

# ICE/DRO RESIDENTIAL STANDARD

## ENVIRONMENTAL HEALTH AND SAFETY

**I. PURPOSE AND SCOPE:** High facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment are employed at the facility, thereby protecting residents, staff, volunteers, and contractors from injury and illness.

**II. EXPECTED OUTCOMES.** The expected outcomes of this Standard are as follows:

1. Maintenance of facility cleanliness and sanitation.
2. Compliance with all applicable safety and sanitation laws, ensured by documented internal and external inspections and corrective action when indicated.
3. Compliance with all applicable fire safety codes. Facility furnishings will meet fire safety performance requirements. Periodic safety drills will be scheduled.
4. Control and safe use of flammable, poisonous, toxic, and caustic materials.
5. Written plans and training will advise staff of required procedures in emergency situations, including those that require evacuation from the facility.
6. A plan providing for immediate release of residents from locked areas, will be in place and will include a secondary back-up system.
7. Emergency exits will be clearly marked, clear from obstruction, sufficient in number, and properly positioned.
8. The need for emergency repairs will be negated and if necessary, replacement parts will be available to minimize or avoid the creation of life-threatening situations.
9. Disease transfer will be minimized by proper sanitation of barbering equipment and supplies.
10. Pests and vermin pests will be controlled and eliminated.
11. The facility's potable water source will be safe.
12. Emergency lighting and life-sustaining functions will be maintained and periodically tested.
13. Garbage and hazardous waste will be disposed of safely and in compliance with applicable government regulations.
14. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
15. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

### III. DIRECTIVES AFFECTED. None

### IV. REFERENCES

The First Edition National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and a review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner.

There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

American Correctional Association 4th Edition, Standards for Adult Detention Facilities: 4-ALDF-1A-01, 1A-02, 1A-03, 1A-07, 1C-01, 1C-02, 1C-03, 1C-04, 1C-05, 1C-07, 1C-08, 1C-09, 1C-10, 1C-11, 1C-12, 1C-13, 1C-14, 1C-15, 4B-07, 4C-18.

NFPA Standards

U.S. Public Health Service Report on Carcinogens

### V. EXPECTED PRACTICES – HAZARDOUS MATERIALS

Every facility shall establish a system for storing, issuing, using, and maintaining inventories of and accountability for hazardous materials. The effectiveness of any such system depends on written policies, procedures and precautions, and also on adequate supervision and responsible behavior of staff and residents to precisely follow instructions and take prescribed precautions, including the use of safety equipment.

A list of common flammable, toxic, and caustic substances is included at the end of this Residential Standard as Table A.

#### 1. Personal Responsibility

Every individual who uses a hazardous substance must:

- a. Be knowledgeable about and follow all prescribed precautions,
- b. Wear personal protective equipment when indicated, and
- c. Immediately report hazards or spills to the designated authority.

#### 2. Protective Equipment

- a. Protective eye and face equipment shall be required where there is a reasonable probability of injury that can be prevented by such equipment. These areas of the facility shall be conspicuously marked with eye hazard warning signs.
- b. OSHA-approved eyewash stations shall be installed in designated areas throughout the facility, and all employees and residents in those areas shall be instructed in their use.

### 3. Inventories

Every area shall maintain a running inventory of the hazardous substances (flammable, toxic, or caustic) used and stored there. Inventory records shall be separately maintained for each substance and entries for each logged on a separate card (or equivalent) that is filed alphabetically showing dates, quantities, etc.

### 4. Material Safety Data Sheets Files

Every department or other area of the facility using hazardous substances shall maintain a file of Material Safety Data Sheets (MSDSs) that includes a list of the locations where hazardous substances are stored, along with a plant diagram and legend. Department heads are responsible for providing a copy of each file to the Safety Officer and Maintenance Supervisor.

- a. MSDSs provide vital information on individual hazardous substances, including instructions on safe handling, storage, disposal, prohibited interactions, etc.
- b. Staff and residents shall readily have continuous access to the MSDSs for the substances with which they are working.
- c. Because changes in MSDSs occur often and without broad notice, staff must:
  - 1) Review the latest issuance from the manufacturers of the relevant substances,
  - 2) Update the MSDS files as necessary, and
  - 3) Forward any changes to the Maintenance Supervisor, so that copy is kept current.

### 5. Master Index

The Maintenance Supervisor shall compile all of the following:

- a. A master index of all hazardous substances in the facility and their locations,
- b. A master file of MSDSs, and
- c. A comprehensive, up-to-date list of emergency phone numbers (fire department, poison control center, etc.).

The Maintenance Supervisor shall maintain this information in the safety office (or equivalent), and a copy shall be provided the local fire department.

Documentation of all reviews shall be maintained in the MSDS master file.

