



*Helping Youth & Families Achieve Success and Independence*

## Davidson County Juvenile Detention Center

### PANDEMIC PLAN

#### I. Staff, Visitor, Vendor Screening

All staff, visitors, and vendors will be subjected to a brief health screen prior to entry to the facility. The health screening process will include several questions and a temperature taken at the time of arrival. All findings shall be documented on the screening form.

- If a staff member or visitor answers yes to question number 1, they should be instructed to contact their healthcare professional (if no fever currently, staff / visitor will be permitted into the building).
- If staff or visitors answer yes to number 2 and present with a fever, entry shall be denied and the staff member or visitor should be instructed to contact their health care provider.
- If answering yes to numbers 3 or 4, the staff / visitor should be denied entry and referred to their healthcare provider.
- **If any staff member or visitor has a current temperature at or above 100.4, they should not be permitted into the building.**

All staff regardless of position shall be screened everyday they report to work until told to stop by YOJ Leadership. **Every shift shall be screened.**

#### II. Data Collection

All screening documentation shall be collected and reviewed by the Facility Administrator. An aggregate of the amount of each screening performed at the facility shall be reviewed then submitted daily to the assigned regional leadership and program specific compliance manager by Noon Eastern Time

**Regional Team Members: Dallas Scott, Melissa McBride**

**Assigned Compliance Staff: Jamie Hubbard**

Following review, this data will be submitted by the assigned compliance manager to Michael Baglivio by 5:00 pm EST. The daily aggregate data should represent the 2<sup>nd</sup> and 3<sup>rd</sup>, shift for the previous day and the 1st shift of the day it is being submitted. All screening forms shall be scanned to the appropriate regional director or oversight and retained by each facility for record.

#### III. Medical Screening Plan

Any youth displaying or complaining of fever, congestion, recurrent coughing, sneezing, headaches or displaying any other potential symptom will be seen by the program health care staff immediately and screened via the approved medical screening procedures for the possibility of Coronavirus. Any Youth that is deemed to be potentially ill based on the screening will be identified immediately and this plan will be put into place for this youth.

### **Screening**

If a youth presents to the nursing office with a persistent recurrent cough with or without fever (100.4) the youth must be isolated.

- Isolation includes placement into a room behind a closed door that is able to be monitored.

The youth's primary care physician or urgent care facility should be notified as soon as possible of the youth's condition. They will proceed to triage the need for next steps and will determine if further testing is needed.

If the youth meets criteria for COVID-19 testing, they will arrange for the testing and provide further instruction to the facility nurse. Results of the testing will be provided by the Health Department within twenty-four (24) hours of testing.

**In the event that a program youth tests positive for COVID-19, the local Health Department will step in and provide specific direction to the program on next steps.**

## **IV. Sick Bay/Isolation**

Youth that are deemed to be ill and may be contagious will be moved out of the general population and placed in isolation. Isolation includes placement into a room behind a closed door that is able to be monitored.

**Isolation Location:** Designated Sick Bay Unit (Bison's Pod)

Isolation in this location will ensure that the youth is not having access to the rest of the population in an effort to minimize exposure and additional contamination. Designated staff will be assigned on their shift to work and provide supervision and support to reduce the number of people having access to the location.

If isolation is warranted, uninfected staff will need to check on the youth routinely, administer meals using disposable products (i.e., paper plates, cups, sporks, etc.) and dispose of them immediately following use in biohazard bags. Youth clothing must be issued and laundered separately.

When dealing directly with the isolated youth, staff will need to don personal protective equipment materials, i.e., disposable gowns, gloves and mask.

If the program is dealing with multiple youth requiring isolation, they must be maintained separately. Isolated youth shall not be housed together.

Youth will remain in isolation until physician or Health Department advisement of next steps or determination that the youth is no longer a potential threat to spread the virus.



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## **V. 30 Day Food Emergency Food Supply Plan**

DCJDC currently has 10- days' worth of perishable food items on hand. An emergency meeting was held with Palate Inc. to discuss increasing the food supply. An additional food order will be made no later than, March 23, 2020, to ensure that we have a minimum of 30 days of food on campus.

## **VI. Electrolytes Plan**

DCJDC currently has 110 ounces of powdered Gatorade and 336 (12) oz. Gatorade bottles as of March 16, 2020. We also have 180 packages of chicken noodle soup for additional nutrient support. We have 16 cases of bottled water and 6 (5) gallon water jugs on site to address any hydration needs.

## **VII. Staffing/Support Plan**

DCJDC currently runs three (3) eight-hour shifts per day to cover operations. There is an on-call party to cover emergency situations. All staff have been notified that in the event of a staffing emergency, they will be required to work mandatory overtime to ensure that operations are not interrupted and all services can be provided to our Residents. All staff have signed off on the mandatory overtime requirement. In addition, all non-direct care staff have been notified that in the event of a staffing shortage they will be required to fill in to provide direct care supervision and support to the facility. This includes Administration, Maintenance, Case Management, Medical and Support staff.

## **VIII. Staff Housing Plan**

In the event that staff are needing to remain on campus to ensure coverage, a staff housing plan has been identified and developed for them to remain on campus. Staff can be housed in the classrooms to ensure that they can have downtime when they are not covering shifts. Twenty (20) Barker Bunks are available for sleeping purposes. Staff have been notified that in the event of a staffing of emergency that they may be required to remain in staff housing on campus to ensure that operations at DCJDC can continue to run without interruption.

