

Shuman Juvenile Detention Center Hazard Specific Plans

A COUNTY OF ALLEGHENY MULTI-HAZARD PLAN

County of Allegheny - Shuman Juvenile Detention Center
7150 HIGHLAND DR, PITTSBURGH, PA 15206

PLAN DATE: [07/31/2021]



HEALTH PLAN

Effective Date: 06/28/2021

Revised:

Chapter:

Policy #:

POLICY: *Shuman Juvenile Detention Center will ensure their residents have completed health screening and immunizations as well as have a health maintenance plan on file.*

I. RESIDENT HEALTH SCREENING

1. A health examination must be signed by a medical doctor (MD/DO), nurse practitioner (NP), or physician assistant (PA)
2. The health assessment should include, but is not limited to the following
 - a. A recent (within the past 365 days) physical assessment
 - b. Behavioral/mental health history
 - c. Developmental health history
3. Immunizations
 - a. The residents should be up to date on all immunizations for their age group in accordance with ACIP guidelines, and meeting the state issued immunization criteria for public school entry
 - b. A letter documenting missing immunizations (to our knowledge) will be sent to the parent/adult caregiver to encourage catch-up immunizations. The Shuman facility does not stock routine childhood vaccines.
 - c. Immunization records should be acquired from PA SIIS, PCP office, or a school nurse
4. Communicable Diseases
 - a. Verbal consent should be obtained before screening for communicable diseases
 - b. All residents should be tested for Hepatitis C
 - i. If treatment is indicated and accepted the resident will be started on the appropriate treatment as prescribed by a licensed healthcare provider
 - c. All residents, upon entry to the facility, should be screened for Tuberculosis if

they have not been screened in the previous 365 days

- d. A confidential risk assessment should be performed to determine if the resident should be screened for Sexually Transmitted Infections; this is to include HIV and syphilis. Sexually active individuals should be tested for chlamydia and gonorrhea.
 - e. If it is determined that the resident has a communicable disease, the medical provider will notify the Allegheny County Health Department and seek mitigation guidance if needed
 - f. If a resident is believed to have, or has been diagnosed with, a communicable disease that can be spread to others through airborne or casual contact modes of transmission, this resident should be isolated from all other residents in accordance with CDC guidelines and proper PPE should be worn by any staff member who has to interact with this resident
 - i. This resident can only be released from isolation once cleared by an MD/DO, NP, or PA, or after removal from isolation criteria has been met
5. Sickle Cell Screening
- a. African American residents should provide documentation of Sickle Cell screening
 - b. If the resident is unable to provide documentation of previous screening, the examining medical provider will need to determine and document necessity either for or against screening at the time of examination
6. Reproductive Health
- a. Age-appropriate reproductive health preventive care, education and counseling should be performed and documented confidentially as indicated by the examining provider

II. RESIDENT HEALTH MAINTENANCE

- 1. A health maintenance plan should be developed for every resident, this should include
 - a. An up-to-date medication list, this should be acquired from the resident's PCPs office, pharmacy, county HSAO, previous placement facilities and/or electronic health records
 - b. Routine blood work, if needed
 - c. Any dietary restrictions
- 2. Allergies to medications, foods, and environmental should be documented
- 3. An emergency treatment plan should be developed for any applicable condition

III. STAFF/VOLUNTEER HEALTH STATEMENT

1. Any staff or volunteer who comes in direct contact with the residents or food shall have a physical assessment prior to starting and then every two years there after
2. This assessment must be performed by an MD/OD, NP, or PA
3. This is to assess for communicable disease that could be easily spread in congregate settings
4. Staff should receive recommended vaccinations for healthcare workers per current CDC guidance: <https://www.cdc.gov/vaccines/adults/rec-vac/hcw.html>

Director, Shuman Juvenile Detention Center

Date



NALOXONE HYDROCHLORIDE (NARCAN)

Effective Date: 03/01/2020	Revised:
Chapter:	Policy #

POLICY: *Shuman Juvenile Detention Center will ensure their residents and visitors who are at-risk of experiencing an opioid-related overdose are able to obtain Naloxone Hydrochloride (Narcan).*

I. DEFINITIONS

Naloxone Hydrochloride (NARCAN) – is a medication indicated for reversal of opioid overdose in the event of a drug overdose that is the result of consumption or use of one of more opioids – related drugs causing a drug overdose event.

Emergency Medical Services (EMS) - Emergency medical services, also known as ambulance services or paramedic services, are emergency services which treat illnesses and injuries that require an urgent medical response, providing out-of-hospital treatment and transport to definitive care.