### 6. General Guidelines Regarding Hazardous Substances

**Issuance.** Flammable, caustic, and toxic substances (hazardous substances) shall be issued (that is, drawn from supply points to canisters or dispensed) only under the supervision of the designated staff.

**Amounts.** All hazardous substances shall be issued in single-day increments, that is, the amount needed for one day's work.

**Supervision.** Qualified staff shall closely monitor residents working with hazardous substances.

**Accountability.** Inventory records for a hazardous substance must be kept current before, during, and after each use.

## 7. Flammable and Combustible Liquids

- a. Any liquid or aerosol labeled “Flammable” or “Combustible” must be stored and used as prescribed on the label required by the Federal Hazardous Substances Labeling Act.
- b. Lighting fixtures and electrical equipment installed in flammable liquid storage rooms must meet National Electrical Code requirements in hazardous locations.
- c. Every hazardous material storage room shall:
  - 1) Be of fire-resistant construction and properly secured;
  - 2) Have self-closing fire doors at each opening;
  - 3) Be constructed with either a four-inch sill or a four-inch depressed floor; and
  - 4) Have a ventilation system (mechanical or gravity flow) within 12 inches of the floor, which provides at least six air changes per hour.
- d. Every storage cabinet shall:
  - 1) Be constructed according to code and securely locked at all times;
  - 2) Stand clear of open passageways, stairways, and other emergency exit areas;
  - 3) Be conspicuously labeled: “Flammable -- Keep Fire Away”; and
  - 4) Contain not more than 60 gallons of Class I or Class II liquids, or more than 120 gallons of Class III liquids.
- e. Storage rooms and cabinets may be entered only under secure conditions and under the supervision of authorized staff.
- f. A portable container that is not the original shipping containers must be an approved safety can, listed or labeled by a nationally recognized testing laboratory. Each shall bear a legible label that identifies its contents.
- g. Excess liquids shall remain in original containers, tightly closed, in the storage room or cabinet.
- h. The MSDS shall govern use of a particular flammable or combustible liquid.
- i. Only authorized staff may dispense flammable and combustible liquids, using acceptable methods for drawing or transferring these liquids.

Drawing from or transferring any of these liquids into containers indoors is prohibited except:

- 1) Through a closed piping system;
- 2) From a safety can;

- 3) By a device drawing through the top; or
- 4) By gravity, through an approved self-closing system.

An approved grounding and bonding system must be used when liquids are dispensed from drums.

- j. Without exception, cleaning liquids must have a flash point at or above 100° F (for example, Stoddard solvents, kerosene). Cleaning operations must be in an approved parts-cleaner or dip tank fitted with a fusible link lid with a 160° F melting-temperature link.
- k. Staff shall follow MSDS directions:
  - 1) To dispose of excess flammable or combustible liquids.
  - 2) In case of a chemical spill.

## **8. Toxic and Caustic Substances**

- a. All toxic and caustic materials must be stored in secure areas, in their original containers, with the manufacturer's label intact on each container.
- b. Authorized staff only shall draw/dispense these substances, in accordance with the applicable Material Safety Data Sheet(s).
- c. Staff shall either return unused amounts to the original container(s) or, under certain circumstances, to another suitable, clearly labeled container in the storage area.
- d. MSDS directions shall determine the disposal and spill procedures for toxic and caustic materials used in the facility.

## **9. Poisonous Substances**

Poisonous substances or chemicals pose a very high (Class I) caustic hazard due to their toxicity, for example, methyl alcohol, sulfuric acid, muriatic acid, caustic soda, tannic acid, etc.

**Methyl alcohol**, variously referred to as wood alcohol and methanol, is commonly found in industrial applications (for example, shellac thinner, paint solvent, duplicating fluid, solvents for leather cements and dyes, flushing fluid for hydraulic brake systems):

- a. If ingested, methyl alcohol can cause permanent blindness or death.
- b. Staff must directly supervise the use of any product containing methyl alcohol, except for products containing methyl alcohol in a much diluted state. If shoe dye that contains methyl alcohol is issued to residents, it may contain only the smallest workable quantity of methyl alcohol.
- c. Immediate medical attention is vital any time methyl alcohol poisoning is suspected.

