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_____ COMMUNICABLE DISEASE TREATMENT AND NOTIFICATION _____

I. PURPOSE

- A. The purpose of this policy and procedure is to establish guidelines to limit and control the spread of vermin and contagious diseases including aerosol transmissible diseases, blood borne diseases, bacterial infections, sexually transmissible diseases and pandemic influenza.

II. POLICY

- A. Corrections Staff will work diligently with Medical, Public Health and Mental Health Staff to prevent or contain the spread of communicable diseases and related issues.

III. DEFINITIONS

- A. Aerosol Transmissible Diseases (ATD): An epidemiologically significant disease that is transmitted via droplet or airborne route such as Tuberculosis (TB), Influenza, Meningitis and Severe Acute Respiratory Syndrome (SARS).
- B. Blood Borne Pathogens: Microorganisms found in human blood that are "pathogenic"-meaning they do, or are capable of causing or producing disease. These include Hepatitis, HIV and AIDS.
- C. Bacterial Infections: Bacteria which, if enters the body, can cause infections such as boils and pneumonia. These infections include Methicillin Resistant Staphylococcus Aureus (MRSA).
- D. Sexually Transmissible Diseases (STD): Any of various diseases, including chancroid, chlamydia, gonorrhea, and syphilis, that are usually contracted through sexual intercourse or other intimate sexual contact.
- E. Vermin: Contagious skins conditions caused by parasitic insects.

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- F. Pandemic Influenza: — A worldwide spread of influenza—an illness caused by viruses that infect the respiratory tract.
- G. Isolation: — The separation and restricted movement of ill persons with a contagious disease.
- H. Quarantine: — The separation and restriction of movement of well persons presumed to have been exposed to a contagious disease.

IV. RESPONSIBILITIES

- A. Communicable Disease Officer
 - 1. The Communicable Disease Officer will be responsible for the dissemination of information between medical staff, the Jail Commander and Public Health.
 - a. The Communicable Disease Officer is also responsible for the scheduling of TB testing and Hepatitis Immunizations for employees.
 - 2. When a communicable disease is suspected, the Communicable Disease Officer will:
 - a. Notify the Jail Commander. The notification will include the name of the inmate, the condition or disease, and the inmate's housing assignment.
 - b. Maintain the original "Communicable Disease Form"
 - c. Notify Public Health (if required).
 - d. Update the "Communicable Disease Log" in the Corrections Folder daily.
 - e. Identify inmates and deputies that may have been exposed to a communicable disease.
 - (1) The Communicable Disease Officer will maintain a record of possible exposures for five years.

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V. AEROSOL TRANSMISSIBLE DISEASES (ATD)

- A. Intake – Arrestees will be asked the Medical Receiving-Screening questions.
1. If the arrestee states that they have been exposed to any Aerosol Transmissible Disease and exhibits signs such as fever, fatigue, weight loss and persistent cough the arrestee may, at medical staff's discretion, be sent out for a medical evaluation.
 2. If an arrestee is sent out for a medical evaluation, a surgical respirator, N95, will be supplied to the arrestee. The mask will be placed over the arrestee's nose and mouth.
 - a. The transporting deputy may wear a respirator at their discretion.
 3. The transporting deputy should close all windows in the vehicle and turn the vents on high during transportation to the hospital.
 - a. Transporting deputies should avoid using the "Max AC" setting on the vehicle. This setting re-circulated the air in the vehicle.
 - b. The transporting deputy should avoid opening the trunk of the vehicle at the conclusion of the transport. Concentrations of aerosol droplets may accumulate in the trunk area.
 4. If the arrestee refuses to wear the surgical mask, transporting deputies shall wear the appropriate N95 respirator to protect themselves.
- B. In-custody Inmate/Arrestee - If an in-custody inmate or arrestee is suspected of having an aerosol transmissible disease, they will immediately be isolated in an appropriate housing area.
1. Inmates suspected of having an ATD will be housed in one of the following cells:
 - a. Building One – Medical Isolation, any of the Isolation Cells or the Safety Cells.