Cardiopulmonary Resuscitation (CPR) - Cardiopulmonary Resuscitation is an emergency procedure that combines chest compressions often with artificial ventilation to manually preserve intact brain function until further measures are taken to restore spontaneous blood circulation and breathing in a person who is in cardiac arrest.

Cardiac Arrest - the abrupt loss of heart function in a person who may or may not have been diagnosed with heart disease. It can come on suddenly, or in the wake of other symptoms.

Respiratory Arrest - Condition that exists at any point a patient stops breathing or is ineffectively breathing. It often occurs at the same time as cardiac arrest, but not always.

II. SIGNS AND SYMPTOMS OF OPIOID OVERDOSE

1. A history of current narcotic or opioid use or fentanyl patches on skin or needle in the body.
2. Unresponsive or unconscious individuals.
3. Not breathing or slow/shallow respirations.

4. Snoring or gurgling sounds (due to partial upper airway obstruction).
5. Blue lips and/or nail beds.
6. Pinpoint pupils.
7. Clammy skin.
8. Note individuals in cardiac arrest from all causes share many symptoms with someone with a narcotic overdose (unresponsiveness, not breathing, snoring/gurgling sounds, and blue skin/nail beds). If no pulse, these individuals are in cardiac arrest and require CPR.

III. APPROPRIATE USE AND DIRECTIONS

1. **CALL 911 FOR EMS TO BE DISPATCHED.**
2. In cardiac arrest or pulseless patients: Call 911 for EMS and start CPR if able and trained to do so. In cardiac arrest, CPR is the most important treatment, and any attempt to administer Naloxone should not interrupt chest compressions and rescue breathing.
3. Naloxone should only be given to someone suspected of opioid overdose as noted in the signs and symptoms listed in Section 1 above.
4. In respiratory arrest or a non-breathing patient: If able to do rescue breathing, rescue breathing takes priority over Naloxone administration. Administer Naloxone if possible while doing rescue breathing.
5. Administration of Naloxone (only give to someone with someone with suspected opioid overdose based on signs and symptoms listed in Section 1 above).

IV. PROCEDURE – NARCAN NASAL SPRAY

1. Lay person on their back to receive a dose of NARCAN Nasal Spray.
2. Remove NARCAN from the box. Peel back the tab with the circle to open the NARCAN Nasal Spray.
3. Hold the NARCAN Nasal Spray with your thumb on the bottom of the plunger and first and middle fingers on either side of the nozzle.
4. Tilt the person's head back and provide support under the neck with your hand. Gently insert tip of nozzle into one nostril until fingers on either side of the nozzle are against the bottom of the person's nose.
5. Press the plunger firmly to give the dose of NARCAN Nasal Spray.
6. Remove the NARCAN Nasal Spray from the nostril after giving the dose.
7. Move the person onto their side after giving NARCAN Nasal Spray.
8. Remain with the person, monitor breathing /pulse. **IF NOT BREATHING**, give rescue breathing. **IF NO PULSE, start CPR**, if able and trained to do so.

9. Remain with the person, monitor breathing/pulse, and provide rescue breathing or provide CPR if needed, until he or she is under care of a medical professional, such as a physician, nurse, or EMS.
10. Watch the person closely. If the person does not respond by waking up, to voice or touch, or breathing normally another dose may be given. NARCAN Nasal Spray may be dosed every 2 to 3 minutes, if available, until the person responds, or emergency medical help is received.
11. NARCAN Nasal Spray can be found in the following areas:
 - a. Admissions
 - b. Communications Booth
 - c. Health Services Department
 - d. "C" Office
 - e. Replace used kit

V. REPORTING

1. Incident reports must be written
2. Documentation in the unit logbook
3. Documentation in medical charts
4. Supervisor to contact appropriate individuals (Director, Deputy Director etc.)
5. Probation and Family to be contacted by Director or Deputy Director.

Director, Shuman Juvenile Detention Center

Date



EVACUATION POLICY AND PROCEDURE

Effective Date: 01/2021	Revised:
Chapter:	Policy #

POLICY: *Shuman Juvenile Detention Center shall conform to applicable state, federal, and local fire codes. Secure facilities shall develop written evacuation procedures that provides for the safety of youth and staff at all times.*