## **10. Other Toxic Substances**

- a. Permanent antifreeze containing ethylene glycol shall be stored in a locked area

- and dispensed only by authorized staff.
- b. **Typewriter cleaner** containing carbon tetrachloride or trichloroethane shall be dispensed in small quantities and used under direct staff supervision.
  - c. **Cleaning fluids** containing carbon tetrachloride or tetrachloride or trichloroethylene must be strictly controlled.
  - d. **Glues** of every type may contain hazardous chemicals. When use of a nontoxic product is not possible, staff must closely supervise all stages of handling. The toxic glues must be stored in a locked location.
  - e. The use of **dyes and cements for leather** requires close supervision. Nonflammable types shall be used whenever possible.
  - f. **Ethyl alcohol, isopropyl alcohol, and other antiseptic products** shall be stored and used in the medical department only, under close supervision. To the extent practicable, such chemicals shall be diluted and issued only in small quantities so as to prevent any injuries or lethal accumulation.
  - g. **Pesticides** not approved by the Environmental Protection Agency, such as DDT and 1080 (sodium fluoracetate), are prohibited. The Maintenance Supervisor is responsible for purchasing, storing (in a locked area), and dispensing all pesticides used in the facility.
  - h. The Maintenance Supervisor or other staff member responsible for **herbicides** must hold a current state license as a Certified Private Applicator. Persons applying herbicides must wear proper clothing and protective gear.
  - i. **Lyes** may be used only in dye solutions and only under the direct supervision of staff.

## 11. Labeling of Chemicals, Solvents, and Other Hazardous Materials

The facility administrator shall individually assign the following responsibilities associated with the labeling procedure:

- a. Identifying the hazardous nature of materials adopted for use;
- b. Requiring use of properly labeled containers for hazardous materials, including any and all miscellaneous containers into which employees might transfer the material;
- c. Teaching staff the meaning of the classification code and the MSDS, including the safe handling procedures for each material, and impressing on staff the need to ensure containers are properly labeled; and
- d. Placing correct labels on all smaller containers when only the larger shipping container bears the manufacturer-affixed label.

## 12. Controlled Hazardous Materials

Certain substances require special treatment, including careful planning before use, which goes beyond attention to the warning label. These controlled materials are classified according to the type of hazard and the nature of the restrictions imposed for their safe

use, as specified in OSHA regulations.

**Class I: Industrial Solvents.** These include industrial solvents and chemicals used as paint thinners, degreasers, and cleaning agents that may have toxic properties and low flash points, making them dangerous fire hazards.

**Class II: Restricted Materials.** Beryllium, its alloys and compounds, and silver solder containing cadmium pose a danger to workers, for whom special precautions must be taken.

**Class III: Recognized Carcinogens.** OSHA-listed carcinogens are governed by the OSHA regulations provided in 29 CFR 1910.1000.

Although asbestos appears on the OSHA list, it is exempt from the regulation when:

- No asbestos fibers will be released into the air during handling and use; and
- The asbestos consists of firmly bound fibers contained in a product, for example, a transit pipe, wallboard, or tile (except when being sawed or otherwise handled in a way that releases fibers into the air).

**Class IV: Suspected Carcinogenic, Teratogenic, and Mutagenic Materials.** Chemical agents, substances, mixtures, and exposures listed in the biennial *Report on Carcinogens* issued by the U.S. Public Health Service, in accordance with the Public Health Service Act; the Maintenance Supervisor shall ensure the facility has and complies with the provisions of the latest edition.

## **VI. EXPECTED PRACTICES – FIRE PREVENTION AND CONTROL**

### **1. Fire Safety Codes**

Every facility shall comply with standards and regulations issued by:

- a. The Environmental Protection Agency (EPA) and OSHA,
- b. The American Correctional Association "mandatory" Expected Practices,

Mandatory ACA Expected Practice 4ALDF-1C-07 requires that the facility conform to applicable federal, state, and/or local fire safety codes, and that the authority having jurisdiction document compliance. **A fire alarm and automatic detection system are required**, as approved by the authority having jurisdiction (or there is a plan for addressing these or other deficiencies within a reasonable time period). If the authority approves any variance, exceptions, or equivalencies, they must not constitute a serious life-safety threat to the occupants of the facility.

- c. Local and national fire safety codes, and
- d. The applicable standards of the American Society for Testing and Materials, American National Standards Institute, and Underwriters' Laboratories or Factory Mutual Engineering Corporation.

New construction, alterations, and renovations, shall comply with:

- a. The latest revision or update of the BOCA National Building Code (issued by

Building Officials and Code Administrators International),

- b. The Uniform Building Code, or
- c. The Standard Building Code, in accordance with 40 USC Title 619 and local law.

If the local government does not mandate adherence to a particular code, construction must conform to the BOCA National Building Code.

In addition, the construction shall comply with the latest edition of the National Fire Protection Association's NFPA 101, Life Safety Code and National Fire Codes (NFCs). If the fire protection and life safety requirements of a local building code differ from NFPA 101 or the NFCs, the requirements of NFPA 101 and the NFCs shall take precedence and be recognized as equivalent to the local building code.

## **2. Inspections**

A qualified departmental staff member shall conduct weekly fire and safety inspections.

Facility maintenance (safety) staff shall conduct monthly inspections.

