

From: [Linguard, Christie](#)
Subject: Meeting Notice - SC Commission on Disabilities & Special Needs Commission Meeting - May 19, 2022
Date: Tuesday, May 17, 2022 2:09:46 PM
Attachments: [Commission Packet for May 19 2022 Meeting.pdf](#)

Good Afternoon,

The South Carolina Commission on Disabilities and Special Needs will hold its regularly scheduled meeting in person on Thursday, May 19, 2022, at 10:00 a.m. in conference room 251 at the SC Department of Disabilities and Special Needs Central Administrative Office, 3440 Harden Street Extension, Columbia, SC. To access the live audio stream for the 10:00 a.m. meeting, please visit www.ddsn.sc.gov.

Please see the attached Commission Meeting packet.

For further information or assistance, contact (803) 898-9769 or (803) 898-9600.

Thank you.

SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

A G E N D A

**South Carolina Department of Disabilities and Special Needs
3440 Harden Street Extension
Conference Room 251 (TEAMS)
Columbia, South Carolina**

May 19, 2022

10:00 A.M.

1. Call to Order *Chairman Stephanie Rawlinson*
2. Notice of Meeting Statement *Commissioner Robin Blackwood*
3. Welcome
4. Adoption of Agenda
5. Invocation *Commissioner David Thomas*
6. Approval of Commission Meeting Minutes
 1. Special Called Commission Meeting – May 18, 2022
 2. Commission Meeting – April 21, 2022 **Pages 3 - 11**
7. Commissioners’ Update *Commissioners*
8. Public Input
9. Head and Spinal Cord Injury (HASCI) Day Program *Mr. Tyler Rex
Thrive Upstate, Executive Director*
10. 2022 Special Olympics USA Games *Mr. Barry Coats
Ms. Barbara Oswald*
11. Employee Appreciation *Ms. Morgan Foster
Ms. Liz Lemmond*
12. Commission Committee Business
 - A. Nominating Committee *Committee Chair Robin Blackwood*
 - B. Finance Committee *Committee Chair Robin Blackwood*
 1. Financial Approval & Threshold Report for May 2022 **Page 12**
 2. Consultant Report **Pages 13 -15**
 3. Annual Comprehensive Property Implementation Plan (CPIP)
5-Year Plan and Request for Approval for Year One Projects **Pages 16 -20**
 - C. Policy Committee *Committee Chair Barry Malphrus*
 1. 100-25-DD: Disaster Preparedness Planning **Pages 21 - 59**
 2. 603-02-DD: Employee Health Requirements **Pages 60 - 135**
 3. 603-05-DD: Policy for Management of Occupational Exposures of Health Care
Personnel to Potential Bloodborne Pathogens **Pages 136 - 147**
 4. 413-03-DD: Code of Conduct **Pages 148 - 155**
 5. Committee Updates

D. Legislative Committee

13. Old Business:

- A. Fee-for-Service Update
- B. Quarterly Incident Management Report **Pages 156 - 157**
- C. Internal Audit Update

*Ms. Lori Manos
Ms. Ann Dalton
Ms. Courtney Crosby*

14. New Business:

- A. Regional Centers' Update
- B. Head and Spinal Cord Injury (HASCI) Drop-In Centers
- C. Financial Update **Page 158**

*Ms. Janet Priest
Ms. Lori Manos
Ms. Tracey Hunt*

15. Director's Update

Michelle Fry, J.D., Ph.D.

16. Next Regular Meeting - June 16, 2022

Location: Spartanburg Community College
Health Science Building, Room 115
107 Community College Drive
Spartanburg, SC 29303

17. Adjournment

SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

MINUTES

April 21, 2022

The South Carolina Commission on Disabilities and Special Needs met on Thursday, April 21, 2022, at 10:00 a.m., at the Department of Disabilities and Special Needs Central Office, 3440 Harden Street Extension, Columbia, South Carolina.

The following were in attendance:

COMMISSION

Present In-Person

Stephanie Rawlinson – Chairman
Barry Malphrus – Vice Chairman
Robin Blackwood – Secretary
Gary Kocher, MD
Eddie Miller
David Thomas
Michelle Woodhead

DDSN Administrative Staff

Michelle Fry, State Director; Constance Holloway, General Counsel; Lori Manos, Interim Associate State Director of Policy; Courtney Crosby, Internal Audit Director; Greg Meetze, Chief Information Officer; Tracey Hunt, Chief Financial Officer; Tommy Windsor, Public Information Officer and Legislative Liaison; Debra Punzirudu, Finance Director; Nancy Rumbaugh, Budget Director; Andrew Tharin, Director of Engineering; Candis Golston, Procurement Director; Robb McBurney, Emergency Operations and Special Projects; Melissa Ritter, Director of Head and Spinal Cord Injury Division, Preston Southern, Information Technology Division; and Colleen Honey, Administrative Coordinator.

Notice of Meeting Statement

Chairman Rawlinson called the meeting to order and Secretary Blackwood read a statement of announcement about the meeting that was distributed to the appropriate media, interested persons, and posted at the Central Office and on the website in accordance with the Freedom of Information Act.

Welcome

Chairman Rawlinson welcomed everyone to the meeting. She introduced DDSN's new Chief Administrative Officer, Dr. Harley Davis; and the new Public Information Director, Pacifico PJ Perea to the agency. Pictures were taken by Commissioner Blackwood.

Adoption of the Agenda

Commissioner Malphrus made a motion to amend the agenda, specifically to incorporate item 14A, Sound Masking Conference Rooms 180 and 247, with item 12A.2, Information Technology Upgrades. The motion to amend and approve the agenda was seconded by Commissioner Thomas and unanimously approved by the commission. (Attachment A)

Invocation

Commissioner Malphrus gave the invocation.

Approval of the Minutes from the March 17, 2022 Commission Meeting

Commissioner Malphrus asked that we amend the minutes to include the word, “unanimously” under approval of the minutes. The minutes were then unanimously approved by the approved by the commission. (Attachment B)

Commissioners’ Update

Commissioner Kocher won the virtual 5K Brain Injury Awareness trophy for this year.

Commissioner Thomas talked about the SC Thrive prom event today in Fountain Inn and wished he could attend.

