	<b>County of Sacramento Department of Health Services Division of Primary Health Policy and Procedure</b>	Policy Issuer (Unit/Program)	<b>JCH</b>
		Policy Number	<b>B01-1410</b>
		Effective Date	<b>05-09</b>
		Revision Date	<b>05-19</b>
Title: Infection Prevention and Control Program		Functional Area: Safety	
Approved By: Pamela Gandy-Rosemond, MSN RN CCHP Health Administrator			
Approved By: Scarlett Ong, BSN RN Clinic Manager			

**Policy:**

Communicable disease screening, continuing medical surveillance, case management and reporting is done pursuant with written procedures and guidelines established and approved by the Lead Physician, Program Manager, and the Facility Manager in accordance with state and local regulations and accepted community standards and practice. All staff in the Probation Department Detention Facilities shall practice standard precautions.

**Procedures:**

- A. **Communicable Disease** – Efforts are directed toward management of specified diseases in a manner commensurate with their potential for intra-facility transmission and clinical seriousness. This does not preclude the application of other public health efforts within the detention setting; however, the funding of such efforts will be prioritized to those activities which meet the specific objectives relevant to institutional management.
1. First priority is given to the identification and management of diseases, which pose a communicable disease risk to persons who are housed, visiting, or working within the facility. Those diseases are:
    - a) Tuberculosis
    - b) Childhood infectious diseases (varicella, rubella, rubeola)
    - c) Hepatitis A
    - d) Bacterial meningitis
    - e) Ectoparasites (lice, scabies)
    - f) Influenza
    - g) Streptococcal pharyngitis
    - h) Food-borne disease
    - i) Impetigo (streptococcal or staphylococcal)
  2. Second priority is given to a disease which poses serious health consequences to the individual and is transmissible only via non-casual contact, such as HIV.

3. Third priority is given to detection of asymptomatic stages of diseases whose significance is primarily a public health concern beyond the walls of the facility. Such infections are not casually transmitted. They may have long term detrimental effects on the youth's health, but do not ordinarily pose an immediate threat when asymptomatic. When presenting in a symptomatic form, these infections will be promptly evaluated and treated. These diseases are:
  - a) Hepatitis B
  - b) Hepatitis C
  - c) Syphilis
  - d) Chlamydia
  - e) Gonorrhea
4. Last Priority is given to common self-limited infections, which do not ordinarily pose a serious health hazard. Examples include common upper respiratory infections and mild cases of gastroenteritis.
5. Prevention
  - a) All staff in the Youth Detention Facility (YDF) shall practice universal precautions. A yearly update and review are done through annual skills fair.
  - b) Handwashing
  - c) Personal Protective Equipment (PPE)
  - d) All appropriate medical, dental, laboratory equipment is decontaminated by Dental Hygienist (See job description) (Section 12 Program P&P).
  - e) Immunizations to prevent disease are provided when appropriate.
  - f) Sharps and bio hazardous wastes are disposed of properly.
6. Screening
  - a) Any or all of the following activities screens youths for communicable diseases;
    1. Health screening received during the initial booking process
    2. (96-Hour) Physical or Annual Physical
    3. Sick Call or any 1:1 health encounters
  - b) During the hours of 7:00 a.m. – 10:00 p.m. all detained youths assigned to a unit will be called to the clinic for a full intake.
  - c) Sexually Transmitted Infections (STI) testing routine testing includes Gonorrhea, Chlamydia, Syphilis, and HIV.
    1. The registered nurse (RN) will offer STI testing in the course of the full intake.
    2. Specimen will be obtained right after the full intake. In the event that youth is unable to give specimen, the RN will place youth's name on RN follow-up list.
    3. All STI testing during the NOC shift will be referred for follow by the following shift with a request slip.

7. Treatment/Case Management

- a) Treatment and case management of youths identified as having or suspected of having a communicable disease shall be individualized in accordance by the Medical Director contained within the following:
  - 1. Blood-borne Pathogen Exposure Control Plan
  - 2. Transmission Based Exposure Control Plan
  - 3. T.B. Exposure Control Plan
  - 4. Ebola Exposure Plan
  - 5. These plans are to be reviewed annually
- b) Medical Isolation is used when appropriate

8. Reporting

- a) Custody: Medical services staff shall report incidence of communicable disease exposure to the Clinic Manager.
- b) Health services staff shall advise youths with communicable disease that they are statutorily required to report to custody per the Health and Safety Code 121070 and Penal Code 7500 et.al 0
- c) **Public Health Reporting:**
  - 1. Health services staff report reportable communicable diseases to the Sacramento Public Health Department in accordance with local law.
  - 2. The youth shall be informed that a report to Public Health is required and that intervention will be performed with strict confidentiality and that a Public Health Nurse may contact him/her for follow-up.