Written reports of the inspections shall be forwarded to the facility administrator for review and, if necessary, corrective action determinations. The Safety Officer and Maintenance Supervisor shall maintain inspection reports and records of corrective action in the safety office.

## **3. Fire Prevention, Control, and Evacuation Plan**

Every facility shall develop a fire prevention, control, and evacuation plan to include, among other things, the following:

- a. Control of ignition sources;
- b. Control of combustible and flammable fuel load sources;
- c. Provisions for occupant protection from fire and smoke;
- d. Inspection, testing, and maintenance of fire protection equipment, in accordance with NFPA codes, etc.;
- e. Monthly fire inspections;
- f. Installing fire protection equipment throughout the facility, in accordance with *NFPA 101, Standard for Portable Fire Extinguishers*;
- g. Accessible, current floor plans (buildings and rooms); prominently posted evacuation maps/plans; exit signs and directional arrows for traffic flow; with a copy of each revision filed with the local fire department;
- h. Conspicuously posted exit diagram conspicuously posted for and in each area.

## **4. Fire Drills**

Monthly fire drills shall be conducted and documented separately in each facility department.

- a. Fire drills in housing units, medical clinics, and other areas occupied or staffed during non-working hours shall be timed so that employees on each shift participate in an annual drill.
- b. Residents shall be evacuated during fire drills, except in areas where safety would be jeopardized or in medical areas where patient health could be jeopardized or, in individual cases when evacuation of patients is logistically not feasible. Where residents are not evacuated, staff shall simulate drills.
- c. Emergency-key drills shall be included in each fire drill, and timed. Emergency keys shall be drawn and used by the appropriate staff to unlock one set of emergency exit doors not in daily use. NFPA recommends a limit of four and one-half minutes for drawing keys and unlocking emergency doors.

## **5. Exit Diagram**

In addition to a general area diagram, the following information must be provided on existing signs:

- a. English and Spanish instructions;
- b. "You Are Here" markers;
- c. Emergency equipment locations.

New signs and sign replacements shall also identify and explain "Areas of Safe Refuge."

## **VII.EXPECTED PRACTICES – HAIR CUTTING OPERATIONS**

Sanitation in hair cutting operations is of the utmost concern because of the possible transfer of diseases through direct contact or by towels, combs and clippers. Towels must not be reused after use on one person. Instruments such as combs, clippers and scissors shall not be used successively on residents without proper cleaning and disinfecting.

1. For sanitation reasons, it is preferable that hair-cutting operations be located in a separate room, with hot and cold running water, that is not used for any other purpose. The floors, walls, and ceilings should be smooth, nonabsorbent, and easily cleaned, and there should be sufficient light.
2. Each hair cutting room should be provided with all equipment and facilities necessary for maintaining sanitary procedures for hair care, including covered metal containers for waste, disinfectants, dispensable headrest covers, laundered towels, and haircloths.
3. Between resident "customers," all hair care tools that came in contact with a resident shall be cleaned and effectively disinfected. Ultraviolet lights are appropriate after sterilization only for maintaining the tools.

4. Detailed hair care sanitation regulations should be conspicuously posted in each barbershop for the use of all hair care personnel and residents. Cotton pads, absorbent cotton, and other single or dispensable toilette articles may not be reused, and shall be placed in a proper waste receptacle immediately after use. The common use of brushes, neck duster, shaving mugs, and shaving brushes must be prohibited.
5. No barber or beautician shall serve any resident when the skin of the resident's face, neck, or scalp is inflamed, scaling, contains pus, or is erupted, unless service of such resident is performed in accordance with the specific authorization of the Chief Medical Staff. No person who is infested with head lice shall be served.

## **VIII. EXPECTED PRACTICES – MEDICAL OPERATIONS**

### **1. Needles and Other Sharp Objects**

An established uniform procedure shall be provided for the safe handling and disposal of used needles and other potentially sharp objects to prevent both mechanical injury and the percutaneous transmission of infectious disease organisms, especially the hepatitis B virus (HBV) and the human immunodeficiency virus (HIV).

Accidental injuries from sharp objects (sharps) are common in health care programs, mostly from needle sticks caused by attempting to recap hypodermic needles. A uniform procedure for used needles and other disposable sharps is necessary to reduce the number of such injuries by preventing the secondary handling of needles and other dangerous sharp objects used in the delivery of medical care.

Sharps are defined as all disposable or discarded items derived from resident care that could potentially transmit disease via direct subdermal inoculation. Items included are: hypodermic needles and syringes, scalpel blades, glass vials or ampoules, containing materials deemed to be infectious, burrs, glass cartridges, or lancets.

### **2. Standard Precautions (previously termed “Universal Precautions”)**

Staff shall routinely take precautions to prevent contact with blood or other body fluids.