Commissioner Blackwood acknowledged the fact that it is Autism Awareness Month; she is excited to have Dr. Katie Franke from the Unumb Center for Neurodevelopment here to speak this morning. Next week is Early Intervention Professional Week. She acknowledged that the Governor signed a proclamation for this week to recognize the work Early Interventionists do to support children. Lastly, she gave a few benefits of the move from a capitated fee schedule to Fee-For-Service. She thanked everyone for all of their assistance to make this a reality.

Commissioner Woodhead spoke about her week in Florida while she attended the collegiate wheelchair tennis nationals. Her daughter was a participated and won her very first collegiate tennis match.

Chairman Rawlinson announced that the June meeting will take place in the upstate with a Special Called Commission meeting the night before the actual regularly scheduled meeting. The purpose of this meeting will be to complete a planning stage/objectives for the state director. The Commission is hoping to have a meeting offsite every quarter going forward.

Public Input

There was no public input.

Autism Awareness Month

Katie Franke, Ph.D., BCBA is a psychologist and board certified behavior analyst who serves as the Director of Clinical Services at The Unumb Center for Neurodevelopment. She spoke briefly on the definition of autism and how it affects consumers in the state and nationwide.

Client Assistance Program (CAP)

Ms. Colin DiResta is an advocate for Disability Rights SC (DRSC). She spoke on the Client Assistance Program (CAP). She gave a quick overview of DRSC. The CAP was transferred from the Office of the Governor to their agency in 2017. This program has expanded their efforts to make sure that people with disabilities have the supports and services they need to help them work. (Attachment C)

Appointment of Nominating Committee for Election of Officers

Chairman Rawlinson appointed Commissioner Robin Blackwood to serve as Chairman of the 2022 Nominating Committee; she also appointed Commissioners Barry Malphrus and Michelle Woodhead to serve on this committee as well. Chairman Rawlinson asked for a report next month and the vote will be taken up in June.

Commission Committee Business

A. Finance and Audit Committee

The Finance and Audit Committee met on April 6, 2022. Commissioner Blackwood submitted the following:

There were no items meeting the financial approval and threshold for the month of April. Chairman Rawlinson asked if the color green could be changed to a lighter color on the handout. (Attachment D)

Regarding the Information Technology (IT) Upgrades, Mr. Meetze presented the Commission with five (5) upgrades for information purposes only: Replacement of End of Life Personal Computer Workstations throughout all of the Regional Center Campuses; Digital Signage Installations; Whitten Center Conference Room Upgrade; Central Office Laptop Purchases; and Sound Masking for Conference Rooms 180 and 247. (Attachment E)

B. Policy Committee

Commissioner Malphrus presented the following items to the Commission:

800-03-CP: SC Commission DSN Executive Limitations – Coming out of committee as a motion and a second, the commission unanimously approved the changes made to this policy. (Attachment F)

800-08-CP: SCDSN Commission Meeting – Public Input – Coming out of committee as a motion and a second, the commission unanimously approved the changes to this policy. (Attachment G)

200-05-DD: Usage of Consultants – The commission held discussion on the number of consultants the agency has overall. Based on this discussion, going forward, the commission would like to review a list of contracted consultants and their payment amount on a quarterly basis. Coming out of committee as a motion and a second, the commission unanimously approved the changes to this policy. (Attachment H)

700-08-DD: Single Case Agreement for Residential Habilitation – Coming out of committee as a motion and a second, the commission unanimously approved this new policy for Fee-For-Service. (Attachment I)

Ms. Manos noted that there are three directives currently out for public comment. The comment period ends this afternoon; therefore, we will bring them to the commission in May.

Old Business

A. Intellectual Disability/Related Disabilities (ID/RD) Waiver Renewal Update

Ms. Manos updated the commission on the ID/RD Renewal. The ID/RD Waiver Renewal was approved and the agency is beginning to work on new performance measures. We have also been updating our policies to align with the new residential tiers. We are working with the SC Department of Health and Human Services (DHHS) on implementation of new services that were added to the document (i.e., respite for multiple children living in the same household; remote support as part of assistive technology; and independent living skills services). A community supports waiver renewal as well as an amendment to the head and spinal cord injury waiver were submitted to the Centers for Medicare and Medicaid Services (CMS) the first of April.

B. Fee-for-Service (FFS) Update

Ms. Manos noted that the agency is continuing to make progress on the transition to FFS. The agency is still meeting daily with DHHS to go over claim submission. Overall, it has been extremely successful; the error rate has not been close to 1% yet. Both systems are working properly. We are working with Therap so that they can provide enhancements to their system. There is a target date of June for the first enhancement to use for case management. There will be enhancements in July, early August, involving enhancement that will tie residential and day into a uniform documentation piece.

C. Internal Audit (IA) Update

Ms. Crosby began with a briefing of the Agreed-Upon Procedures (AUP) Reports for the DSN Boards. The IA division has reviewed 30 of the 40 reports that were received, 10 are in process. Review of five of the nine private providers' reports with June 30th deadline has been completed. Three private providers have a September 30th year end and two of their reports have been reviewed. The third report is due by April 30th. Eighteen of the 34 private providers with a December 30th deadline have been reviewed. The 2021 contract reductions are \$34,700, which is trending upward.

IA has initiated follow-up procedures with seven (7) providers; the field work is complete for two (2) providers and a memorandum was sent to the provider.

D. Legislative Update

Ms. Carol Stewart from The Tallon Group, Inc. gave the legislative update. Last week, the Senate Finance Committee fully funded our budget request, which will be on the floor next. The Senate Medical Affairs Committee reviewed changes by Disability Rights SC to three of our regulations. All three are on track to be passed this year. Senate Bill 1059 was passed and will be on the house floor in the next week or two. Senate Bill 533 passed the Senate and subcommittee unanimously and will now go to the full committee and then to the floor. House Bill 4597 passed the Senate Banking and Insurance Subcommittee and is potentially on track to pass this year as well. House Bill 4600 is up now but there seems to be no impact to the agency. The other bills they were monitoring has seen no action and they have missed the crossover deadline; therefore, they are presumably dead for this year. Commissioner Kocher asked that the information presented be placed in an email and sent to each commission member.