I. PROCEDURES FOR EVACUATION:

1. If an alarm is sounded, Child Care Workers immediately organize residents, obtain the logbook, turn the unit lights on, escort them to the emergency exit in the rear of the unit, and take a head count to account for all residents.
2. Occupants of the unit or other areas of the building remain at the fire exit until the “all clear” is sounded or instructions for evacuation is given.
3. If the building is to be evacuated the booth operator will give instructions over the intercom to “evacuate” and open the fire doors.
4. Child Care Workers evacuate the residents through the fire doors to the playground and all persons remain on the playground until further instruction.
5. If the staff and residents are to return to the building, a signal will be given. Children Care Workers are to remain posted at the fire doors until all residents are in the unit and the door is manually locked by the Child Care Supervisor.
6. Units shall adhere to the following:
 - a. Child Care Workers shall line up residents at the rear door of the unit, EXCEPT J and O, those occupants of Unit J will move across the hall to Unit I and those in Unit O across the hall to Unit N to exit.
 - b. Occupants of the infirmary will exit to Unit G and through the rear door.
 - c. Occupants of the resident Lounge will exit to Unit G and through the rear door.
 - d. Occupants of the school will exit through the rear school door and into the gym.
 - e. Occupants of the Health Services will proceed into Admissions.
 - f. Occupants of the cafeteria will either exit to Unit F or Unit L.

- g. Occupants of the gym will exit through the side doors of the Gym.
 - h. Occupants of the rotunda will proceed to Admissions.
 - i. Occupants of the east wing classrooms will proceed to Unit L.
 - j. Occupants of the Probation Offices “A” will proceed to Admissions.
 - k. Occupants of Office “C” proceeds to Unit G.
 - l. Occupants of the training room proceed to Admissions.
 - m. Occupants on route from activity move to the nearest fire exit.
7. Notices for direction of movement are posted prominently around the building. Staff should be prepared to alter the route as directed by the control booth operator or Chief Supervisor if the primary route is unsafe.
 8. In the event of a fire drill or actual evacuation while residents are in school, teachers in the art room and home economics room are responsible for checking the unauthorized items have not been removed from the areas.
 9. Child Care Supervisor has the authority to order and direct an evacuation. If the control booth operator knows that a fire emergency exists and cannot reach the Chief, he or she notifies the Child Care Supervisor. If neither are available, they are authorized to order evacuation.
 10. The procedure is to give instructions to evacuate over the intercom and open all fire doors in the units and gym. The control booth operator must be prepared to direct movement via the intercom if primary evacuation routes are affected by fire or explosion.
 11. In the event of a confirmed fire or emergency requiring evacuation of the control booth operator, ALL emergency exits must be opened before the officer leaves the building.

II. PROCEDURES FOR TOTAL POWER FAILURE

1. In the event of a Total Power Failure, Shuman Center is equipped with an emergency to reduce the likelihood of total failure. Nevertheless, a contingency plan is in place in the event that a fire or disaster would prevent electrical operation of the door:
 - a. The Chief will assign the Child Care Supervisor (s) to take one emergency bag from the emergency box next to the control booth and proceed down each of the wings. When the Child Care Supervisor (s) reach their respective wing, they will go directly to the end of the halls (Unit J/I and Unit N/O).
 - b. Using the key, they will open the front doors of Unit J and O so the occupants can cross the hall to Units I and N.

- c. After placing a door stop to hold the front doors open, the Child Care Supervisors will open the front doors of Units I and N, stop them open, go the rear of Units I and N, open the fire exit doors, stop them open, and proceed up the wing opening all unit fire doors from the outside.
- d. On leaving Units F and K, they will go directly to the gym fire exits, open them, enter the building through the gym and go the rear of the school.
- e. If it appears safe, they proceed back down the wings lighting and placing lanterns every 10-15 feet and stopping open the front doors of all the units, then proceed to the control booth for further instructions.
- f. If the path down the wing does not appear safe, the Child Care Supervisor (s) should move through the school to the control booth.
- g. If neither route seems safe, the Child Care Supervisor (s) should exit through the playground door, go the gate at the end of the walkway near Units I and N, unlock the gates, and go around the building to the front doors to the control booth.
- h. One Child Care Supervisor or designee will be given the key to the 400-500 front doors, a few lanterns, the census, and the schedule.
- i. The Child Care Supervisor or Designee is to light the lanterns, set them near the building entrance doors and wait for the fire department to arrive. This worker is also responsible for directing transportation to pick up sites beginning with the Sally Port if residents are there.
- j. The census, schedule, and visitation log should be given to the Child Care Supervisor on the first vehicle leaving for relocation site.
- k. Once everyone is out of the building and transportation to the relocation site, has arrived, one Child Care Supervisor should get the census and schedule from the worker assigned to the front doors before leaving for the relocation site and take responsibility for maintaining an accurate count of evacuees and organizing residents and staff at the relocation site.
- l. Once outside the building, residents and staff should move to the ends of the building where Unit I and Unit N are located and board transportation in the following order: West side – Unit G, Unit F, Unit H, Unit J, Unit I and the East side – Unit L, Unit O, Unit M, Unit N, Unit K.
- m. When all units have arrived at the relocation site, the Child Care Supervisor in charge should telephone the Center to confirm that all residents and staff have arrived safely.