- a. Gloves shall be worn for touching blood and body fluids, mucous membranes, or non-intact skin of all patients, for handling items or surfaces soiled with blood or body fluids, and for performing venipuncture and other vascular access procedures.

Gloves shall be changed after contact with each resident.

- b. Masks and protective eye wear or face shields shall be worn during procedures that are likely to generate droplets of blood or other body fluids, to prevent exposure of mucous membranes of the mouth nose or eyes.
- c. Gowns or aprons shall be worn during procedures that are likely to generate splashes of blood or other body fluids.
- d. Hands and other skin surfaces shall be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands shall be washed immediately after gloves are removed.

- e. All health-care workers shall take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures, when cleaning used instruments, during disposal of used needles, and when handling sharp instruments after procedures.
- f. To prevent needle stick injuries, needles shall not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. After use, disposable syringes and needles, scalpel blades, and other sharp items shall be placed in puncture-resistant containers for disposal.
- g. Large-bore reusable needles shall be placed in a puncture resistant container for transport to the reprocessing area.
- h. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags or other ventilation devices shall be available for use in areas in which the need for resuscitation is predictable.
- i. Health-care workers who have exudative lesions or weeping dermatitis shall refrain from all direct patient care and from handling patient care equipment until the condition resolves.
- j. Pregnant health-care workers are not known to be at greater risk of contracting HIV infection than health-care workers who are not pregnant; however, if a health care worker develops HIV infection during pregnancy, the infant is at risk of infection from perinatal transmission. Because of this risk, pregnant health care workers shall be especially familiar with and strictly adhere to precautions to minimize the risk of HIV transmission.

Implementation of universal blood and body fluid precautions for all residents eliminates the need for the use of isolation category of "Blood and Body Fluid Precautions" previously recommended by the Centers for Disease Control for individuals known or suspected to be infected with blood-borne pathogens. Isolation precautions shall be used as necessary if associated conditions, such as infectious diarrhea or tuberculosis, are diagnosed or suspected.

### **3. Accidental Needle Sticks**

Should an individual receive a needle stick or be cut while handling potentially contaminated sharps, he or she shall be counseled regarding baseline testing for HBV and HIV and referred to their usual source of health care. If the injury also involves a person who is a known source of possible infection, that person shall also be tested for HBV and HIV. The incident shall be immediately reported as an occupational injury and documented in accordance with applicable regulations for commissioned staff and civil service employees, respectively.

The leading health service provider's exposure-control plan shall be followed in the event of a needle stick.

#### **4. Inventory**

An inventory shall be kept of those items that pose a security risk, such as sharp instruments, syringes, needles, and scissors and shall be checked weekly by an individual designated by the medical facility Health Service Administrator (HSA) or equivalent.

#### **5. Handling**

Without removing, the needles or replacing the needle covers, staff shall place used (disposable) syringes in a plastic disposal box or container.

##### **a. Disposal Containers**

Use only commercially available, biohazardous-waste sharps containers approved by the National Institute of Safety and Health (for example, a "Winfield Sharps Container.").

Since they have been found to puncture easily, do not use milk cartons or plastic milk jugs or other plastic containers of similar thickness.

Containers shall be of approximately two-gallon capacity in order to be of sufficient size to receive various types of sharps.

Under no circumstances shall an item be removed from the container.

##### **b. Location**

Containers shall be located on top of counters or, if on the wall, at least five feet above ground, and shall never sit on the floor.

##### **c. Disposal**

When the disposal box is one-half to two-thirds full, the lid shall be closed and locked, tape shall be placed over the top of the lid to indicate that it is ready for disposal. The container shall be labeled with the words "infectious waste" or with the universal biohazard symbol, and placed in the proper area for removal and disposal.

Sharps shall be considered as infectious waste, and final disposal of the container and contents shall be through a commercial contractor that handles disposal of infectious waste in accordance with all local and federal regulations.

The HSA shall make arrangements for disposal with an approved contractor and is responsible for validating that the contractor's disposal methods are in accordance with all infectious and hazardous waste disposal laws and regulations. Arrangements shall be made with local hospitals, if possible, for disposal with the hospitals' own infectious waste.

#### **6. Environmental Health in Medical Operations**

While many of the following considerations, precautions, and specific procedures apply to situations that typically arise in medical operations, they are applicable wherever such incidents arise.

Blood and body fluid clean-up, for example, could be needed anywhere in a facility after a work-related injury or a use-of-force incident.

## **a. General Housekeeping**

The key to the prevention and control of nosocomial infections due to contaminated environmental surfaces is environmental cleanliness. Responsibility for ensuring the cleanliness of the medical facility lies with the HSA or with an individual designated by the HSA or other health care provider.