New Business

A. Head and Spinal Cord Injury (HASCI), Post-Acute Rehabilitation Injury (PARI) Funding Request

Ms. Manos explained that the PARI program is limited state funding that DDSN has to provide specialized inpatient and outpatient rehabilitation to people with traumatic brain injury or spinal cord injury who are not insured or are underinsured. The program has been funded since 2008 with specific state appropriations. In 2008, we got \$2.1 million; however, the current funding is around \$3.6 million. Each year, the agency runs out of funding. So far, we have served 82 people and we only have \$35,000 funding left. Ms. Manos is requesting an additional \$500,000 in funding for the remainder of this fiscal year. Commissioner Thomas made a motion to approve the \$500,000 funding request, seconded by Commissioner Blackwood and unanimously approved by the commission.

B. Financial Update

Ms. Hunt presented the spending plan vs actual expenditures as of March 31, 2022. To date the agency is 1.65% under budget. On a motion by Commissioner Blackwood, seconded by Commissioner Miller, the spending plan was approved as presented. (Attachment J)

Director's Update

State Director Michelle Fry commenced by stating that updates were provided from DHHS regarding the 10% Federal Medical Assistance Percentages (FMAP). DHHS is actively working on distributing funds identified in the spending plan for staff retention in all Home and Community-Based Services (HCBS) waiver programs. The staff retention funds identified for DDSN operated waivers will include all providers.

As of April 14th, all tasks and timeframes on the approved conflict-free case management transition have been completed through phase two. All providers have approved transition plans that are being monitored by DDSN at the benchmark date that was outlined in that transition framework. We have to complete 50% of phase three by December 31, 2022; and as of March 1, 2022, we are at 46.8%.

Tuesday night a number of the DDSN staff attended the Fire Flies baseball game for Autism Awareness Night. It was a great outreach effort wherein we passed out over 2000 autism ribbons along with information about our agency.

This month we will kick off Person Centered Thinking Training in our regional centers.

Other new staff new hires include a new Chief Information Security Officer, Jerome Frazier; two new attorneys, Shayla Hayes and Erin Oehler; Carolyn Benzon is a new attorney as well; a new HASCI Project Coordinator, Inga Caudill. We had a number of new hires at our regional centers. Director Fry thanked the commission members for the increase salaries earlier this year assisted with these new hires.

Employee Appreciation is next month for the agency.

There was a 15 minute point of comfort break.

Executive Session

At 11:37 AM, on a motion by Commissioner Miller, seconded by Commissioner Thomas, the commission entered into executive session to discuss the following items:

Personnel Matters:

- Legislative Director Position
- Organizational Restructuring

Contractual Matter

- Discussion of Contract for Legislative Services

Enter into Public Session

Upon rising out of executive session at 1:51 PM, Chairman Rawlinson announced that no decisions were made, no votes were taken and no motions were made. The commission received legal advice.

Commissioner Thomas made a motion to approve the organizational chart presented in executive session, seconded by Commissioner Miller and unanimously approved by the commission. This new chart will go on the agency website.

Chairman Rawlinson acknowledged the fact that one of the most outstanding changes the agency has undergone is the hiring of Dr. Michelle Fry. She has done an unbelievable job thus far. Chairman Rawlinson stated that she is very impressed with her work and feel very confident in her leadership abilities and her ability to handle and run this agency. She made a list of approximately 15 things that Dr. Fry has accomplished since she has been her at DDSN to include:

1. Implementation of Fee-For Service;

2. Direct billing of providers began on April 1, 2022;
3. Establishment of a cooperative relationship with DHHS and its Director;
4. Increased staffing in our Regional Centers;
5. Set a deadline of completing all cost reports by August 1, 2022;
6. RFP for Strategic Planning has been submitted;
7. Fiscal Plan Improvements have been started in all physical plants and the regional centers;
8. Increased in employee training programs;
9. Re-established the Community Clinic;
10. Rolled out an expansion as well as partnership with residency programs;
11. Ended the monopoly bed policy;
12. Ended the 60-day vacancy payments, which happened on March 1, 2022;
13. Distributed \$10 million of the 6.2% FMAP funding to the provider network in January;
14. Created and hired state-level case managers to improve the management of case management;
15. Brought back positive behavior support trainings to provide the centers for disability resources; and
16. Rolled out person-centered thinking for all Regional Centers staff.

Commissioner Thomas made a motion to have this bulleted list placed in the minutes, seconded by Commissioner Miller and unanimously approved by the commission.

Chairman Rawlinson went on to say that the commission really appreciates Dr. Fry and this commission stands behind her and all the decisions she makes to run this agency as she sees fit.

Commissioner Miller stated that he agrees with everything Chairman Rawlinson stated on behalf of Director Fry.

Commissioner Blackwood added that she really appreciates a lot of the hard work that Dr. Fry has done for the agency to really address the concerns of the commission members as well as concerns from past legislative audit councils. She thanked her for addressing past issues and graciously tackling them. She really appreciates her dedication.

Commissioner Malphrus highlighted that Dr. Fry understands the monopoly for the bed payments, which he believes is one of the things the agency lacked previously. Under Dr. Fry's leadership, he believes the agency is doing much better with the bed payments.

Chairman Rawlinson went on to add that she appreciates the staff/employees here at the agency and that she looks forward to working with everyone for many more years to come.

Next Regular Meeting

May 19, 2022

Adjournment

On a motion by Commissioner Blackwood, seconded by Commissioner Malphrus and unanimously approved by the commission, the meeting was adjourned at 1:57 P.M.

Submitted by:

Approved by:

Christie D. Linguard
Administrative Coordinator

Commissioner Robin Blackwood
Secretary

Monthly DDSN Staff Report - Financial Approval & Threshold Reporting for May 2022

The purpose of this monthly report is to ensure staff comprehensively reports on all Executive Limitation Policy (800-CP-03) financial transactions for approval and financial threshold reporting requirements. The Finance and Audit Committee will decide which items require presentation to the Commission for a formal vote, as well as which items need only be reported via this monthly report to the Commission to ensure transparent reporting. After the Finance and Audit Committee’s decisions, this report will highlight item wording in red to notify Commission this will not need a formal vote and highlight items in yellow indicating item will require a formal Commission vote to approve.