III. RELOCATION PROCEDURES

1. In the event of an emergency requiring the evacuation and relocation of Shuman Juvenile Detention Center residents, the following procedures apply:
 - a. Evacuation according to the plan described above.
 - b. The Child Care Supervisor on duty will contact the Cuntly Office of Emergency Management Services at 412-473-3000. Inform them of our need to evacuate the building, the total number of staff and residents, the relocation site, the need for buses for transportation, sleeping cots, etc.
 - c. In the event of an evacuation and relocation, additional staff may be called to report to the relocation site as additional coverage.

IV. EMERGENCY INVESTIGATION

1. In the aftermath of a fire or emergency, full reports must be submitted to the administration by any staff having knowledge of the incident. The stationary engineer and all supervisory staff must submit reports.
2. The Supervisor in charge of safety must review all reports and investigate all reported fires, no matter how minor.
3. A report shall be prepared on all investigations and forwarded to the Director, who shall report on the matter to the County Manager and Advisory Board.

Director, Shuman Juvenile Detention Center

Date



LAW ENFORCEMENT/SECURITY ACTIONS FOR ACTIVE THREAT RESPONSE

Effective Date: 07/27/2021	Revised:
Chapter:	Policy #

POLICY: *Shuman Juvenile Detention Center will ensure staff and residents will be educated in the proper actions to take in response to an active threat event at the facility. In addition, the center will ensure that active threat "stop the bleed" kits are available and that staff and residents are trained in emergency medical care for an active threat event.*

I. RECOMMENDATIONS

All Shuman Center Staff should receive the following training.

1. Citizens Response to an Active Threat (or equivalent)
2. Business Response to an Active Threat (or equivalent) for Supervisors.
3. Live exercise training for staff
4. Tabletop exercises for supervisors
5. Annual refresher training for all employees.

The facility should have the following additions

1. Location cards in every room
2. Stop the bleed trauma kits spread throughout the building
3. Identify locations of "Safe Rooms" through the building.
4. The ability to lock out or contain threats inside the building.

Director, Shuman Juvenile Detention Center

Date



MEDICAL ACTIONS FOR ACTIVE THREAT RESPONSE

Effective Date: 06/11/2021	Revised:
Chapter:	Policy #

POLICY: *Shuman Juvenile Detention Center will ensure staff and residents will be educated in the proper actions to take in response to an active threat event at the facility. In addition, the center will ensure that active threat "stop the bleed" kits are available and that staff and residents are trained in emergency medical care for an active threat event.*

I. RECOMMENDATIONS

All Shuman Center Staff should receive the following medical training yearly:

1. CPR/AED/First Aid Training: maintain certification every two (2) years but do refresher training in the non-recertification years.
2. "Stop the Bleed" (TECC) Training
3. Narcan Administration/Opioid OD Training
4. Active Threat Response/MARCH Algorithm Medical Care: should do an Active Threat Exercise at least every two (2) years

Based on facility layout the following medical equipment should be available in each operational area of the facility:

1. AED/CPR Supplies (pocket mask or BVM)
2. Basic First Aid Kit
3. Commercial Emergency Bleeding Control Kit
4. Narcan Nasal Spray

II. MEDICAL ACTIONS FOR ACTIVE THREAT

1. Maintain personal safety: Run/Hide/Fight Response
2. If in an unsecured area and able, provide immediate evacuation from the facility for injured and uninjured persons

3. If in a safe/secure area initiate lifesaving medical care for injured persons utilizing the MARCH Algorithm:
 - **M = Massive Hemorrhage Control**
 - Apply tourniquets to extremity wounds
 - Pack junction wounds with hemostatic dressing and maintain direct pressure or apply pressure dressing over it
 - Use pressure dressing as needed or “back-ups” to other devices
 - **A = Airway Management**
 - If the victim is not able to speak to you open the airway with a head tilt/chin lift and assess for breathing
 - If breathing ok place in the recover position
 - **R = Respiratory Management**
 - If not breathing effectively assist respirations with mouth to mask ventilation
 - Cover any torso wounds above the belly button with Occlusive Dressings
 - **H = Head Injury/Hypothermia**
 - If head injury and combative or seizure protect from further harm
 - Cover with a blanket to keep warm
4. Call 911/Communicate to Public Safety your location, number or injured and uninjured and severity of injuries
5. Await further instructions or arrive of Police or a Rescue Task force

Director, Shuman Juvenile Detention Center

Date