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- b. Building Two – Women’s Jail Medical Isolation or the Safety Cell.
 2. All areas that the arrestee/inmate may have come in contact with will be cleaned with an appropriate disinfectant.
 3. Documentation of possible exposure will be made by each staff member involved.
 4. The Shift Supervisor will prepare a list of all people involved and will forward it to the Communicable Disease Officer.
- C. Communication
 1. Medical Staff will notify the Shift Supervisor of the suspected infection.
 2. The Shift Supervisor will notify the Communicable Disease Officer and immediately send an email notifying staff.
 - a. The email will include the inmate’s name, housing assignment, and what precautionary measures need to be taken.
 - b. The name of the disease will not be used in any emails or entries into the computer system. Use of disease names in this manner violates HIPAA regulations.
 3. Medical Staff will complete a Communicable Disease Report for all communicable diseases and a copy will be forwarded to the Communicable Disease Officer.
- D. PRECAUTIONS – Once an inmate is suspected of having an ATD, any areas that they may have come in contact with will be decontaminated.
 1. Any bedding, clothing, towels or shoes that were used by the inmate will be placed in a water-soluble bag, placed in a red biohazard bag and taken to the laundry room to be laundered.
 2. Mattresses will be completely wiped down with an approved disinfectant.

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3. Cell walls will be wiped down and the floors will be mopped with an approved disinfectant.
4. The inmate will be fed on a paper plate with a plastic spoon and paper cup. These items will be placed in a red biohazard bag and disposed of in a designated biohazard receptacle. **AT NO TIME WILL THESE ITEMS BE SENT BACK TO THE KITCHEN FOR DISPOSAL.**
5. Universal precautions should be followed by staff to prevent infection. These include using supplied gloves when in direct contact with any inmate. Proper hand washing techniques will be followed using soap and water, alcohol based rubs or antiseptic hand wash.

VI. BLOOD BORNE PATHOGENS

- A. Intake - Arrestees will be asked the Medical Receiving-Screening questions.
 1. Arrestees that claim to have a blood borne pathogen will be seen by medical staff prior to being accepted into the facility. Medical staff will assess the arrestee and at their discretion may, send the arrestee to the hospital for further examination and a medical clearance.
- B. In-Custody Inmate/Arrestee
 1. If an inmate or arrestee is suspected of having a blood borne pathogen, medical staff will be notified either verbally or telephonically.
- C. Communication
 1. Medical Staff will notify the Shift Supervisor of the suspected infection.
 2. The Shift Supervisor will notify the Communicable Disease Officer and immediately send an email notifying staff.
 - a. The email will include the inmate's name, housing assignment, and what precautionary measures need to be taken.

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- b. The name of the disease will not be used in any emails or entries into the computer system. Use of disease names in this manner violates HIPAA regulations.
 - 3. Medical Staff will complete a Communicable Disease Report for all communicable diseases and a copy will be forwarded to the Communicable Disease Officer.
- D. Housing – Inmates suspected of having blood borne pathogens will be housed per classification guidelines.
 - 1. Special housing is only required at the direction of medical staff when an inmate has open or weeping wounds, or is actively bleeding.
- E. Precautions – Universal precautions should be followed when dealing with anyone suspected of having a blood borne pathogen.
 - 1. Any bedding or clothing that is contaminated with blood or bodily fluids will be placed in a water soluble bag, placed in a red biohazard bag and sent to the laundry room to be washed.
 - 2. Contaminated surfaces, such as floors and walls, will be cleaned with an approved disinfectant.
 - 3. Universal precautions should be followed by staff to prevent infection. These include using supplied gloves when in direct contact with any inmate. Proper hand washing techniques will be followed using soap and water, alcohol based rubs or antiseptic hand wash.