- I. **New Non-Service Contracts \$200,000 or Greater:**
None

- II. **Existing Service Contracts Increasing \$200,000 or Greater (simple list if based on indiv. choice; detail summary if not):**
None

- III. **\$200,000 or Greater Increase in Personnel Positions for a Program or Division:**
None

- IV. **New CPIP or Re-Scoping of an Existing CPIP:**

- V. **New Consulting Contract:**
None

- VI. **New Federal Grant:**
None

(NOTE: In July of each year, a report of all prior FY non-service expenditures by vendor over \$200,000 will be presented as a “post-payment” review. This will add visibility for expenditures from contracts originated in prior FYs and vendors with separate purchases aggregating over \$200,000 in current FY.)

Consultant Agreements Fiscal Year 2022

DRAFT



Location	Funding for FY 22	Name of Vendor	Description of Service
Whitten Center	\$6,000 max	Palmetto Bone and Joint	Monthly Onsite Orthopedic Clinic
Whitten Center	\$100,000 max	NHC Rehab	Speech Pathology
Whitten Center	\$3,700/max	Foot Clinic of SC	Quarterly Podiatry Clinic
Whitten Center	\$142,500/max	Theratage Rehab Services	Physical Therapy Services
Whitten Center	\$500/max	Trident Care	Xrays for staff related to history of positive ppds; Xrays and EKGS
Whitten Center	\$20,000/max	William Burn	Dental Care
Whitten Center	\$1,000/max	Prisma Health-Laurens County Hospital	Lab work
Pee Dee Center	\$36,000/ max	Dr. Joseph Healy	Neurology
Pee Dee Center	\$76,700/ max	Hutto Rehab Services	Speech Pathology
Pee Dee Center	\$1,400-\$1,050 month	Lowe's Rehabilitation	Occupational Therapy
Pee Dee Center	\$116,880/max	Morphis Pediatric Group	Comprehensive Medical Care
Pee Dee Center	\$3,000 max	Pee Dee Speech and Hearing Center	Audiological Evaluations
Coastal Center	\$5,000/max	Charleston ENT	ENT
Coastal Center	\$42,000/max	Robert P. Turner	Neurology
Coastal Center	\$32,400/max	Dr. McLeod Gwynette	Psychiatric
Midlands Center	\$10,000/max	Dr. Thomas Talbert	Dental Care
Midlands Center	\$5,000/max	Dr. John Baker	Neurological Consultation
Midlands Center	\$150,000 max	Dr. Mark Ayers	Professional Physician Servies
Midlands Center	\$1,080/max	Mobilex USA	X-Ray, EKG
Midlands Center	\$5,000/year	Audiology Services	Audiological Evaluations
Midlands Center	\$9,000/max	Altman Footcare	Footcare
Central Office	\$148,000/max	Dr. Raley	Psychiatric
Central Office	\$6,000/month	Tallon Group	Legislative Consultant
Central Office	\$40,000/max	Chris Legourd	Cost Report Consultant
Central Office	\$25,000/max	Leanne Graham	Med Tech Train the Trainer classes



Location	Annualized	Name of Vendor	Description of Service
Regional Centers	\$ 134,751	Advanced Healthcare Services	Nursing/Staffing
Central Office	\$ 3,100	Kelly Services	Temp employees
Regional Centers	\$ 115,079	Florence Nursing Services	Nursing/Staffing
Regional Centers	\$ 81,370	Alternative Staffing	Nursing/Staffing
Regional Centers	\$ 477,910	Medfirst Staffing	Nursing/Staffing
Regional Centers	\$ 184,329	Maxim Healthcare	Nursing/Staffing
Central Office	\$ 24,419	Appleone	Nursing/Staffing
Regional Centers	\$ 47,460	Guardian Healthcare	Nursing/Staffing
Regional Centers	\$ 156,027	Consolidated Medical Staffing	Nursing/Staffing
Regional Centers	\$ 405,176	Condustrial	Nursing/Staffing
Regional Centers	\$ 716,112	Open Door Personnel	Nursing/Staffing
Regional Centers	\$ 60,371	Quality Placement Authority	Nursing/Staffing
Regional Centers	\$ 73,087	Health Force	Nursing/Staffing
	\$ 2,479,190	TOTAL FY 21	



Location	FY to date	Name of Vendor	Description of Service
Regional Centers	\$ 210,354	Advanced Healthcare Services	Nursing/Staffing
Regional Centers	\$ 174,655	Roper Personel	Nursing/Staffing
Regional Centers	\$ 67,804	Florence Nursing Services	Nursing/Staffing
Regional Centers	\$ 101,243	Alternative Staffing	Nursing/Staffing
Central Office	\$ 194,470	Tapfin	Central Office Professional Services
Regional Centers	\$ 401,527	Medfirst Staffing	Nursing/Staffing
Regional Centers	\$ 251,139	Maxim Healthcare	Nursing/Staffing
Central Office	\$ 43,154	Appleone	Nursing/Staffing
Regional Centers	\$ 242,711	Consolidated Medical Staffing	Nursing/Staffing
Regional Centers	\$ 362,740	Condustrial	Nursing/Staffing
Central Office	\$ 10,271	Carolina Legal Associates	Legal Services
Regional Centers	\$ 628,466	Open Door Personnel	Nursing/Staffing
Regional Centers	\$ 18,339	Quality Placement Authority	Nursing/Staffing
Regional Centers	\$ 76,743	Health Force	Nursing/Staffing
Regional Centers	\$ 26,945	Federal Staffing Resources	Nursing/Staffing
Regional Centers	\$ 61,981	Hire Power	Nursing/Staffing
Regional Centers	\$ 85,828	Share Staff	Nursing/Staffing
Regional Centers	\$ 20,992	Automation Personnel Services	Nursing/Staffing
	\$ 2,979,362	TOTAL FY 22 to date	

FY 22-23 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN
Request Commission Approval at the May 19, 2022 Meeting