## **IX. Medical Inventory of OTC Medications and Supplies**

### ***OTC Medicines:***

*Yellow EPI Injectors – 2 count*

*Green EPI Injectors – 2 count*

*Tylenol 325mg: 1000+ count*

*Ibuprofen 200mg: 2000 count*

*Chlorpheniramine: 200 count*

Calcium Carbonate tabs	15 tabs
Guaifenesin Syrup 100mg/5ml:	946ml
Pepto-Bismol:	220ml
Mucus DM:	18 tabs
Geri-Lanta (Mylanta)	355ml
<b>PPE:</b>	
Disposable Procedure Masks:	6 (50 count on order)
Nas Mask:	32
Disposable Exam Gowns:	2 packs
Body Fluid PPE Gowns (long sleeved yellow ones)	8
<b>Gloves: Nitrile Exam Gloves 4ml</b>	
Small	700 count ( <b>Vinyl Exam Gloves</b> )
Medium	400 count (400 count on order <b>Black Nitrile Exam Gloves</b> )
Large	1000 count plus 100 count <b>Black Nitrile Exam Gloves</b> (+400 count)
*Tissues	2 Box (1 case in storage)
*Disinfectant Wipes	4 containers
*Clorox Hydrogen Peroxide Wipes:	on order
*Phenol Disinfectant Spray	on order
*Lysol Disinfectant Spray	on order
Ensure (Expires Jun 2020)	17 bottles
Bio- Hazard specimen bags	150 count (These are typically used for Lab Transport)
Bio- Hazard can liner	350 count (These are very large bags)
Basins/ Portable	3
Emesis bags	0
Feces/ Urine hats	0

## **X. Personal Protective Equipment**

Personal Protective Equipment (PPE) is protective clothing, head coverings, goggles, or other garments or equipment designed to protect the wearers body from injury or infection.

### **Donning / Doffing PPE**

<https://youtu.be/syh5UnC6G2k>

*Please note that video setting is within hospital setting. Donning/Doffing concept can apply to alternative measures if warrants.*

- **Gowns**

Disposable gowns are preferred. Cloth gowns may be used if disposable is not available.

Extreme alternative measures for gowns may include:

- Jump Suits / Painter Coveralls

- Long Sleeve button down dress (open backwards)
- Long dress
- Plastic bag

Dispose of each item into biohazard bag after each use disposable / non-disposable.

- **Mask**

N95 if properly fitted is preferred. Use of disposable masks should be initiated if available.

Extreme alternative measures for masks if unavailable:

- Make a mask with a paper towel and rubber bands  
*Review video link below for instructions*  
<https://www.youtube.com/watch?v=fMA7a6xO3G0>
- Bandana

- **Face Shield**

Standard face shield

Extreme alternative measures

- Goggles / eye glasses

- **Gloves**

Standard gloves

Extreme alternative measures

- Plastic bag (inside out)

## **XI. Assessment and Identification of At-Risk Population**

DCJDC has identified all youth on campus that have a compromised immune system or any type of respiratory health conditions. This list is currently maintained in the Medical Office identifying these youth and their specific concern. We have two (2) youth that fall into at-risk on campus at this time.

## **XII. Daily Sanitation Plan**

DCJDC will implement the following daily sanitation plan to reduce the risk of spreading or contamination from an infectious illness. Each area of the facility will be wiped down with disinfectant spray or wipes a minimum of two times a day with the last cleaning occurring at the end of 2<sup>nd</sup> shift. Desks, computers, chairs, medical equipment, recreational equipment and door handles to ensure that they are sanitized multiple times a day. The Dining Hall will be sanitized after each meal and all tables, seats, door handles, and the serving line will be sanitized with disinfectant spray or wipes. Each housing unit to include Intake will be sanitized twice a day to reduce the potential spread of any infectious diseases. Youth laundry is washed and sanitized on a daily basis.



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### **XIII. Visitation Plan**

Face to face visitations with family and volunteers have been suspended until further notice. The frequency of weekly phone calls via the assigned Case Manager have been increased and the time frame of pay phone access has been extended in lieu of the suspended visitations.

DCJDC shall initiate supervised video conferencing to accommodate face to face family visits. Once the platform is determined and set up, notification will be made to parents and youth and scheduling will begin. If face to face visits are reinstated during the duration of this plan, DCJDC will implement the YOI approved screening assessment and administer it as required.

### **XIV. Communication Plan**

#### **A. Updates**

DCJDC will be updated on any company-wide amendments to the Pandemic Plan during their weekly calls with Regional Directors. The Facility Director will provide daily updates of the Pandemic Plan to include any amendments during daily management meetings with the DCJDC Leadership Team (Assistant Facility Administrator of Operations, Assistant Facility Administrator of Programs, Director of Nursing, Human Resources Manager, Business Administrator, Fire and Safety Officer, Maintenance). The Leadership Team will provide updates of the Pandemic Plan during weekly departmental meetings. Memos will be drafted to reflect updates to the Pandemic Plan. Postings will be placed at the entrance areas for staff and visitors informing them of any updates.

#### **B. Notifications**

The Facility Administrator shall provide the Contract Manager with daily updates on the Pandemic Plan including status of medical supply orders, staff or youth exposure to the COVID-19 virus, and face to face virtual visitation session completion.