9. Disease outbreaks will be managed in consultation with the Public Health Department.

10. **Control Measures** include the use of Standard Precautions and other isolation procedures for the purpose of infection control.

- a) Health and Safety Code 121070 (Attachment 1)
- b) Blood Borne Pathogen Exposure Control Plan (Attachment 2)
- c) Transmission Based Exposure Precautions (Attachment 3)
- d) Tuberculosis Exposure Plan (Attachment 4)
- e) Ebola Exposure Plan (Attachment 5)
- f) CDPH Communicable Disease Control Binder

**References:**

Health and Safety Code 121070, Penal Code Section 7500  
NCCHC, Y-B-01  
Title XV, Article 8, Section 1410  
Sacramento County Public Health Department

**Attachments:**

Attachment 1: Health and Safety Code 121070  
Attachment 2: Blood-borne Pathogen Control Plan  
Attachment 3: Transmission Based Exposure Precautions  
Attachment 4: Tuberculosis Exposure Control Plan  
Attachment 5: CDPH Communicable Disease Control Binder  
Attachment 6: Ebola Exposure Control Plan  
[2019 Update CDC CDPH.pdf](#)

**Contact:**

N/A

## Attachment 1:

### A. Health and Safety Code 121070

1. Any medical personnel employed by, under contract to, or receiving payment from the State of California, any agency thereof, or any city and county to provide service at any state prison, the Medical Facility, and Youth Authority Institution, any county jail, city jail, hospital jail ward, youth adults are held in custody or youths are detained, or any medical personnel employed, under contract, or receiving payment to provide services to persons in custody or detained at any of the foregoing facilities, who receives information as specified herein that an inmate or youth at the facility has been exposed to or infected by the AIDS virus or has an AIDS-related condition or any communicable disease, shall communicate the information to the officer in charge of the facility where the inmate or youth is in custody or detained.
2. Information subject to disclosure under subdivision (a) shall include the following:
  - a. Any laboratory test that indicates exposure to or infection by the AIDS virus, AIDS-related condition, or other communicable diseases;
  - b. Any statement by the inmate or minor to medical personnel that he or she has AIDS or AIDS-related condition, has been exposed to the AIDS virus, or has any communicable disease;
  - c. The results of any medical examination or test that indicates that the inmate or minor has tested positive for antibodies to the AIDS virus, has been exposed to the AIDS virus, has an AIDS-related condition, or is infected with the AIDS or any communicable disease, provided, that information subject to disclosure shall not include information communicated to obtain a scientific research study pursuant to prior written approval expressly waiving disclosure under this section by the officer in charge of the facility.
3. The officer in charge of the facility shall notify all employees, medical personnel, contract personnel, and volunteers providing services at the facility who may have direct contact with the inmate or youth in question, or with bodily fluids from the inmate or youth, or the substance of the information received under subdivisions (a) and (b) so that those persons can take appropriate action to provide for the care of the inmate or youth, the safety of other inmates or youth, and their own safety.
4. The officer in charge and all persons to whom information is disclosed pursuant to this section shall maintain the confidentiality of personal identifying data regarding the information, except for disclosure authorized hereunder or as may be necessary to obtain medical or psychological care or advice.
5. Any person who willfully discloses personal identifying data regarding information obtained under this section to any person who is not a peace officer or an employee of a federal, state, or local public health agency, except an authorized hereunder, by court order, with the written consent of the youth (patient) or as otherwise authorized by law is guilty of a misdemeanor.