VII. **BACTERIAL INFECTIONS**

- A. Intake — Arrestees will be asked the Medical Receiving-Screening questions.
 - 1. Arrestees that claim to have a Bacterial Infection or appear to have boils and/or open, weeping wounds will be seen by medical staff prior to being accepted into the facility. Medical staff will assess the arrestee and at their discretion, may send the arrestee to the hospital for further examination and a medical clearance.
- B. In-Custody Inmate/Arrestee

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1. If an inmate or arrestee is suspected of having a Bacterial Infection, medical staff will be notified either verbally or telephonically.

C. Communication

1. Medical Staff will notify the Shift Supervisor of the suspected bacterial infection.
2. The Shift Supervisor will notify the Communicable Disease Officer and immediately send an email notifying staff.
 - a. The email will include the inmate's name, housing assignment, and what precautionary measures need to be taken.
 - b. The name of the disease will not be used in any emails or entries into the computer system. Use of disease names in this manner violates HIPAA regulations.
3. Medical Staff will complete a Communicable Disease Report for all communicable diseases and a copy will be forwarded to the Communicable Disease Officer.

D. Housing

1. Inmates suspected of having a Bacterial Infection will be housed at medical staff's direction.
 - a. Inmates with open or weeping wounds will be isolated in a single cell to prevent the spread of infection.
 - b. Medical staff will prepare a Medical Treatment Order clearing the inmate when they are no longer contagious.

E. Precautions

1. Once an inmate is suspected of having a Bacterial Infection, any areas that they may have come in contact with will be decontaminated.

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2. Any bedding, clothing, towels or shoes that were used by the inmate will be placed in a water-soluble bag, placed in a red biohazard bag and taken to the laundry room.
3. Mattresses will be completely wiped down with an approved disinfectant.
4. Cell walls will be wiped down and the floors will be mopped with an approved disinfectant.
5. The inmate will be fed on a paper plate with a plastic spoon and paper cup. These items will be disposed of in the regular trash. **AT NO TIME WILL THESE ITEMS BE SENT BACK TO THE KITCHEN FOR DISPOSAL.**
6. Universal precautions should be followed by staff to prevent infection. These include using supplied gloves when in direct contact with any inmate. Proper hand washing techniques will be followed using soap and water, alcohol based rubs or antiseptic hand wash.

VIII. SEXUALLY TRANSMISSIBLE DISEASES (STD)

- A. INTAKE - Arrestees will be asked the Medical Receiving-Screening questions.
 1. Medical staff will be notified anytime someone claims to have Syphilis, Herpes, HIV or AIDS. Arrestees maybe sent out for a medical clearance at the discretion of medical staff.
- B. INCUSTODY INMATE/ARRESTEE - If an inmate or arrestee is suspected of having a sexually transmissible disease, medical staff will be notified.
- C. COMMUNICATION
 1. Medical Staff will notify the Shift Supervisor of the suspected infection.
 2. The Shift Supervisor will notify the Communicable Disease Officer and immediately send an email notifying staff.

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- a. The email will include the inmate's name, housing assignment, and what precautionary measures need to be taken.
 - b. The name of the disease will not be used in any emails or entries into the computer system. Use of disease names in this manner violates HIPAA regulations.
3. Medical Staff will complete a Communicable Disease Report for all communicable diseases and a copy will be forwarded to the Communicable Disease Officer.
- D. HOUSING - Inmates suspected of having a sexually transmissible disease will be housed per classification guidelines. No special housing is required.
- E. PRECAUTIONS - Universal precautions should be followed by staff to prevent infection. Staff will use supplied gloves when in direct contact with any inmate. Proper hand washing techniques will be followed using soap and water, alcohol based rubs or antiseptic hand wash.

