center
Richmond, Virginia

Response Strategy to the 2009 H1-N1 Flu

October 12, 2009
INTRODUCTION

The 2009 H1-N1 Flu (aka: Swine Flu) is a flu that has not been seen before. It is very different from seasonal influenza. Most people have little or no immunity to this virus. Like other flu viruses, this flu spreads from person-to-person through coughing, sneezing, and sometimes touching surfaces and objects that are contaminated with the H1-N1 virus.

Symptoms can include:

- Chills
- Coughing
- Fatigue
- Fever
- Muscle Aches
- Sore Throat
- Sneezing
- Possible Diarrhea
- Possible Vomiting

A person with H1-N1 will feel better within a week. Some individuals will get pneumonia or some other serious illness. Some people with H1-N1 are hospitalized, and for some the flu could be fatal.

The purpose of this document is to set forth the response strategy of the Richmond Juvenile Detention Center (RJDC) and to ensure the health and safety of the residents, the staff and their families, and visitors and guests of the RJDC. This strategy is divided into three sections. Section I is the facility’s Prevention Strategy, Section II is the Resident Response Strategy and Section III is the Staff Response Strategy.

As more information is learned on the spread of H1-N1, this Response Strategy may be changed to be consistent with the City’s Public Health Strategy. Before changes are made to the plan, however, the RJDC’s primary physician and the Richmond Health District will be consulted.
I. PREVENTION STRATEGY

The purpose of this section is to set forth procedures that focus on preventing the onset of the H1-N1 or the spread of H1-N1 if it occurs within the juvenile detention facility.

Hand sanitizers have been placed in several locations throughout the building. Signs have also been posted throughout the building to encourage residents, visitors and staff to cover their cough/sneeze, wash their hands and/or use the hand sanitizers.

Wipes have also been purchased to be used in cleaning surfaces and in wiping door knobs and handles. Door knobs and handles should be wiped several times during each shift. Classroom desk tops and tables in the dayrooms and dining hall should also be wiped between class changes. Special attention should be given to doors going into the pods, classroom doors, and doors to the dining hall.

Disinfectant spray has been purchased and should be used when cleaning table top surfaces.

Gloves and gowns are available for all staff to use when cleaning or handling contaminated surfaces, Kleenex, resident clothing or other items. For staff wishing to wear masks, masks will be provided. It should be noted that health authorities have said that masks provide only minimal protection from H1-N1, but if RJDC staff wish to use them they will be approved.

The Richmond City Health District will provide H1-N1 flu shots for residents in the RJDC and staff assigned to the facility. A Parental Consent form must be completed by a parent before the vaccine can be given to a resident. If no parent is available, the RJDC staff should contact the JDR Court or the Court Service Unit Director and request that a Court Order be signed by a judge. Every resident will be offered the vaccine, but it is strictly a voluntary decision. If the resident declines the vaccine, he will be asked to document that he or she was offered the vaccine and declined.

A supply of the vaccine will be maintained in the RJDC medical inventory. RJDC health care staff (nurses and physician) will keep a record of all vaccines administered by the RJDC health staff and an inventory of all H1-N1 vaccine given to the RJDC residents and staff.
II. RESIDENT RESPONSE STRATEGY

If one or two residents are diagnosed by physician or nurse with the H1-N1 flu, the resident(s) shall be kept in his or her rooms until the flu symptoms have passed and the resident has no fever (without fever reducing medication) for a period of 24 hours. All meals will be provided to the resident(s) in his or her room. To the extent that the resident feels he or she can do school work or read, materials will be provided. The resident will not be permitted to spend time in the dayroom when other residents are present. All contact with other residents will be prohibited. Showers will be permitted on a daily basis and youth will be given the opportunity for “recreation time” outside of his or her room. Residents will be provided clean clothing and underwear on a daily basis.

If three or more residents develop flu symptoms or are diagnosed with H1-N1, Pod G will be used as an infirmary. All residents with the flu or flu-like symptoms will move to Pod G, if feasible. Residents will be maintained in their rooms and provided activities and clothing as described in the first paragraph.

All residents who are confined to their room because of the flu will be on 10-minute room checks. Room checks will be documented on the appropriate form on a resident’s door.

Youth Counselor assignments to G Pod’s infirmary will be made on a voluntary basis, unless assignment becomes necessary. Supervisors and administrators may be assigned to this unit as well to provide coverage. Staff assigned to this unit will be provided gowns, gloves and masks.

All new admissions will be assigned to rooms in the intake/admissions area until they have been given their health care screening and are approved for placement in the general population. No youth will remain in the intake area for longer than 24 hours without the expressed, written authorization of the Superintendent or his designee and the nurse or physician.

The nurse will see every resident with the flu on a daily basis. The physician will check on the progress of each youth with the flu twice a week and more often, if needed.
III. STAFF RESPONSE STRATEGY

Health authorities believe that as many as one-third of the employees in any organization could be out on “sick leave” because either they have been stricken with flu or a member of their immediate family has been stricken.

If a 25% of the Youth Counselors “call out” because of H1-N1, the Interim Assistant Superintendent will be authorized to call in temporary staff to provide coverage on the units. If coverage cannot be provided using these means, staff will be held over from one shift to the next to provide coverage. If the population in the RJDC is low, units may be combined to making staffing more efficient, provided there is no significant risk to any resident or staff. If staff are needed to provide coverage, days off may be suspended until the staffing levels improve.

As previously mentioned, staff will be provided the necessary training and protective clothing to provide them with the best protection possible.

REVIEWS AND APPROVALS

This document has been reviewed and approved by the following individuals:

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