## **Attachment 2:**

### **A. Blood-borne Pathogen Exposure Control Plan**

1. Exposure Determination
  - a. All employees in the following job classifications within the clinics have reasonable anticipated exposure to blood-borne pathogens or OPIM (Other Potential Infectious Material)
    1. Clinic Managers
    2. Physicians
    3. Family Nurse Practitioners
    4. Registered Nurses
    5. Public Health Aides
    6. X-Ray Technicians
    7. Dental Hygienist
    8. Medical Assistants
  - b. The following employees may have occupational exposure in rare instances:
    1. Senior Office Assistant
    2. Office Assistant
    3. Medical Records Technician
    4. Medical Transcribers
  - c. The following individuals have varying degrees of occupational exposure based on the duties performed. These individuals or groups of individuals are to be advised of the standards of the Clinic Exposure Control program prior to starting work and will be monitored by the Clinic Manager or nursing staff on an ongoing basis:
    1. Members of the janitorial staff
    2. Security personnel
    3. Laundry services
    4. All temporary outside vendors or repairs services
  - d. The following tasks and procedures involve reasonable anticipated occupational exposure to blood or OPIM:
    1. Giving injections
    2. Drawing blood
    3. Dressing wounds or touching any non-intact skin or mucous membranes of patients
    4. Receiving specimens (lung secretions, urine, stool, tissue)
    5. Cleaning instructions of any type
    6. Cast application or removal

7. Collecting, storing, treating or disposing of medical wastes
8. Decontaminating or housekeeping procedures
9. Cleaning spills of blood or any other OPIM
10. Any invasive procedure of patient examination
11. Foreign body removal or cerumen removal
12. Incision and drainage or cyst removal
13. Laceration repair, vaginal or penile examinations
14. Biopsy of any type
15. Toe nail removal or any minor surgery
16. Venereal or other wart removal
17. Examination of orifices

## 2. Implementation:

- a. This section outlines universal precautions and specific engineering and work practice controls, which are required to minimize or eliminate employee exposure.
  1. Standard Precautions: To reduce exposure to blood-borne pathogens and other potentially infectious materials, all human and body fluids shall be considered potentially infectious. Precautions must be uniformly used regardless of whether their blood or body fluids are infected. The protective measures require:
    - a. The use of gloves when touching blood or body secretions containing blood, dressing wounds or collecting specimens.
    - b. The use of mask, personal protective clothing and goggles glasses are also required when the splashing of blood or other body fluids containing blood is likely.
    - c. The use of sharps containers
    - d. The use of gloves for patient care or procedures when the patient care provider's hands are abraded or active dermatitis's is present.
    - e. The changing of gloves between patients.
- b. Specific Engineering and Work Practice Controls
  1. The following work practice controls have been established:
    - a. Hand washing: Hand washing is required and sinks are available in readily accessible locations.
    - b. Employees shall wash immediately after the removal of gloves or other protective equipment and after all patient contact. (The triage nurse may use antiseptic towelettes or antiseptic hand cleaner between youth (patients)).

- c. Employees shall wash hands and other skin with soap and water or flush mucous membranes (eyes, nose, mouth, etc.) with water as soon as possible after exposure.
    - d. If a needle-stick occurs, employees shall gently squeeze the affected area to make it bleed, then wash with soap and water. Notify the Clinic manager immediately.
  - 2. Gloves: Gloves shall be worn when it can be reasonably anticipated that the employee may be exposed to blood or OPIM or when performing any venipuncture. Disposable gloves will be replaced, as soon as practical and between all youths (patients). Utility gloves will be used by janitorial services and discarded if cracked, peeling or deteriorated.
  - 3. Sharps: Sharps mean anything that can penetrate the skin, such as needles, scalpels or finer-stick equipment.
    - a. Contaminated needles or other sharps shall not be bent, recapped or removed from devices. Recapping of needles shall occur only when specific medical procedures allow no alternative and then only by using the "One hand technique" or mechanical device designed for this purpose.
    - b. Contaminated sharps shall be placed in the appropriate disposable sharps container.
    - c. Reusable sharps will not be used. Youth surgical instruments will be decontaminated and sterilized according to county procedure.
    - d. Sharps containers must be replaced when the contents reach the level of the neck portion of the container. Containers are to be sealed prior to disposal.
    - e. Safety needles and syringes are to be used whenever possible.
- c. Regulated Waste:
  - 1. Regulated waste includes:
    - a. Liquid or semi-liquid blood or OPIM
    - b. Items contaminated with blood or OPIM that would release these substances in a liquid or semi-liquid state if compressed.
    - c. Items that are caked with blood or OPIM and are capable of releasing these materials during handling.
    - d. Contaminated sharps, and
    - e. Pathogenic or microbiological wastes containing blood or OPIM.
    - f. All specimens in categories (a), (b), (c), and (e) shall be placed in a red bag labeled bio-hazardous, and sharps shall be disposed of in a labeled sharps container.
  - 3. Personal Protective Equipment (PPE):
    - a. The Clinics shall supply, at no cost to the employee, appropriate personal protective equipment such as; gloves, laboratory coats, masks or eye protection appropriate to the reasonable anticipated exposure during procedures conducted in the clinic.