IX. LOCAL EPIDEMIC AND PANDEMIC INFLUENZA (including Avian Influenza and SARS)

- A. INTAKE –During a pandemic outbreak of influenza, arrestees will not be received. This is to prevent exposure to the inmate population and to jail staff. Arrestees will be accepted upon direction of Public Health
- B. INCUSTODY INMATES - If an incustody inmate is suspected of having influenza during a pandemic outbreak, medical staff will be notified and the inmate will immediately be isolated in an appropriate housing area.
- C. COMMUNICATION
 1. Medical Staff will notify the Shift Supervisor of the suspected infection.
 2. The Shift Supervisor will notify the Communicable Disease Officer and immediately send an email notifying staff.
 - a. The email will include the inmate's name, housing assignment, and what precautionary measures need to be taken.

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- b. The name of the disease will not be used in any emails or entries into the computer system. Use of disease names in this manner violates HIPAA regulations.
 3. Medical Staff will complete a Communicable Disease Report for all communicable diseases and a copy will be forwarded to the Communicable Disease Officer.
- D. **HOUSING** – Inmates suspected of having influenza during a pandemic outbreak will be immediately isolated.
 1. Inmates showing signs and symptoms of influenza will be housed in one of the following areas:
 - a. Building One – Medical Isolation, any of the Isolation Cells or the Safety Cells.
 - b. Building Two – Women’s Jail Medical Isolation or the Safety Cell.
 2. If an outbreak appears to be widespread within the facility (e.g. 25% of the inmates in any given module), it may be necessary to re-house the ill into one module or area.
 - a. If isolation is necessary, B or C-Module in Building One will be utilized.
 - b. Symptomatic inmates will be re-housed and isolated into the specified housing unit.
 - c. Movement between the isolated housing and the rest of the facility will be minimized.
 - d. The ventilation system for the module will be turned off to prevent re-circulation of contaminated air.
 - e. The grates at the front of the modules will be covered to slow/prevent air movement from the infected unit.
- E. **Precautions** – Once an inmate is suspected of having influenza, any areas that they may have come in contact with will be decontaminated.

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1. Any bedding, clothing, towels or shoes that were used by the inmate will be placed in a water-soluble bag, placed in a red biohazard bag and taken to the laundry room.
2. Mattresses will be completely wiped down with an approved disinfectant.
3. Cell walls will be wiped down and the floors will be mopped with an approved disinfectant.
4. The inmate will be fed on a paper plate with a plastic spoon and paper cup. These items will be placed in a red biohazard bag and disposed of in a designated biohazard receptacle. **AT NO TIME WILL THESE ITEMS BE SENT BACK TO THE KITCHEN FOR DISPOSAL.**
 - a. All meal trash will be treated as biohazard. Trash will be placed in a red biohazard bag and disposed of in the proper biohazard receptacle.
5. Universal precautions will be followed by staff to prevent infection. These include using supplied gloves when in direct contact with any inmate. Proper hand washing techniques will be followed using soap and water, alcohol based rubs or antiseptic hand wash.
6. Inmates will be instructed on proper hand washing techniques, cough etiquette and personal care.
7. Social distancing measures may be implemented including the discontinuation of recreational yards, visiting and dayroom activities.
8. Use of an approved N95 respirator will be mandatory during a pandemic outbreak.
 - a. Each member will have an approved medical evaluation prior to use of a respirator per CCR Title 8, 5144(4)(e). (See Use of Respirators-this section)

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9. Prior to the issuance of a respirator, each member will be required to undergo a fit test to insure proper fitting of the respirator as required in CCR Title 8, 5144(7)(f). (See Use of Respirators-this section)
 - a. After the initial fit test, annual fit tests shall be conducted.
 10. Respirators will be issued to each employee for use during their shift.
 - a. There is no set duty life for the N95 respirator.
 - b. Respirators will be discarded if they become damaged, breathing becomes difficult, if it becomes contaminated with blood or bodily fluids, or at the conclusion of your shift.
 - c. Respirators used during a pandemic outbreak will be considered biohazard and will be disposed of in a biohazard container.
- F. **SUSPENSION OF POLICIES** – During a pandemic outbreak, it may become necessary to suspend policies for the welfare of the inmates, staff and the public. The following functions may be restricted or eliminated:
1. Inmate recreation – Dayroom or yard recreation time
 2. Intra-facility movement
 3. Inmate services or programs
 4. Outside medical or dental appointments
 5. Contact visits with attorneys, clergy or family
 6. Court and/or inmate transportation
- G. **STAFFING** – As a result of a pandemic, staffing levels may decreased by up to 40%. During decreased staffing situations, it may be necessary to go to a “fire schedule”.
1. Staff may be scheduled for 24 hour shifts