1 Coastal Center- Highlands Dorms - Drain line Repairs	\$ 500,000.00
<p>Replace existing cast iron piping, replace plumbing and make drainline repairs to all Highlands Dorms. This includes camera scoping, concrete, tile, flooring, and wall repairs to existing facilities. The cast iron piping at our facilities are original to the buildings and are in need of attention to prevent any future drainage issues.</p>	
2 Coastal Center- Highlands 710, 810, 910- Roof Replacement	\$ 650,000.00
<p>The project scope includes roof replacement of the existing asphalt shingle roof systems, down to the existing wood roof decking on Highlands 710, 810, 910 residential dormitories. Also included is deck repairs and installation of new architectural asphalt shingle roof systems, associated sheet metal components and accessories.</p>	
3 Midland Center - Pool Infill	\$ 200,000.00
<p>The project includes potential asbestos removal prior to Infill/demolition of the MC-Indoor Pool. Fill in the recessed pool area of the existing building so floor slab is flush throughout the space. Abandon any plumbing lines that are located under the slab. Any power circuits in the slab area needing demolition will be removed and abandoned properly. All concrete work must meet structural fill requirements.</p>	
4 Pee Dee- Campus Wide Fire Alarm Replacement	\$ 500,000.00
<p>Replacement of aging fire alarm (FA) panels, Campus Wide to integrate the entire campus into a single system. Building Code requires that all buildings provide fully addressable information in the event of an emergency so first responders can quickly locate the problem and deliver all residents to safety.</p>	
5 Pee Dee Dorm 302- Renovations	\$ 225,000.00
<p>Renovations to include painting, flooring, bathroom upgrades, etc. This building can be used as an overflow building, when other renovations are being done on campus. Currently, there is not a suitable vacant building to accommodate individuals with intellectual disabilities while renovations are being done on campus at other facilities.</p>	
6 Pee Dee- Physical Therapy Building Renovation	\$ 350,000.00
<p>The attached pool building was infilled 7-19-2021. Renovations to re-purpose the adjoining Physical Therapy Building includes asbestos and indoor air quality testing, abatement, flooring, bathroom upgrades with new fixtures, etc. The building must be remediated by cleaning all surfaces, materials, contents, equipment, and ductwork. Construction of a new cavity wall by adding insulation to existing opening that joins the Pool building and the Physical Therapy building.</p>	
7 Statewide- Paving and Site Work	\$ 500,000.00
<p>Project includes site maintenance work related to roads, parking, sidewalks, and storm drainage infrastructure at SCDDSN regional facilities, statewide. Professional civil engineering consultants will be contracted to prioritize statewide needs and design project solutions. Repair of sidewalks will remediate tripping hazards and make walking paths safe for individuals with physical and intellectual disabilities.</p>	
8 Whitten Center- New Floor Covering - Abatement at Sloan, Hallett, and Program Health Bldgs.	\$ 225,000.00
<p>The project scope includes removal of existing asbestos containing floor coverings and mastics prior to replacement of floor covering with new LVT, VCT, and carpeting.</p>	
9 Whitten Center- Warehouse Roof/ Demo Old Kitchen/ Repair Exterior Wall	\$ 1,000,000.00
<p>Project includes new roof for Warehouse Bldg., asbestos removal prior to the demolition of Old Kitchen Building, and the repair of the exterior wall that connects the Warehouse to the Old Kitchen building.</p>	
Total	\$ 4,150,000.00

Year 1 - (2022 - 2023)

CC	Drain line and Flooring Repairs at Highlands Dorms	\$500,000
CC	Highlands 710, 810, 910 Roof Replacement	\$650,000
MC	Pool Infill	\$200,000
PD	Campus Wide Fire Alarm Replacement	\$500,000
PD	Dorm 302 Renovations (Paint, Flooring, Bathrooms, etc.)	\$225,000
PD	Physical Therapy Building Renovation (Abatement, flooring, bathrooms, IAQ, etc.)	\$350,000
SW	Statewide Paving and Site Work	\$500,000
WC	New Floor Covering / Abatement at Sloan, Hallett, and Program Health	\$225,000
WC	Warehouse Roof / Demo Old Kitchen / Repair Exterior Wall	\$1,000,000
		\$4,150,000

Year 2 - (2023 - 2024)

CC	Maintenance Bldg. - Building Envelope & HVAC Repairs	\$500,000
CC	Drain line and Flooring Repairs at Hillside Dorms	\$500,000
CC	Hillside 220 HVAC Replacement	\$275,000
CC	Hillside 620 - HVAC Replacement	\$275,000
MC	Magnolia Roof Replacement	\$350,000
MC	Palm Roof Replacement	\$350,000
MC	Campus Wide Fire Alarm Replacement	\$500,000
MC	Juniper/ Walnut- Generator Replacement	\$200,000
SC	Saleeby Generator Replacement	\$300,000
WC	Building 204- Roof Replacement	\$250,000
WC	Building 101- Renovation (HVAC, Roof, minor interior work)	\$350,000
WC	Building 204- Generator Replacement	\$150,000
		\$4,000,000

Year 3 - (2024 - 2025)

CO	Parking Lot Resurfacing	\$400,000
CC	Indoor Pool Building Roof Replacement	\$300,000
MC	Walnut Bathroom Renovation	\$249,000
MC	Cedar Dorm-Roof/ Renovation	\$475,000
PD	Roof Replacement for all Mulberry Dorms	\$500,000
PD	Pecan Dorm 201 Renovations (Paint, Flooring, Bathrooms, etc.)	\$300,000
SC	Complete Window Replacement	\$200,000
SW	Statewide Paving and Site Work	\$500,000
WC	Building 202- Relocation of Campus Communication Hub	\$450,000
WC	Building 204- Boiler Replacement	\$175,000
WC	Auditorium Roof Replacement	\$300,000
		\$3,849,000

Year 4 - (2025 - 2026)

CC	Staff Dev, Conf. Center, Lake Side Bldgs. 230, 330, 430, 530- Demolition	\$500,000
CC	Highlands Development Bldg.- Generator Replacement	\$175,000
MC	Admin. Bldg.- Roof Replacement	\$200,000
MC	Chestnut & Program Bldgs.- Generator Replacement	\$150,000
PD	Roof Replacement for all Pecan Dorms	\$500,000
SW	State Wide Energy Management and Controls Upgrades	\$200,000
WC	Rear Property Line- Security Fencing	\$125,000
WC	Dorms 102 & 104, 103 & 105- Generator Replacements	\$225,000
MC	Chestnut, Juniper, Walnut- Roof Replacement	\$900,000
WC	Campus Wide Fire Alarm Replacement	\$500,000
WC	Building 202- Demolition	\$300,000