Using an acceptable health agency standard as a model, the HSA shall establish:

- 1) Cleaning equipment; cleansers; disinfectants and detergents to be used,
- 2) Methods of cleaning, and
- 3) The frequency of cleaning and inspections.

The HSA or designee shall make a daily visual inspection of the medical facility noting the condition of floors, walls, windows, horizontal surfaces, and equipment.

Proper housekeeping procedures include the cleaning of surfaces touched by residents or staff with fresh solutions of appropriate disinfectant products, applied with clean cloths, mops, or wipes. Cleaned surfaces need not be monitored microbiologically since the results of such tests have been shown not to correlate with infection risk. Floors, walls, beds, tables, and other surfaces that usually come in contact with intact skin require low-level disinfection.

Since these surfaces are rarely associated with the transmission of infections to patients or personnel, extraordinary attempts to disinfect or sterilize these surfaces are not indicated.

Horizontal surfaces in resident care areas are cleaned on a regular basis, when soiling or spills occur and in short-stay units when a resident is discharged. Cleaning of walls, blinds, or curtains is indicated only when visibly soiled.

Ordinarily, the Chief Nurse (or equivalent) is responsible for training all staff and residents in using proper housekeeping procedures and proper handling of hazardous materials and chemicals.

### **1). General Cleaning**

- a) All horizontal surfaces shall be damp-dusted daily with an approved germicidal solution.
- b) Windows, window frames, and windowsills shall be cleaned on a regular schedule, but do not require daily cleaning.
- c) Furniture and fixtures shall be cleaned daily.
- d) Floors shall be mopped daily and when soiled using the double-bucket mopping technique, and with a hospital disinfectant-detergent solution mixed according to the manufacturers directions. A clean mop head shall be used each time the floors are mopped.
- e) Waste containers shall be lined with plastic bags and the liner shall be changed daily. The container itself shall be washed at least weekly, or as needed when it becomes soiled.



- f) Cubicle curtains shall be laundered monthly or during terminal cleaning following treatment of an infectious patient.

## **2). Isolation Cleaning**

- a) An approved germicidal detergent solution shall be freshly prepared in accordance with the manufacturer's specifications for each cleaning.
- b) After cleaning the isolation room, mops and cleaning cloths shall be laundered before being reused.
- c) Dirty water and used disinfecting solutions shall be discarded and the buckets and basins disinfected before being refilled. Items used in cleaning an isolation (contaminated) room shall never be taken into another area.
- d) Linens shall be carefully removed from the bed and double bagged for transport.
- e) All waste materials shall be double bagged and disposed of as contaminated waste.

## **3). Terminal Cleaning**

- a) Every item in the room must be cleaned with an approved hospital germicidal solution.
- b) When applicable, linen shall be stripped from the bed, with care taken not to shake linen. Linen shall be folded away from the person and folded inward into a bundle, then removed with minimal agitation.
- c) When applicable, all reusable receptacles such as drainage bottles, urinals, bedpans, water pitchers shall be emptied and rinsed with germicidal solutions.
- d) All equipment that is not to be discarded, such as IV poles, respirators and suction machines, shall be washed with an approved germicidal solution following manufacturer's guidelines for cleaning the specific piece of equipment.
- e) When applicable, mattresses and pillows covered with durable plastic covers shall be thoroughly washed with the approved germicidal solution.
- f) When applicable, beds shall be washed thoroughly using a small brush soaked in the germicidal solution to gain access to small holes and crevices, to areas between the springs, and the casters.
- g) All furniture shall be washed with a germicidal detergent solution. Use a small brush if necessary. Outside and underside as well as legs and casters must also be washed.
- h) Wastebaskets shall be thoroughly washed with a germicidal solution after trash has been removed.
- i) Telephones shall be thoroughly cleaned with a clean cloth soaked in the

germicidal solution. The earpiece and mouthpiece shall be unscrewed, scrubbed, dried, and replaced.

- j) Walls and ceilings need not be washed entirely, but areas that are obviously soiled shall be washed with germicidal solution.
- k) All toys and recreational equipment remaining in medical clinic area shall be disinfected daily.

#### **4) Choice of Disinfecting Materials**

Hospital grade disinfectant-detergent formulations registered by the Environmental Protection Agency may be used for environmental surface cleaning, but the physical removal of microorganisms by scrubbing is probably as important as any antimicrobial effect of the cleaning agent used.

Therefore cost, safety, and acceptance by staff can be the criteria for selecting any such registered agent. The manufacturer's instructions for use shall be followed exactly.

#### **b. Blood and Body Fluid Clean-up**

Spills of blood and body fluids shall be cleaned up and the surface decontaminated in such a manner as to minimize the possibility of workers becoming exposed to infectious organisms, including HIV and HBV. A suitable cleanup kit shall be maintained for use in cases of spills of blood and body fluids. Cleanup kits may be obtained from commercial sources, or kits may be put together by ICE/DRO HSD staff or leading health care provider.

