

JUVENILE COURT HEALTH SERVICES - INFECTION CONTROL

		Page 1	Of 4
Subject: INFECTION PREVENTION AND CONTROL PROGRAM/		Original Issue Date: 2/8/19	Policy # IC-01
		Supersedes: 2/8/19	Effective Date: 7/27/20
Departments Consulted: Medical Administration Nursing Administration	Approved By: (Signature on File) Medical Director (Signature on File) Infection Control Manager	Approved by: (Signature on File) Health Services Administrator	

PURPOSE

To describe the program for the prevention and control of communicable disease in the delivery of healthcare to the youth detained in the Juvenile Halls and Camps of Los Angeles County.

POLICY

Juvenile Court Health Services (JCHS) shall have an Infection Control Committee which is responsible for implementing and monitoring the Infection Control Program. The Infection Control Committee is an organized interdisciplinary committee which meets at least quarterly. The members include the Infection Control Manager, Administrator, Medical Director, Nursing Director, Nurse Managers and representatives from the Pharmacy, Laboratory, Optometry, Medical Records, Mental Health and Probation Department.

The nurse managers and department directors are ultimately responsible for the quality of care provided by all members of their departments, maintaining an effective performance improvement plan, and ongoing surveillance activities to monitor the quality of care delivered to their patients.

SCOPE OF SERVICE

The Infection Control Committee maintains a system for the education, surveillance, prevention and control of communicable disease and healthcare acquired infections among patients, employees and visitors. The program addresses epidemiologically important issues as they relate to the medical areas and the youth served within Los Angeles County Probation facilities.

RISK ASSESSMENT AND PRIORITIZATION OF GOALS

The Infection Prevention and Control Quantitative Risk Assessment assists with identifying and prioritizing the high risk and potentially problem prone aspects of infection prevention. The Infection Control Manager with the approval of the Infection Control Committee shall develop a risk assessment annually and when significant changes occur in the factors affecting the youth served. Program components that are identified as high risk will be addressed with the Infection Control Committee and prioritized as goals for the program. See attachment A: Infection Prevention and Control Quantitative Risk Assessment 2020/2021.

DISTRIBUTION: Juvenile Court Health Services Infection Control Manual

JUVENILE COURT HEALTH SERVICES – INFECTION CONTROL		Page 2 of 4
Subject: INFECTION PREVENTION AND CONTROL PROGRAM	Effective Date: 7/27/20	Policy # IC-01

RESPONSIBILITIES OF THE INFECTION CONTROL MANAGER IN CONJUNCTION WITH THE INFECTION CONTROL COMMITTEE

1. Maintain an organization-wide Infection Control Program intended to prevent the occurrence of healthcare acquired infections (HAIs) in patients and workforce members;
2. Conducts disease surveillance to monitor the occurrence of disease/infections;
3. Assess the need for transmission-based precautions and direct employees with the need for such precautions;
4. Refer youth with active or a suspicion of active tuberculosis to a medical center offering a higher level of care;
5. Investigates any unusual occurrences, clustering, or outbreaks of disease/infection within the Probation facilities and implements control measures;
6. Reviews and identifies institutional risks at least annually and whenever significant changes occur as reported by medical staff, nursing staff and leadership;
7. Prioritizes the identified risks for acquiring and transmitting infections;
8. Assists employee health services with the promotion of employee vaccination and disease exposure investigations;
9. Serves as an educational resource for infection prevention and control in healthcare and participates in the development, delivery and evaluation of educational programs or tools provided to JCHS employees, youth and partner agencies;
10. Assists departments in developing their infection prevention and control policies/procedures and facilitates department compliance with regulatory agencies;
11. Acts as the liaison to the public health department in matters related to reportable diseases and current affairs in the community;
12. Serves as a resource for emergency management activities related to communicable disease and prevention;
13. Participates in the Department of Health Services Infection Prevention and Control Workgroup.

JUVENILE COURT HEALTH SERVICES – INFECTION CONTROL		Page 3 of 4
Subject: INFECTION PREVENTION AND CONTROL PROGRAM	Effective Date: 7/27/20	Policy # IC-01

PLAN/GOALS FOR 2020/2021

1. Hand Hygiene and Respiratory Hygiene

Goal: Establish a baseline compliance rate for hand hygiene and respiratory hygiene in the Juvenile Halls. *Conduct “secret shopper” audits monthly to obtain a baseline rate. Obtain access to Probation video monitoring in the medical areas to assess whether feed can be used for hand hygiene audits.*

2. Personal Protective Equipment (PPE)

Goal: Verify approved PPE is stocked in the warehouse and accessible to the medical areas. *Obtain current usage of PPE through ordering system. Transfer storage and dispensation of supplies to the Pharmacy Department.*

3. Update Infection Prevention and Control Policies/Procedures

Goal: Revise policies/procedures with most current references available.

4. Bloodborne Pathogen Exposure Plan

Goal: Develop an exposure plan specific to JCHS.

5. Environmental Cleanliness

Goal: Collaborate with Probation MSB Department and ACN leadership to submit needs of the JCHS medical areas for environmental cleaning. *Submit facility specifications on scope of cleaning for each medical area to ISD. Revise the environment of care inspection tool for use in monthly surveys.*

6. Antimicrobial Stewardship

Goal: Collaborate with Pharmacy and Lab to develop a monitoring program.

EVALUATION OF GOALS

The Infection Control Committee is responsible for reviewing and approving the plan and program policy on an annual basis. Evaluation of program goals is an ongoing activity.