\$3,775,000

Year 5 - (2026 - 2027)

CC	Chiller Replacement at Gym	\$250,000
CC	Retherm Replacement	1,000,000
SC	Campus Wide Fire Alarm Replacement	\$200,000
SW	State-wide Rekeying and access Control Upgrades	\$150,000
SW	Statewide Window Replacements at Campus Dormitories	\$500,000
SW	Statewide Paving and Site Work	\$500,000
PD	Campus Wide Exterior Siding/Repairs	\$249,000
MC	Walkway Covering and Fencing at Dormitories	\$249,000

\$3,098,000

TOTAL = \$18,872,000

5-Year CPIP Plan Summary (2021-2022)

Year-1 (2021-2022)

9913 MC: Electrical Power Gird Upgrade	\$1,280,500.00
9930 CC: Electrical Power Grid Upgrade	\$1,500,000.00
9931 PD: Federal Pacific Panelboard Replacement - INTERIM	\$125,000.00
9929 CC: Jasper Program Building-FEMA Generator for Special Needs Emergency Shelter - INTERIM	\$200,000.00
CC: Campus Wide Fire Alarm Replacement	\$500,000.00
CC: Highlands 110 - Roof Replacement	\$285,000.00
WC: Dorm 201 Renovations	\$300,000.00
TOTAL:	\$4,190,500.00

Year-2 (2022-2023)

WC: Sloan Building Hallett, and Health Program Building - New Floor Covering	\$225,000.00
WC: Campus Units 102, 103, 104, 105, 107, 108, 110 - Window Replacement	\$249,000.00
CC: Central Kitchen - Renovation Equipment	\$200,000.00
MC: Juniper & Walnut Generator Replacement	\$180,000.00
WC: Building 204 - Generator Replacement	\$135,000.00
WC: Renovation of Building 101	\$300,000.00
CC: Highlands 710, 810, 910 - Roof Replacements	\$900,000.00
PD: Campus Wide Fire Alarm Replacement	\$500,000.00
MC: Pool infill/Demolition	\$150,000.00
MC: Magnolia Roof Replacement	\$300,000.00
MC: Palm Dorm Roof Replacement	\$300,000.00
TOTAL:	\$3,439,000.00

Year-3 (2023-2024)

PD: Campus Wide Exterior Siding/Repairs	\$249,000.00
WC: Buildings 202 - Relocation of Campus Communication Hub	\$450,000.00
MC: Campus Wide Fire Alarm Replacement	\$500,000.00
WC Walnut Bathroom Renovation	\$249,000.00
MC: Walkway Covering and Fencing at Dormitories	\$249,000.00
WC: Building 204 Boiler Replacement	\$150,000.00
MC: Cedar - Roof Replacement	\$300,000.00
PD: Kitchen - Equipment Replacement	\$200,000.00
PD: Saleeby - Generator Replacement	\$300,000.00
CC: Hillside 220 HVAC Replacement	\$275,000.00
CC: Hillside 620 HVAC Replacement	\$275,000.00
TOTAL:	\$3,197,000.00

Year-4 (2024-2025)

PD: Pecan 101 - Renovation	\$350,000.00
CO: Central Office - Parking Lot Resurfacing	\$500,000.00
WC: Building 202 - Demolition	\$300,000.00
WC: Old Kitchen & Leisure Services Building - Demolition	\$400,000.00
WC: Warehouse - Roof Replacement and Exterior Wall Repair	\$400,000.00
SW: State-wide Rekeying and access Control Upgrades	\$150,000.00
CC: Indoor Pool Building - Roof Replacement	\$250,000.00
WC: Building 204 - Roof Replacement	\$300,000.00
WC: Auditorium - Roof Replacement	\$300,000.00
TOTAL:	\$2,950,000.00

Year-5 (2025-2026)

CC: Staff Development, Conference Center, Lakeside 330, 430, & 530 - Demolition	\$500,000.00
MC : Chestnut & Program Building - Generator Replacement	\$136,000.00
WC: Dorms 102, 103, 104 & 105 - Generator Replacement	\$180,000.00
WC: Rear Property Line - Security Fencing	\$120,000.00
MC: Admin Building - Roof Replacement	\$200,000.00
CC: Highland Developmental Building - Generator Replacement	\$175,000.00
MC: Chestnut, Juniper, Walnut - Roof Replacement	\$900,000.00
SW: State-wide window Replacements at Campus Dormitories	\$500,000.00
TOTAL:	\$2,711,000.00

Reference Number: 100-25-DD

Title of Document: ~~Disaster Preparedness Plan for DDSN and Other DSN Providers of Services to People with Disabilities and Special Needs~~
Disaster Preparedness Planning

Date of Issue: February 1, 1999

~~Effective Date: February 1, 1999~~

~~Last Review Date: August 9, 2016~~

Date of Last Revision: ~~August 9, 2016~~ XXXX, 2022 (REVISED)

~~Effective Date: February 1, 1999~~ XXXX, 2022

Applicability: Department of Disabilities and Special Needs (DDSN) Regional Centers and DSN Service Providers, Disabilities and Special Needs (DSN) Board-operated Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), Residential Habilitation Providers, and DDSN Licensed Day Programs

~~The purpose of this directive is to prescribe a plan for preparing for a disaster, directing operations during a disaster, and recovering from a disaster in South Carolina. The plan will prescribe the responsibilities for providers people receiving services and staff during a disaster and assign responsibility to certain staff when a disaster occurs.~~

~~Responsibilities— Each DDSN Facility and DSN DDSN contracted service provider offering services to individuals with disabilities will have a disaster plan that will provide direction and guidance to staff during an emergency situation. Each plan will contain:~~

The purpose of this directive is to establish a requirement for each DDSN provider of Residential Habilitation, (ICFs/IID) and Day services (Provider) to create and keep current a Disaster Preparedness Plan (DPP). The Provider’s DPP must prescribe the actions to prepare for potentially

disastrous situations, the actions to be taken in response to or during those situations, and the plan for recovery. The Provider's DPP must take into account the implications of potentially disastrous situations to each service the provider delivers and the locations in which those services are delivered. At a minimum, the DPP must address the following:

1. Disaster Preparedness:
 - a. Training to staff.
 - b. Assignment of responsibility to staff.
 - c. Actions to take prior to an emergency.
2. Emergency Operations: Actions to take during an emergency
3. Evacuation Plan: Relocation agreements
4. Recovery Action
5. Situations to be addressed include, but are not limited to: Hurricanes, Pandemic, Severe Weather, Loss of Power, Winter Storms, Tornadoes, Hazardous Material Spills, Fire, Forest/Wild Fires, Earthquakes, Active Shooter, Terrorism, Nuclear Emergencies, Water Contamination.