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2. During these shifts, staff will be allowed rest periods of up to 8 hours.
3. Areas will be set up with bedding and hygiene items to allow staff to rest and recuperate. The following areas can be utilized for staff rest areas:
 - a. Staff Locker Room
 - b. Offices near the Medical Room
 - c. Transportation and Classification Offices
 - d. Building Two Visiting Area

H. **ACCELERATED RELEASES** – Under the direction of Public Health, inmates who do not demonstrate any signs or symptoms of illness may be subject to accelerated release. After being cleared by Public Health, the Corrections Captain or designee may petition the court to begin the release of non-violent inmates.

X. **USE OF RESPIRATORS**

- A. Respirators will be used when there is a possibility of exposure to an aerosol transmissible disease including; Tuberculosis, SARS, meningitis or influenza.
- B. Each member will have an approved medical evaluation prior to use of a respirator per CCR Title 8, 5144(4)(e).
- C. Persons assigned to tasks that require respiratory protection must be physically able to perform the tasks while wearing a respirator.
- D. The appointed healthcare professional will determine individual medical clearance by review of the OSHA mandatory medical questionnaire (see Appendix A) and/or medical exam.

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- E. Based on the review of this initial medical evaluation, the employee shall receive a follow up medical evaluation. Following a medical evaluation, the Jail Compliance Manager shall be provided a written recommendation regarding the employee's ability to use a respirator.
- F. Re-evaluation will be conducted under these circumstances:
 - 1. Employee reports physical symptoms that are related to the ability to use a respirator. (wheezing, shortness of breath, chest pain, etc.)
 - 2. It is identified that an employee is having a medical problem during respirator use.
 - 3. The healthcare professional performing the evaluation determines an employee needs to be reevaluated and the frequency of the evaluation.
 - 4. A change occurs in the workplace conditions that may result in an increased physiological burden on the employee.
 - 5. Employee facial size/shape/structure has changed significantly.
- G. These fit-testing questions shall be asked as part of the annual review:
 - 1. Have there been any changes in your health since you were fit-tested that would adversely affect your ability to wear an N95 respirator (heart problems, respiratory problems, facial surgery or new wearer of dentures or glasses)?
 - 2. Have you lost or gained more than 30 pounds?
 - 3. Have there been any significant changes in your workplace environment that would adversely affect your ability to wear a respirator?
- H. All medical questionnaires and examinations shall be administered in a confidential manner.
- I. All examinations and questionnaires are to remain confidential between the employee, the Jail Compliance Manager and the evaluating physician.

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- J. Prior to the issuance of a respirator, each member will be required to undergo a fit test to insure proper fitting of the respirator as required in CCR Title 8, 5144(7)(f).
- K. Fit-testing is conducted to determine how well the seal of a respirator “fits” on an individual’s face and that a good seal can be obtained. Respirators that do not seal do not offer adequate protection.
- L. Employees shall be fit tested using an OSHA-accepted qualitative fit-test (QLFT).
- M. Employees shall be fit-tested with a respirator of the same make, model, style and size as that of the respirator that will be used by the employee. If, based on the fit-test, it is determined that the employee needs a different style or size of tight-fitting face piece, employees shall be given a reasonable opportunity to select a different face piece, and be re-tested.
- N. After the initial fit-test, fit tests must be completed at least annually or more frequently if there is a change in status of the wearer or if the employer changes model or type of respiratory protection.
- O. Fit-tests will be conducted:
 - 1. Prior to being allowed to wear any respirator.
 - 2. If the department changes respirator product.
 - 3. If employee changes weight by 10% or more.
 - 4. If employee has changes in facial structure or scarring.
 - 5. As Occupational Safety and Health Administration (OSHA) standards require.
- P. Records of fit-testing shall be maintained by the Jail Compliance Manager until the next fit test.