COMMUNICATION

Infection control surveillance, special projects and public health updates are presented at the Infection Control Committee. Other forms of communication include but are not limited to: discussion regarding issues/concerns that arise, memorandums, public health alerts via email blasts, continuing education opportunities, documentation on electronic health record, and other educational forums.

JUVENILE COURT HEALTH SERVICES – INFECTION CONTROL		Page 4 of 4
Subject: INFECTION PREVENTION AND CONTROL PROGRAM	Effective Date: 7/27/20	Policy # IC-01

CONSULTATION

The JCHS Infection Control Manager is available 6:30am to 3:00pm (Monday through Friday excluding County holidays) for consultation to answer questions regarding infection prevention and control activities, issues and concerns. The JCHS Infection Control Manager can be reached by phone at 323-986-2240 and/or email at abelis@dhs.lacounty.gov. The physician on call may be contacted during after hours, weekends and holidays.

ATTACHMENT

JCHS Risk Assessment for Infection Prevention and Control

AUTHORITY

California Code of Regulations, Title 15, Article 8, Section 1410

REFERENCE

NCCHC Standard Y-B-01

REVISION DATES

2/18/19, 7/27/20

2020 JCHS INFECTION PREVENTION & CONTROL QUANTITATIVE RISK ASSESSMENT

Review Date: JULY 2020; Reviewed by: Infection Control Committee

Based on the score, determine the priority level. Score: >20 = **high**; 10-19 = **medium**; 0-9 = **low**

Program Components	Probability of Occurrence					Risk/ Impact (Health, Financial, Legal, Regulatory)					Current Systems					Score
	Expected 4	Likely 3	Maybe 2	Rare 1	Never 0	Loss of Life/Limb /Function 5	Temp Loss of Function 4	Prolonged Length of Stay 3	Moderate Clinical/ Financial 2	Minimal Clinical/ Financial 1	Note 5	Poor 4	Fair 3	Good 2	Solid 1	
Prevention Activities																
Lack of Hand Hygiene		X						X			X					45
Lack of Respiratory Hygiene			X						X		X					20
Lack of Personal Protective Equipment			X					X			X					30
Staff Education		X							X			X				9
Lack of Patient Education				X									X			8
Isolation Activities																
Lack of Standard Precautions/ PPE					X			X			X					0
Lack of Airborne Precautions					X			X						X		0
Lack of Droplet Precautions					X			X						X		0
Lack of Contact Precautions					X			X						X		0
Lack of negative pressure room			X						X				X			8
Policy and Procedure																
Lack of current policies or procedures	X								X		X					24
Lack of established policy or procedure	X							X						X		9
Exposure Plans																
Lack of Blood or Body Fluid Exposure Control Plan			X											X		20
Lack of respiratory protection plan			X											X		12
Risk of exposure to TB			X											X		12
Lack of Emergency Preparedness plan (exposure to infectious agents or diseases)				X										X		6
Exposure to Respiratory illness				X										X		6
Healthcare-Associated Infections																
Lack of Public Health Notification for Reportable Diseases/Conditions			X											X		12
Outbreaks			X										X			12
Sentinel Event				X											X	5
Employee Health																
Lack of Staff Immunization (Influenza Vaccination Mandatory in 2011)			X								X				X	4
Lack of compliance with HR Policies related to Employee Health/ Sick Call Compliance				X											X	2
Risk of Needlestick/ Sharps Injury			X											X		16

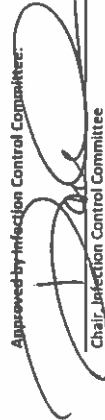
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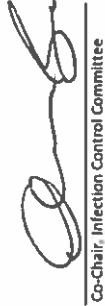
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	Expected 4	Likely 3	Maybe 2	Rare 1	Never 0	Loss of Life/Limb /Function 5	Temp Loss of Function 4	Prolonged Length of Stay 3	Moderate Clinical/ Financial 2	Minimal Clinical/ Financial 1	None 5	Poor 4	Fair 3	Good 2	Solid 1		
Environmental Health and Safety																	
Lack of acceptable environmental cleanliness	X											X					24
Lack of Hemodialysis Monitoring					X											X	0
Lack of Sterilization Monitoring (biological indicators)					X											X	0
Failure to Identify Construction Risks				X												X	4
Antimicrobial Stewardship																	
Lack of useful antibiogram		X						X				X					36
Lack of antimicrobial use guidelines		X						X				X					36
Lack of monitoring program	X															X	60
Lack of feedback regarding monitoring results	X															X	48
Lack of culture to guide antimicrobial use		X						X				X					36
Local and Regional Infectious Disease Incidence																	
Influenza														X			12
STD: HIV			X											X			12
STD: Gonorrhea			X											X			12
STD: Chlamydia			X											X			12
STD: Syphilis			X											X			12
TB											X					X	6

The Infection Control (IC) Risk assessment grid is a visual tool to develop IC program priorities and stratify infection risks based on our location in the community, our patient population and the review of our previous IC data analysis. The annual IC Plan is developed based on these risks. The IC Risk assessment is an ongoing, continual process. A more focused review is done on an annual basis with the Infection Control Committee. Scores >20 are highlighted in red.

Approved by Infection Control Committee:

 Chair, Infection Control Committee

9/9/2020
 Date


 Co-Chair, Infection Control Committee

9/9/20
 Date

Source: http://www.infectionpreventiontools.com/component/docman/doc_details/40-risk-assessment