~~Central Office~~ DDSN Emergency Operations Center (~~EO~~EOC)

The administrative offices of ~~the Department of Disabilities and Special Needs (DDSN)~~ will establish an emergency operations center located in the administration building at 3440 Harden Street Extension, Columbia, South Carolina to be activated ~~in the event a disaster reaches the proportion that more than one region can handle.~~ upon the declaration of a State of Emergency by the Governor or at the direction of the State Director. When a State of Emergency is declared, communication with DDSN EOC will be through EOC@ddsn.sc.gov and 803-898-9754. See the attached plan.

DDSN Regional Centers and ICFs/IID operated by DSN Boards will follow a DPP in accordance with regulations promulgated by DHEC and the Centers for Medicaid and Medicare Services. See the ~~DDSN Regional Center DPP.~~

Disaster Preparedness Plans

Each DDSN ~~Facility, DSN Board, Residential Habilitation Provider and other DSN service providers Contracted Provider of services to people with disabilities~~ will have a plan DPP that must be reviewed by a higher authority at least annually. will be filed with the DDSN Emergency Operations Coordinator by April 1 of each year. The DPP must be reviewed and signed by the County Emergency Manager in each county where the contracted provider operates.

Disaster Preparedness Training

Periodically, each ~~DDSN Facility and DSN service~~ provider must conduct a disaster preparedness training ~~that will test out the plan. The training exercise should be done conducted at least annually~~ drill. DPPs should be tested regularly. DDSN Regional Centers and ICFs/IID operated by DSN Boards must conduct drills per Center for Medicaid and Medicare Services as referenced in Appendix Z of the DHEC State Operations manual.

~~Tom Waring~~

~~Associate State Director Administration~~

~~(Originator)~~

Barry D. Malphrus

Vice Chairman

~~Beverly A.H. Buseemi, Ph.D~~

~~State Director~~

~~(Approved)~~

Stephanie M. Rawlinson

Chairman

~~To access the following attachments, please see the agency website page “Current Directives” at: <https://ddsn.sc.gov/providers/ddsn-directives-standards-and-manuals/current-directives>~~

~~Attachment: Disaster Preparedness Plan~~

~~South Carolina Department of Disabilities
and
Special Needs~~

~~Disaster Preparedness
Plan~~

~~August 9, 2016~~

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I. STATEWIDE DISASTER PHONE LIST

SC Department of Disabilities and Special Needs Statewide Disaster Phone List—Revised 08/09/16		
A.	Central Office	
1.	Emergency Operations Center (Command Center)	(803) 898-9649
2.	Back-Up Emergency Line for Emergency Operations Center	(803) 253-7610
3.	Fax—Emergency Operations Center	(803) 898-9656
4.	Emergency Operations Center (Tom Waring)	Cell (803) 309-3375
5.	Emergency Operations Center (Reed Marshall)	Cell (803) 572-1269
6.	Community Services (District I Director John King)	(864) 938-3497 Cell (864) 938-5089
7.	Community Services (District II Director Rufus Britt)	(843) 832-5567 Cell (843) 870-3518
8.	Email (Command Center)	EOC@ddsn.sc.gov
9.	Email (Tom Waring)	TWaring@ddsn.sc.gov
10.	Email (Reed Marshall)	RMarshall@ddsn.sc.gov
11.	Email (Joan Cooper)	JCooper@ddsn.sc.gov
12.	Public Telephone (Central Office Switchboard)	(803) 898-9600
13.	Back-Up Emergency Switchboard	(803) 253-7610
14.	Ham Radio (Tom Waring)	KJ4NOI
15.	Ham Radio (Reed Marshall)	KJ4NOC
B.	Coastal Center	
1.	Public Telephone (Switchboard)	(843) 873-5750
2.	Facility Administrator (Becky Hill)	Cell (843) 495-0830
3.	Quality Improvement/Facility Administrator Designee	Cell (843) 200-9783
4.	Fax	(843) 821-5800
5.	Public Safety	Cell (843) 200-9781
6.	Officer of the Day	Cell (843) 200-9782
7.	Director of Residential Services	Cell (843) 296-1443
8.	Email	List EOC Coastal (EOCCoastal@ddsn.sc.gov)
9.	District II Office (Rufus Britt)	(843) 832-5576
10.	Fax—District II Office	(843) 832-5599
11.	Email—District II Office	RBritt@ddsn.sc.gov
12.	Ham Radio (Delores Ketchens)	KK4KCK
13.	Ham Radio (Bobbie Taylor)	KK4J0F
C.	Midlands Center	
1.	Public Telephone (Switchboard)	(803) 935-7500
2.	Facility Administrator (Nancy Hall)	Cell (803) 600-4845
3.	Fax (Administration)	(803) 935-7678
4.	Officer of the Day	Cell (803) 600-4772
5.	Administration Officer of the Day	Cell (803) 518-1873
6.	Director of Residential Services/Day Supports	Cell (803) 600-4843
7.	Support Services	(803) 935-7567
8.	Email (Midlands Emergency Operations Center)	EOCMidlands@ddsn.sc.gov
9.	Ham Radio (Richardo Holmes)	KK4RTV