XI. PROPER RESPIRATOR USE

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- A. Employees will use their respirators under conditions specified in this policy, and in accordance with the training they receive on the use of the selected model(s). In addition, the respirator shall not be used in a manner for which it is not certified by the National Institute for Occupational Safety and Health (NIOSH) or by its manufacturer.
 - B. All employees shall conduct manufacture recommended user seal checks each time they wear a respirator.
 - C. Employees who wear respirators cannot have facial hair that comes between the sealing surface of the face piece and the face, or that interferes with the respirator functions.
 - D. All employees shall leave a potentially contaminated work area to change (N95 -disposable) their respirator if the respirator is impeding their ability to work.
- XII. CLEANING AND DISINFECTING
- A. N95 - disposable is to be discarded if soiled, if breathing becomes labored, or if structural integrity is compromised.
 - B. Used respirators are to be considered a biohazard and are to be thrown away in the appropriate biohazard container.
- XIII. INSPECTING, MAINTENANCE AND REPAIRS
- A. Respirators should be inspected prior to use.
 - 1. Examine the disposable respirator to determine if it has structural integrity. Discard if there are nicks, abrasions, cuts, or creases in seal area or if the filter material is physically damaged or soiled.
 - 2. Check the respirator straps to be sure they are not cut or otherwise damaged.
 - 3. Make sure the metal nose clip is in place and functions properly (if applicable).
- XIV. RESPIRATOR TRAINING
- A. Workers will be trained prior to the use of a respirator and thereafter when deemed necessary by the Jail Compliance Manager.

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- B. Training will include:
 - 1. Why the respirator is necessary
 - 2. Identify hazards, potential exposure to these hazards, and health effects of hazards.
 - 3. Respirator fit, improper fit, usage, limitations, and capabilities for maintenance, usage, cleaning, and storage.
 - 4. Inspecting, donning, removal, seal check and trouble shooting.
 - 5. Explaining respirator program (policies, procedures, OSHA standard, resources).
- C. Initial training will be conducted and will be completed annually thereafter.

XV. CONTROL OF VERMIN

- A. The following is a complete procedure that should be followed in the event of an outbreak of vermin in either detention facility which includes: the personnel, equipment, and supplies needed; the procedural steps for eliminating head and body lice; the important concerns that must be double checked; and the procedure for treating an investigate of scabies. Corrections Deputies who supervise the treatment will utilize this procedure and will fully fill out the roster with the names and other data of all inmates treated.
 - 1. Personnel needed:
 - a. Three Corrections Deputies;
 - b. Three inmate workers from the infested Wing; and
 - c. Two inmate laundry crew workers.
 - 2. Equipment needed:
 - a. Four buckets;
 - b. Towels (5 to 8 towels identified for cleaning use only);

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- c. One mop; and
 - d. A broom and dustpan.
3. Supplies needed:
 - a. RID de-infestation shampoo;
 - b. Bleach;
 - c. Plastic bags, 25 each, red water soluble; and
 - d. Rubber gloves, 8 pairs, dishwasher elbow high type.
4. The breakdown of personnel, equipment, and supplies will be as follows:
 - a. One Corrections Deputy and one inmate worker in the recreation yard;
 - b. Two Corrections Deputies and two inmate workers in the floor area of the infested Wing; and the
 - c. Laundry crew brought into the Wing AFTER initial mopping of floor is completed. They will station themselves and the laundry carts near the shower area, but not blocking it.
5. The buckets, filled with a strong solution of bleach and water (50% water to 50% bleach), will be distributed as follows:
 - a. One with outside inmate worker;
 - b. One next to shower room;
 - c. One with mop wringer and mop with one inside inmate worker; and
 - d. One with the other inside inmate worker.
6. The towels will be distributed as follows:
 - a. Three towels with outside inmate worker;