##### **1). Making a Clean-up Kit**

To prepare a cleanup kit for blood and body fluid spills, package the following materials in a 12" x 15" clear" Ziploc" bag:

- a) Gloves, rubber or vinyl, household type, (2 pair)Clean absorbent rags (4)
- b) Absorbent paper towels (15)
- c) Disposable bag marked "Contaminated" size 23"x10"x39", minimum thickness 1.5 mils. Clear plastic bag 13"x10"x39", minimum thickness 1.5 mils.
- d) Bottle of "hospital disinfectant" (containing quaternary ammonium chlorides in at least 0.8% dilution), or a bottle of household bleach such as "Clorox" or "Purex" (5.25 % sodium hypochlorite).

##### **2) Selection of Disinfectants**

Quaternary disinfectants are less effective against Hepatitis B, while dilute solutions of sodium hypochlorite are reported extremely effective against both HIV and the Hepatitis B virus and therefore have been recommended for use in environmental decontamination procedures rather than quaternary ammonium compounds. Chlorine in solution inactivates virus quickly and efficiently but must reach the virus

particles to do so.

Proteinaceous materials may interfere with the ability of the appropriate disinfectant solution to reach the virus particles. Since quaternary disinfecting compounds may act as a detergent as well as a disinfectant, their use may help in the cleaning and removal of proteinaceous materials from surfaces.

A facility may wish to use one of these compounds to help clean the surface and then follow with the use of chlorine solution for final disinfection. Using one disinfectant compound rather than two would keep the procedure as simple as possible. By following the mechanical procedure listed in the article, most blood or fluids would be removed from the surface before application of the disinfectant, so the use of sodium hypochlorite solution shall be sufficient.

### **3) Selection of Gloves**

Household or industrial rubber gloves have been recommended for use rather than surgical rubber gloves. Surgical gloves are somewhat porous and are less resistant to mechanical damage and punctures during cleanup procedures.

### **4) Use of Residents as Housekeeping Workers**

Resident workers may be used to assist in cleaning the medical facility. Residents shall be allowed to clean floors, walls, and to remove trash, but shall not be allowed to clean medical equipment.

### **5) Instructions for Use of Clean-Up Kit**

- a). Open the bag and remove the supplies.
- b) Depending on the type of disinfectant in the kit, take out bottle of "hospital disinfectant," or prepare a dilute solution of sodium hypochlorite. To prepare a 1:10 dilution of 5.25% sodium hypochlorite, mix 1 part of 5.25 % sodium hypochlorite (common household bleach) with 10 parts water.
- c) Open the large clear plastic bag and the large bag marked "Contaminated." Place them next to each other.
- d) Put on one pair of gloves.
- e) Use paper towels to absorb as much of the fluid as possible; then place paper towels in the large clear plastic bag.
- f) Pour the solution carefully onto the spill area. Dispose of the empty bottle in the large, clear plastic bag. Leave disinfectant in place for 15 minutes.
- g) Use the rags to clean the area, and place rags in the large clear plastic bag.
- h) Tie off the clear plastic bag and place it inside the large plastic bag marked "Contaminated."
- j) Remove gloves carefully and place them in the plastic bag marked "Contaminated."

- j) Put on the second pair of gloves and tie the "Contaminated" trash bag closed.
- K) Dispose of the "Contaminated" trash bag properly in a contaminated-waste receptacle.
- l) Dispose of the second pair of gloves in the contaminated-waste receptacle.
- m) Wash your hands.
- n) Prepare a new clean-up kit.

NOTE: Do not place linen or non-disposable articles in the "Contaminated" trash bag.

### **c. Hazardous and Infectious Waste Disposal**

Infectious and hazardous waste generated at a medical facility shall be stored and disposed of safely and in accordance with all applicable federal and state regulations.

For identified wastes that represent sufficient risk of causing infection or injury during handling and disposal some special precautions appear prudent.

#### **1) Definitions**

Hazardous or infectious waste is defined as: microbiology laboratory waste; human blood and blood products; sharps (all discarded items derived from patient care in medical facilities which could potentially transmit disease via direct subdermal inoculation or present a risk of injury & skin penetration); laboratory and other chemicals; certain drugs such as neoplastic.

Miscellaneous biomedical waste is defined as waste materials that are not specifically defined as infectious waste. Such waste includes bandages, dressings, casts, catheters, and disposable pads.

Waste from residents in isolation is not considered to be infectious waste unless it falls within the specific definition of infectious waste as stated above.