1. Employees must use PPE to prevent blood or OPIM from contacting the employee or employee work/street clothes. An employee may temporarily decline wearing PPE under rare and extraordinary circumstances such as when in the employee's professional judgement use of PPE will prevent the delivery of healthcare or pose an increased hazard to workers. The exception applies to all life-threatening situations. The employee and Clinic Manager must document incidents during which an employee elects not to wear PPE in order to determine whether changes can be instituted to prevent occurrence in the future.
  2. Personal Protective Equipment is to be available at all times located in the Ante room in the infirmary.
  3. Principles of PPE
- b. Donning: Donning activities must be directly observed by a trained observer. PPE must be donned correctly in proper order before entry into the youth (patient) care area and not be later modified while in the youth (patient) care area.

1. Sequence of Donning

- a. Gown/Apron fully cover torso from neck to knees, arms to end of wrists, and wrap around the back. Fasten in back of neck and wrists.
  - b. Mask or respirator-Secure ties or elastic bands at middle of head and neck. Fit flexible band to the nose bridge. Fit snug to face and below chin. Fit=check respirator.
  - c. Goggles or face shield if you wear glasses put them on. Place goggles or face shield over face and eyes and adjust fit.
  - d. Gloves-Extend to cover wrist.
2. Infirmary Room 101 will be the designated donning area.
    - a. During Youth (patient) Care:
      1. PPE must remain in place and be worn for the duration of exposure to potentially contaminated areas. PPE should not be adjusted during youth (patient) care.
      2. Frequent disinfection of gloved hand using an alcohol based hand rub should be done, particularly after handling body fluids.
      3. Healthcare staff must move immediately to the doffing area if during youth (patient) care, a partial or total breach in PPE occurs. Implement exposure plan if indicated.

- c. Doffing-removal of used PPE is a high risk process. It requires a structured procedure, a trained observer, and a designated area for removal to ensure protection.
  - 1. Sequence of Doffing
    - a. Gloves=Grasp outside of glove with opposite gloved hand; peel off. Hold removed glove in gloved hand. Slide fingers of ungloved hand under remaining glove in gloved hand. Slide fingers of ungloved hand under remaining glove at wrist. Peel off over first glove. Discard gloves in waste container. Clean and dry your hands thoroughly.
    - b. Goggles or Face Shield to remove, handle by head band or ear pieces. Place in designated receptacle for preprocessing or in waste container. Clean and dry your hands thoroughly.
    - c. Gown/Apron – unfasten ties. Pull away from neck and shoulders, touching inside of gown only. Turn gown inside out. Fold or roll into a bundle and discard. Clean and dry your hands thoroughly.
    - d. Mask or respirator – Grasp bottom, then top ties or elastics and remove. Discard in waste container. Clean and dry your hands thoroughly.
  - 2. Infirmery room 100 will be the designated area for doffing.
    - a. Lab coats or similar outer garments shall be worn depending on the task and the degree of exposure anticipated.
  - 3. Emergency ventilation equipment shall be maintained in the clinic “crash cart”
- d. Housekeeping and Janitorial Services: The clinic shall be maintained in a clean and sanitary condition.
  - 1. The following measures shall be taken to ensure maintenance of proper sanitation:
    - a. Daily: all surface areas in the examination rooms shall be wiped down with the approved sterilizing agent by staff, especially after the completion of procedures, immediately when overtly contaminated, after any spill of blood or OPIM, and at the end of work shifts when surfaces have been contaminated since the last cleaning.
    - b. Reusable receptacles, such as dustbins, pails or cans, must be cleaned weekly or immediately when contamination is visible.
    - c. Broken glass shall not be picked up directly with hands. It must be cleaned up using mechanical means such as brush and dustpan, tongs or forceps. Vacuum cleaners are not appropriate for the clean-up of glass.
    - d. Laundry must be placed in the designated laundry bag. All employees, and those of the laundry supply vendor, must wear protective gloves and other PPE when handling laundry.
    - e. Laundry bags will have a protective cover.