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- b. Three towels with inside inmate worker; and
 - c. Two towels in reserve.
 7. RID shampoo with inside Corrections Deputies.
 8. One pair of gloves to each of the Corrections Deputies, inmate workers, and the laundry crew.
- B. **HEAD AND BODY LICE** - The procedure for treating infestations will be followed in the precise steps described below:
 1. The laundry crew will set up a complete laundry exchange for the infected Wing to include clothing, linen, and blankets. They will then stand by in the Laundry Room and wait for further instructions.
 2. All inmates in the infected Wing will take their mattresses to the recreation yard and pile them neatly.
 3. The outside and inside inmate workers will then:
 - a. Strip down and apply RID shampoo and redress in clean, uninfected clothing.
 - b. The outside inmate worker will then go to the recreation yard and, under the direct supervision of the outside Corrections Deputy, will begin cleaning the mattresses.
 - c. Inside inmate workers will sweep the Wing's common area and use a damp mop (not a wet mop) and mop down the common area with a strong bleach/water solution (50% water/50% bleach).
 4. All other inmates will then:
 - a. Strip down to under shorts and fold their blankets;

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- b. Individually be given a dose of RID shampoo and to spread on their bodies with special attention given to the head, beard, underarm, and groin areas. A Corrections Deputy will issue each dose and observe its application to ensure proper treatment.
 - c. Place their clothing and bedding as follows: (As the bags are filled, they will be tied closed and placed in the front outside corridor outside the Wing by an inside inmate worker.)
 - (1) Jumpsuits and orange t-shirts in one plastic bag;
 - (2) Socks and towels in one plastic bag;
 - (3) Shoes in one plastic bag;
 - (4) Sheets in one plastic bag; and
 - (5) Blankets in one plastic bag.
 - d. Proceed, one cell at a time, to the shower wearing only shorts and shoes, under the direction and supervision of a Corrections Deputy.
 - (1) They will then be issued new clothing and linen. They will don their shorts and return to their cells/dormitories for lockdown.
5. While the inmates are showering:
- a. One of the inside inmate workers will sweep the floor of the cell/dormitory, depositing any sweepings into a plastic bag.
 - b. The other inside inmate worker will wipe down the bunk area with a towel dampened in a strong bleach/water solution (50% water/50% bleach).
 - c. The outside inmate worker while using a cloth dampened in a strong bleach/water solution (50% water/50% bleach) will wipe down each mattress, on each side.

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- (1) The mattress will then be wiped with a dry cloth and stacked separately from the infested mattresses.
 - (2) Care will be exercised to ensure that cleaned mattresses have absolutely no contact with possibly infected items.
 - (3) While the inmate worker is cleaning the mattresses, the supervising Corrections Deputy will inspect each item for tears or other damage and will identify those that need to be returned for disposal.
 - (4) Those identified as damaged will be placed separate from the mattresses that are to be reissued and placed in Receiving after all de-infestation is completed.
 - (5) After the mattresses are cleaned, they will be placed outside each cell/dormitory, according to the number of occupants.
6. When all inmates have completed the above procedures, the inmate workers will shower and follow the same procedure as above.
- a. A final mopping of the common area with a strong solution of bleach and water will be completed at this time.
- C. Scabies - The procedure for treating infestations will be followed in the precise steps described below:
1. ALL inmates in the infected Wing will be treated with Lindane Lotion at approximately 2200 to 2300 hours.
 - a. The lotion will be left on the inmates overnight.
 - b. NOTE: The use of Lindane Lotion must be prescribed by the medical staff under the authority of a physician.
 2. The following morning, the laundry crew will set up a complete laundry exchange for the infected Wing to include clothing, linen, and blankets. They will then stand by in the Laundry Room and wait further instructions.