#### **2) Collection and Storage**

Infectious waste must be separated from the general waste stream and clearly labeled as infectious:

- a) Infectious waste shall be double-bagged and tied and labeled "Infectious Waste."
- b) The bags must be impermeable, commercially supplied red bags, intended specifically for biohazard waste storage.
- c) Miscellaneous biomedical waste shall be double-bagged and tied but need not be labeled as infectious.

#### **3) Treatment and Disposal**

Blood products and designated body fluids shall be poured slowly and carefully

down a toilet to prevent splash. Compacting of untreated infectious waste is prohibited. The waste disposal contractor must meet all state or and local requirements for transportation and disposal.

## **IX. EXPECTED PRACTICES – GENERAL ENVIRONMENTAL HEALTH AND SAFETY**

### **1. General Environmental Health**

Environmental health conditions shall be maintained at a level that meets recognized standards of hygiene, including those from the:

- a. American Correctional Association,
- b. Joint Commission on the Accreditation of Health Organization (JCAHO),
- c. Occupational Safety and Health Administration,
- d. Environmental Protection Agency,
- e. Food and Drug Administration,
- f. National Fire Protection Association's Life Safety Code, and
- g. National Center for Disease Control and Prevention.

The Health Services Department or Facility equivalent shall assist in the identification and correction of conditions that could adversely impact the health of residents, employees, and visitors. The facility sanitation consultant is responsible for developing and implementing policies, procedures, and guidelines for the environmental health program that are intended to evaluate and eliminate or control as necessary, sources of injuries and modes of transmission of agents or vectors of communicable diseases.

The sanitation consultant shall:

- a. Conduct special investigations and comprehensive surveys of environmental health conditions, and
- b. Provide advisory, consultative, inspection, and training services regarding environmental health conditions.

The medical facility Health Services Administrator is responsible for:

- a. Implementing a program that assists in maintaining a high level of environmental sanitation, and
- b. Providing recommendations to the facility administrator concerning environmental health conditions, in consultation with the sanitarian consultant.

### **2. General Housekeeping**

The facility administrator shall ensure that staff and residents maintain a high standard of facility sanitation and general cleanliness. The **General Housekeeping** standards detailed above under **Environmental Health in Medical Operations** provide guidance for resident housing and similar areas.

### **3. Pests and Vermin**

The facility administrator shall contract with licensed pest-control professionals to perform monthly inspections to identify and eradicate rodents, insects, and vermin. The contract shall include a preventative spraying program for indigenous insects and the provision of call-back services as needed.

### **4. Certification of Facility Water Supply**

An approved state laboratory shall test samples of drinking and wastewater to ensure compliance with applicable standards.

### **5. Emergency Electrical Power Generator**

Emergency power generators shall be tested at least every two weeks for one hour, during which time, the oil, water, hoses, and belts shall be inspected for mechanical readiness to perform in an emergency situation.

The emergency generator shall also receive quarterly testing and servicing from an external generator service company (or otherwise in accordance with the manufacturer's instructions). Among other things, the technicians shall check starting battery voltage, generator voltage and amperage output.

Other emergency equipment and systems shall be tested quarterly, and needed follow-up repairs or replacement shall be accomplished as soon as feasible.

### **6. Garbage and Refuse**

- 1) Refuse includes all garbage, rubbish, and other putrescible and non-putrescible solid waste, except the solid and liquid waste discharged into the sanitary sewer system of the facility.
- 2) Garbage and refuse shall be collected and removed as often as necessary to maintain sanitary conditions and to avoid creating health hazards.
- 3) Methods for handling and disposing of refuse affects the local environment, compliance with the requirements of local and federal agencies is essential.

**Standard Approved:**

---

**John P. Torres**  
**Director**  
**Office of Detention and Removal**

---

**Date**



**TABLE A**  
**Common Flammable, Toxic, and Caustic Substances**

**Class I Liquids**

Gasoline  
Benzene (Petroleum ether)  
Acetone  
Hexane  
Lacquer  
Lacquer thinner  
Denatured alcohol  
Ethyl alcohol  
Xylene (Xylol)  
Contact cement (flammable)  
Touidi (Toluene)  
Methyl ethyl ether  
Methyl ethyl ketone  
Naphtha Y, M, and P

**Toxic Substances**

Ammonia  
Chlorine  
Antifreeze  
Duplicating fluid  
Methyl alcohol  
Defoliants  
Herbicides  
Pesticides

**Class II Liquids**

Diesel fuel  
Motor fuel  
Kerosene  
Cleaning solvents  
Mineral spirits  
Agitene

**Caustic Substances**

Lye  
Muriatic acid  
Caustic soda  
Sulfuric acid  
Tannic acid

**Class III Liquids**

Paint (oil base)  
Linseed oil  
Mineral oil  
Neatsfoot oil  
Sunray conditioner  
Guardian fluid