4. Hepatitis B Vaccine Program: Under the County sponsored Hepatitis B Vaccine program, all employees who have occupational exposure to blood-borne pathogens are offered the Hepatitis B vaccine series. Records related to documentation and declinations of Hepatitis B vaccine are maintained by the departmental personnel management office. Employees who decline receiving the vaccine must sign a declination form.
5. Post Exposure Evaluation and Follow-Up: if an exposure incident occurs, employees are entitled to a confidential evaluation and follow-up at no cost. The incident shall be reported immediately to Nursing Supervisors who will initiate the following procedures:
  - a. The employee will be referred immediately to the contracted Occupational Health Clinic for post exposure prophylaxis according to current recommendations.
  - b. Fill out an Incident Report and document exposure in the Sharps Log, if appropriate.
  - c. Notify physician to evaluate source patient. The physician will obtain:
    1. Consent to draw blood for HIV and Hepatitis panel, if appropriate
    2. Consent to release information to the facility or worker, if appropriate
  - d. Arrange for follow-up notification of youth (patient), if these tests are positive
  - e. Initiate Workers Compensations Claims
  - f. Notify the Public Health Officer
6. Training and Communication for Employees: It shall be the policy of clinic services that all employees with any possibility of occupational exposure will participate in a training program at the time of their initial assignment, annually thereafter, or when a change in status or assignment affects the employee's level of occupational exposure.
  - a. The clinic manager shall assure that the following topics are covered in the employee training session:
    1. General Industry Safety Code 5193 (a copy shall be provided) and explanation of contents
    2. A review of training film "AIDS and Hepatitis B Prevention": Which provides a general explanation of epidemiology, symptoms and modes of transmission
    3. An explanation of the exposure control and how employees can obtain a copy of the plan
    4. An explanation of the methods used to identify tasks with high risk of exposure and how to prevent or reduce those risk; information on the types, proper use, location, removal, and handling of PPE
    5. Information on the Hepatitis B vaccine program and post-exposure follow-up program
    6. Explanation of the emergency exposure procedure and incident reporting

7. Explanation of the signs, labels and color-coding required by the Safety Officer
  8. A question and answer period will also be provided during the training session
7. Recording Keeping: The departmental personnel office shall keep and maintain the official medical and training records for each employee. For the purposes of rapid access, the Clinic Manager will retain duplicate records in the clinic to which the employee is assigned. Such records shall remain confidential and information shall not be discussed or reported without the employee's express written consent. If the employee transfers to a new work site, these records will be sent under seal of confidentiality to the new Clinic Manager. Employee medical records shall be provided upon written request and copying to the subject employee, and to anyone having written consent of the subject employee.

### **Attachment 3:**

#### **A. Transmission Based Exposure Precautions**

1. Procedure:
  - a. Diseases:
    1. Mycobacterium tuberculosis
    2. Measles
    3. Varicella-Zoster
    4. Precautions
    5. Infected youth (patients) require a private room
    6. HEPA air filter must be provided
    7. Negative air-pressure ventilation should be used, if applicable
    8. If infectious pulmonary TB is suspected, respirator protective devices should be worn in the youth's (patient's) room
    9. Susceptible health care personnel should not enter the rooms of youth (patients) with measles or Varicella Zoster infection. Those with proven immunity need not wear a mask.
  2. Droplet Transmission Precautions
    - a. Diseases:
      1. Adenovirus
      2. Diphtheria (pharyngeal)
      3. Haemophilus influenza type b (invasive)
      4. Influenza
      5. Mumps
      6. Mycoplasma pneumonia
      7. Neisseria Meningitides (invasive)
      8. Plague (pneumonic)
      9. Rubella
      10. Streptococcal pharyngitis
      11. Ebola
    - b. Precautions
      1. Youths thought to be acutely infectious should be housed at least three feet from other youths, if a private room or cohort housing is not available. Those caring for youths should wear masks