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3. All inmates in the infected Wing will take their mattresses to the recreation yard and pile them neatly. They will then return to their cells/dormitories for lock down.
4. Procedures for the inmate workers:
 - a. Both the outside and inside inmate workers will then strip down and apply Lindane lotion and redress in clean, uninfected clothing.
 - b. The outside inmate worker will then go to the recreation yard and, under the direct supervision of the outside Corrections Deputy, will begin cleaning the mattresses.
 - c. Inside inmate workers will sweep the Wing's common area and use a damp mop (not a wet mop) and mop down the common area with a strong bleach/water solution (50% water/50% bleach).
5. All other inmates will then:
 - a. Strip down to under shorts and fold their blankets.
 - b. Place their clothing and bedding as follows: (As the bags are filled, they will be tied closed and placed in the front outside corridor outside the Wing by an inside inmate worker.)
 - (1) Jumpsuits and orange t-shirts in one plastic bag;
 - (2) Socks and towels in one plastic bag;
 - (3) Shoes in one plastic bag;
 - (4) Sheets in one plastic bag; and
 - (5) Blankets in one plastic bag.
 - c. Proceed one cell at a time, to the shower wearing only shorts and shoes, under the direction and supervision of a Corrections Deputy.

_____ **COMMUNICABLE DISEASE TREATMENT AND NOTIFICATION** _____

- (1) They will then be issued new clothing and linen. They will don their shorts and return to their cells/dormitories for lockdown.
6. While the inmates are showering:
 - a. One of the inside inmate workers will sweep the floor of the cell/dormitory, depositing any sweepings into a plastic bag.
 - b. The other inside inmate worker will wipe down the bunk area with a towel dampened in a strong bleach/water solution.
 - c. The outside inmate worker while using a cloth dampened in a strong bleach/water solution will wipe down each mattress and pillow, on each side.
 - (1) The mattress will then be wiped with a dry cloth and stacked separately from the infested mattresses.
 - (2) Care will be exercised to ensure that cleaned mattresses have absolutely no contact with possibly infected items.
 - (3) While the inmate worker is cleaning the mattresses, the supervising Corrections Deputy will inspect each item for tears or other damage and will identify those that need to be returned for disposal.
 - (4) Those identified as damaged will be placed separate from the mattresses that are to be reissued and placed in Receiving after all de-infestation is completed.
 - (5) After the mattresses are cleaned, they will be placed outside each cell/dormitory, according to the number of occupants.
7. When all inmates have completed the above procedures, the inmate workers will shower and follow the same procedure as above.

_____ **COMMUNICABLE DISEASE TREATMENT AND NOTIFICATION** _____

- a. A final mopping of the common area with a strong solution of bleach and water will be completed at this time.

D. ITEMS TO BE EMPHASIZED

1. A checklist of each inmate treated, with times of the steps noted, must be maintained.
2. All inmates must turn in ALL clothing, linen, and blankets in the manner outlined.
3. The above procedure must be followed in an orderly and precise manner, with full control of the inmates at all times, to avoid re-infestation of already clean areas and inmates.
4. The infested clothing, bagged in plastic bags will be only handled by the laundry crew after the entire Wing is finished with the above procedure and have been locked down.
 - a. The crew will then remove the plastic bags from the Laundry Room, separate from any clean laundry and will immediately start to wash the laundry. The cart will be washed down with the hose from the Kitchen.
 - b. After the laundry is completed, the laundry crew will be taken to the shower area and treated with Lindane Lotion. They will then be reissued clean clothing and returned to their housing unit.

E. FUNGUS INFESTATIONS

1. Any inmates with a fungal infection will be directed to fill out a sick call slip and will be referred to medical staff.
2. Fungus infested shoes and/or shoes issued to inmates that have been worn by other inmates shall be returned to the laundry room so they may be laundered.

F. PEST CONTROL

1. Annual pest control measures will be applied.

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