



- 7.8 **“Response Equipment”** refers to primarily security equipment (i.e., flashlights, restraints, temporary restraints, audio and video recording equipment, facility schematics, emergency keys and personal safety equipment).
- 7.9 **“Shelter Facility”** refers to any secure or non secure public or private facility or dwelling designated to provide emergency housing for displaced clients, staff or visitors from a JJS’ Facility.
- 7.10 **“Training Plan”** for the purpose of this procedure refers to a set of long or short range activities that teach and equip staff members with the knowledge, skill and attitudes required to accomplish the goals of JJS during an emergency.

## 8. DIRECTOR’S RESPONSIBILITIES

- 8.1 The JJS’ Director shall procure services, enter into contracts, approve mutual aide agreements or approve any memorandums of understanding necessary to provide staff coverage and supervision over the clients during a staff shortage emergency caused by an epidemic or pandemic emergency.
- 8.2 The JJS’ Director shall establish communication protocols with the New Mexico Department of Health to ensure coordination with the Department of Health’s response plan in an epidemic or pandemic emergency.
  - 8.2.1 This includes notification of the emergency through official channels and specific contact personnel.
  - 8.2.1 Specific action to be taken or not taken by JJS.
  - 8.2.2 Specific assistance that can be provided (vaccines, medical supplies)
  - 8.2.3 Timetables for assistance.
- 8.3 During all phases of an epidemic/pandemic, any persons exposed to or ill with an influenza virus will be directed to remain in isolation at home, to the extent possible.
  - 8.3.1 The Director of JJS shall instruct each facility superintendent to encourage and if necessary direct, any staff members demonstrating symptoms of influenza to go home.
  - 8.3.2 The Director of JJS shall instruct each facility superintendent to direct any clients demonstrating symptoms of influenza not to participate in any programs or activities (including school and group dining) unless cleared by the Health Services Administrator.

## 9. HEALTH SERVICE ADMINISTRATOR

- 9.1 The Health Services Administrator shall implement isolation protocols for all clients suspected of being infected with epidemic/pandemic influenza based on case definitions obtained from the New Mexico Department of Health. In addition, the Health Services Administrator shall be responsible for the following:
  - 9.1.1 Dissemination of information to the facility.
  - 9.1.2 Develop an exposure and isolation plan.
  - 9.1.3 Provide guidance to facility staff.
  - 9.1.4 Coordination with other health care providers and caregivers to ensure consistent messaging and treatment.
  - 9.1.4 Obtain and disseminate of vaccine and antiviral medications
  - 9.1.5 Implementation of public information call center for parents and staff.
- 9.2 The Health Services Administrator shall also be responsible for isolation and quarantine based on case definitions obtained from the New Mexico Department of Health. This includes, but is not limited to, the following:
  - 9.2.1 Establishing “care facilities” for clients within the facility to serve as alternate medical treatment facilities if hospitals are unavailable.

- 9.2.2 Establishing social distancing strategies or non-medical measures intended to reduce the spread of disease from person-to-person by discouraging or preventing people from coming in close contact with each other (suspending programs and activities like school).
- 9.2.3 In conjunction with the facility superintendent, closing non-essential posts or assignments that promote person-to-person contact.
- 9.3 The Health Services Administrator shall implement an emergency staffing plan for the health services staff to ensure appropriate coverage and access to health service for clients during the epidemic/pandemic emergency.
- 9.4 Within the infection control plan, the establishment of contagious control protocols which includes surveillance, training, and proactive approaches to contagion issues relevant to the client and staff population. Contagious control protocols shall include, but not be limited to, the following:
  - 9.4.1 Health education (i.e., preventing the spread of influenza).
  - 9.4.2 Sanitation education (i.e., washing your hands and not sharing foods or drinks).
  - 9.4.3 Universal Precautions (i.e., treat everyone like they are potentially ill).
  - 9.4.4 Regularly schedule vaccination clinics.
  - 9.4.5 Symptom recognition and management education.
  - 9.4.6 Specific intervention strategies.
  - 9.4.7 A monitoring system designed to provide up-to-date information.
  - 9.4.8 In conjunction with the Behavioral Health Director, a psychosocial support plan.

10. SUPERINTENDENT’S RESPONSIBILITY

- 10.1 Each facility superintendent, co-signed by the Health Services Administrator, shall develop, implement and drill post orders that provide step by step instructions for handling an epidemic/pandemic emergency. This post order shall include, but is not limited to, the following:
  - 10.1.1 Enacting the work stoppage, strike or walkout emergency plan if staffing levels become critical.
  - 10.1.2 Enacting emergency schedules to cover key areas of the facility.
  - 10.1.3 Implementing a system to appropriately distribute supplies, resources and materials to impacted areas.
  - 10.1.4 If needed, instituting a slow down, shut down or alternative program and service schedule.
  - 10.1.5 Implementing a client movement strategy (including medical transport strategy)
  - 10.1.6 Establishing and manning a care facility, triage facility or command post as deemed appropriate by the Health Services Administrator.
  - 10.1.7 Maintaining the operations and services necessary to operate the facility on a day-to-day basis during the epidemic/pandemic emergency.
  - 10.1.8 Establishing a system to monitor internal and community communication systems associated with the epidemic/pandemic emergency.

11. EMERGENCY CHECKLIST

- 11.1 An emergency check list shall be used in the implementation and drilling of this procedure.

12. CONTINUOUS QUALITY IMPROVEMENT

- 12.1 A three part continuous quality improvement plan shall be used in the implementation of this procedure that includes the following:

- 12.1.1 Annual review of this procedure and facility post orders to ensure that direction is up to date and applicable to current standards and practices.
- 12.1.2 Incorporation into the drill schedule to ensure that facility staff members are practiced in carrying out the elements of the plan and that the appropriate resources are available.
- 12.1.3 A Critical Incident Debriefing after each emergency to discuss the effectiveness of the emergency plan and note any deficiencies that warrant correction.

**13. AUTHORIZED SIGNATURE:**



**APPROVED:** \_\_\_\_\_  
**Bill Dunbar, Cabinet Secretary**  
**Children Youth and Families Department**

\_\_\_\_\_ **9/21/10** \_\_\_\_\_  
**Date**