3. Contact Transmission Precautions: These precautions pertain primarily when health care providers are administering direct personal care. Use of gloves, hand washing should be adequate in most circumstances. Gowns should be used if more extensive contact is required, such as cleaning up after a youth (patient).
  - a. Disease:
    1. MRSA
    2. Major (non-contained) Abscess
    3. C. Difficile
    4. Parainfluenza
    5. Conjunctivitis
    6. Pediculosis
    7. Diphtheria
    8. Respiratory Syncytial Virus
    9. Enteroviruses
    10. Rotavirus
    11. E.coli 0157; H7
    12. Scabies
    13. Hep A Virus
    14. Shigella
    15. Herpes Simplex Virus
    16. Staph Aureus
    17. Herpes Zoster
    18. Viral Hemorrhagic Fever
    19. Impetigo
    20. Varicella Zoster
    21. Ebola

## **Attachment 4:**

### **A.Tuberculosis Exposure Control Plan**

1. This plan is developed to protect employees and youth wards from the health hazards associated with exposure to TB.
  - a. Surveillance:
    1. Staff:
      - a. All employees with a history of negative PPD will have a PPD administered as part of the orientation process
      - b. Employees with a history of BCG and no history of PPD will have a PPD administered.
      - c. Employees with a prior history of positive PPD or a positive PPD at time of employment shall have a baseline chest x-ray (CXR)
      - d. TB screening shall be performed every 6 months for clinic staff
        1. Those with a negative PPD will repeat the skin test
        2. Those who convert will be referred to the County Chest Clinic employee health
        3. Those with a history of positive PPD will take a symptom survey and have a CXR every two years
        4. Results of employee PPD skin test documentation will be kept in the employees personnel file.
    2. Youth Wards:
      - a. All youths will be screened at the time of intake for signs and symptoms of TB per Standard Procedures
      - b. All youths new to the facility will have a PPD done within 72-hours of intake unless they have a history of a positive PPD, returning youths will have a new PPD if the previous PPD was more than a year. Youths incarcerated greater than 1 year will have a PPD done annually
      - c. Youths with a history of positive PPD will take a symptom screen for active TB and have a CXR every 2 years
      - d. Youths who test positive for the first time will take a symptom screen, have CXR and are considered for INH prophylaxis
      - e. JCH physicians may elect to order Quantiferon Gold lab test on any youth with a positive PPD skin test
      - f. JCH physicians will place any youth suspected of having active TB in respiratory isolation (Infirmary) pending evaluation

g. Management of Exposure:

1. Management shall be done in consultation with Public Health Office
2. TB skin testing and when medically appropriate and preventative therapy for TB shall be provided to any employee or youth known to have been the subject of an exposure incident.



## **Attachment 5:**

### **A. Ebola Exposure Plan**

1. Early recognition is critical in controlling the spread of Ebola virus. Aligned with national guidance from the Centers of Disease Control and Prevention and with localized advisories from the Sacramento County Public Health Department, a readiness plan is outlined for Juvenile Correctional Health as follows:

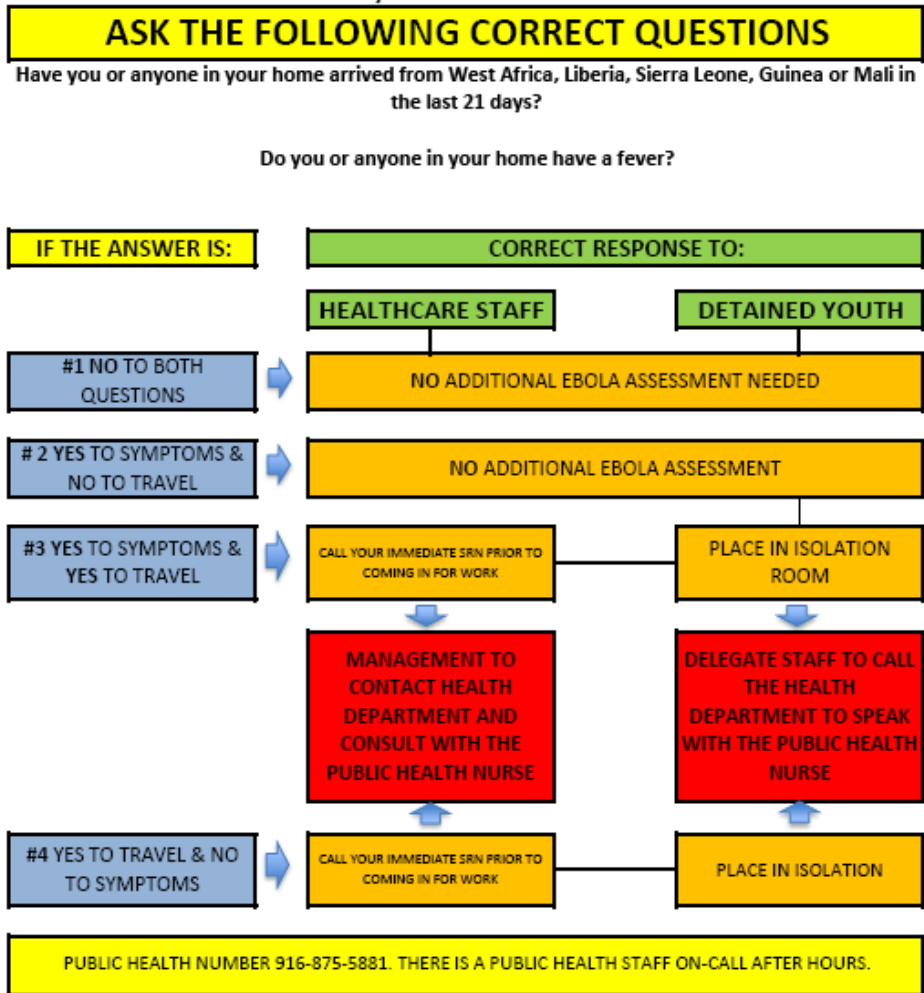
### **B. Process**

1. Protection begins with prevention
  - a. Always take standard, contact, and droplet precautions. These include basic hand washing, respiratory hygiene, use of personal protective equipment and safe injection practices.
  - b. Training on correct use of Personal Protective Equipment (PPE)
  - c. All designated healthcare staff must receive repeated training and have demonstrated competency in performing all Ebola related infection control practices and procedures, especially in donning/doffing proper PPE before caring for an Ebola youth (patient). Ensure that there will be trained observers to monitor for correct PPE use and adherence to protocols.
  - d. Ensure that all JCH healthcare staff is fitted for N95 before the PPE training.
  - e. 4-6 healthcare staff will be trained as trainers on December 10, 2014 by the Public Health Department.
  - f. Training for the rest of the healthcare staff will commence thereafter.
2. Infirmary room 101 will be designated as the room for donning
  - a. Dedicated medical equipment will be available for the provision of youth (patient) care.
  - b. All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instruction and JCH policies.
  - c. To emphasize prevent of further contamination from any suspected exposure in the Youth Detention Facility, a process is designed by doing critical initial assessment, asking correct questions, and responding to the answers correctly.

A Critical Verbal Assessment checklist is designed to obtain essential epidemiologic risk factors prior to any physical assessments or contacts (see chart below).

## CRITICAL VERBAL ASSESSMENT

Prior to Physical Contacts or Assessments:



- A. Healthcare staff with a history of travel or have made contact with someone who travelled from West Africa, Liberia, Sierra Leone, Guinea, or Mali in the last 21 days must contact his/her immediate supervisor at (916) 875-5015 before coming to work.
  1. Supervising RN will go over the Critical Verbal Assessment with the reporting healthcare staff.
  2. Supervising RN will advise the Health Department if healthcare staff's epidemiologic risks are #3 and #4.
  3. In the event that there is no supervising RN, the next point of contact is the Health Program Coordinator.
- B. Prior any physical assessment/contact during pre-detention, all youths must be screened for Ebola exposure risk symptoms.
  1. The intake nurse will perform a Critical Verbal Assessment prior to doing any physical contact or assessment.

2. Once it is determined that a youth who has both consistent signs or symptoms and risk factors is already inside the facility, there is a designated room with a bathroom for isolation in the infirmary.
3. The youth (patient) will be placed in the isolation room with a security door in the infirmary.
4. Healthcare staff with direct contact to that youth (patient) will also be isolated in the vacant exam/infirmary rooms in the clinic until further evaluation completed.
5. Clinic nurse will immediately contact the Health Department and consult with the public health nurse.

**Attachment 6**

- A. CDPH Communicable Disease Control binder provided by Sacramento County Public Health located at Nurses Station for instructional reference and patient education

[2019 Update CDC CDPH.pdf](#)