D.	Pee Dee Center	
1.	Public Telephone (Switchboard—Pee Dee Center)	(843) 664-2600
2.	Facility Administrator (Pee Dee Center—John Hitchman)	Cell (843) 495-3302
3.	Fax—Pee Dee Center	(843) 664-2656
4.	Email	EOCPeeDee@ddsn.sc.gov
5.	Public Telephone (Switchboard—Saleeby)	(843) 332-4104
6.	Director of Nursing (Saleeby)	Cell (843) 495-3298
7.	Fax—Saleeby	(843) 332-0842
8.	Officer of the Day/Residential Director (Saleeby)	Cell (843) 495-3300
9.	Officer of the Day (Pee Dee Center)	(843) 664-2622
10.	Officer of the Day (Jack Peterson)	(843) 495-0831
11.	Ham Radio (Jack Kolesar)	N3AJU
12.	Ham Radio Volunteer (John Germain)	NA3JAL
E.	Whitten Center	
1.	Public Telephone (Switchboard)	(864) 833-2733
2.	Facility Administrator (Wes Leonard)	Cell (864) 938-5075
3.	Fax	(864) 938-3115
4.	Officer on Duty	(864) 938-5080
5.	Service Support	Cell (864) 938-5103
6.	Email	List EOC Whitten (EOCWhitten@ddsn.sc.gov)
7.	District I Office (John King)	(864) 938-3510
8.	Fax—District I Office	(864) 938-3435
9.	Email—District I Office	JKing@ddsn.sc.gov
10.	Residential Services	Cell (864) 938-5077
11.	Lead Facility Office of the Day	Cell (864) 923-6972
12.	Ham Radio (Wes Leonard)	KJ4NNZ
F1.	Autism—Central Office	
1.	Daniel Davis	(803) 898-9639
2.	Email	ddavis@ddsn.sc.gov
F2.	Autism—Piedmont	
1.	Spartanburg—Autism Office	(864) 594-4907
2.	Spartanburg—Autism Fax	(864) 594-4923
F3.	Autism—Coastal	
1.	Public Telephone (Switchboard)	(843) 832-5561
2.	Fax	(843) 832-5560
3.	Emergency Operations Center (Shontel Evans)	Cell (843) 209-9512
4.	Email	sevans@ddsn.sc.gov
5.	Division Director—Daniel Davis	(803) 898-9639
G.	State Emergency Management Division	
1.	Telephone	(803) 737-8500
2.	Fax	(803) 737-8570
3.	Email #1	Warning1@EMD.sc.gov
4.	Email #2	Warning2@EMD.sc.gov

H.	DHEC – (DURING DISASTER)	
1.	ESF 8 Leader (Shirley Hollingsworth)	(803) 898-3709 Cell (803) 636-7361
2.	Fax	(803) 898-3335
3.	Email (Shirley Hollingsworth)	HollinsD@DHEC.sc.gov
4.	On-Call 24/7	(803) 622-7259
I.	Regional Center Contacts for Video Conferencing Rooms	
1.	Pee-Dee Center (Susan Baker)	(843) 664-2618
2.	Saleeby Center (Lisa Hancock) —————(Rebecca Ratliff)	(843) 857-1915 (843) 857-1914
3.	Coastal Center (Delores Ketchens) —————(Rufus Britt)	(843) 832-5576 (843) 832-5567
4.	Midlands Center (Annie Drakeford)	(803) 935-7502
5.	Whitten Center (Susan Simpson) —————(Sonya Renwick — John King)	(864) 938-3423 (864) 938-3510
J.	DDSN Video Conference Units Aliases	
	Location	Alias
1.	Central Office	
	CO-180	128180
	CO-251	128251
	CO-6000	12801
2.	Coastal Center	
	CC-SX20	13201
3.	Midlands Center	
	MC-SX20	13001
4.	Pee-Dee Center	
	PC-SX20	13401
5.	Saleeby Center	
	SC-75MXP	13081
6.	Whitten Center	
	WC-SX20	13601

II. STATEWIDE DISASTER PHONE LIST FOR PROVIDERS

SC Department of Disabilities and Special Needs Statewide Disaster Phone List for Providers—Revised 08/09/16		
A.	Central Office	
1.	Emergency Operations Center—Command Center	(803) 898-9649
2.	Back-Up Emergency Line—Emergency Operations Center	(803) 253-7610
3.	Fax—Emergency Operations Center—Command Center	(803) 898-9656
4.	Emergency Operations Center—Tom Waring	Cell (803) 309-3375
5.	Emergency Operations Center—Reed Marshall	Cell (803) 572-1269
6.	Public Telephone (Central Office Switchboard)	(803) 898-9600
7.	Back-Up Emergency Switchboard	(803) 253-7610
8.	Email—Command Center	EOC@ddsn.sc.gov
9.	Email (Tom Waring)	TWaring@ddsn.sc.gov
10.	Email (Reed Marshall)	RMarshall@ddsn.sc.gov
11.	Email (Joan Cooper)	JCooper@ddsn.sc.gov
12.	Ham Radio (Tom Waring)	KJ4NOI
13.	Ham Radio (Reed Marshall)	KJ4NOC
B.	District I	
1.	Community Services—District I Director	(864) 938-3497 Cell (864) 938-5089
2.	District I Office (John King)	(864) 938-3510
3.	Fax—District I Office	(864) 938-3435
4.	Email—District I Office	JKing@ddsn.sc.gov
C.	District II	
1.	Community Services—District II Director	(843) 832-5567 Cell (843) 870-3518
2.	District II Office (Rufus Britt)	(843) 832-5576
3.	Fax—District II	(843) 832-5599
4.	Email—District II Office	RBritt@ddsn.sc.gov
D.	State Emergency Management Division	
1.	Public Telephone	(803) 737-8500
2.	Fax	(803) 737-8570
E.	DHEC	
1.	Upstate Region Public Health Preparedness—Director	(864) 372-3138
2.	Midlands Region Public Health Preparedness—Director	(803) 576-2691
3.	PeeDee Region Public Health Preparedness—Director	(843) 673-6546
4.	Low-Country Region Public Health Preparedness—Director	(843) 953-0062
5.	Health Regulation Division—Director	(803) 545-4400

III. TYPES OF DISASTERS LIKELY TO IMPACT SOUTH CAROLINA

Nature of Disaster	Probability	Probable Location	Probable Time
1. Hurricane	High	Coastal	June – November
2. Thunderstorms	Moderate	Localized	Year Round
3. Tornado	Moderate	Localized	Spring/Summer
4. Flooding	Moderate	Statewide	Year Round
5. Forest Fires	Moderate	Statewide	Fall
6. Dam Failure	Moderate	Localized	Year Round
7. Nuclear Accident	High/Moderate	Localized	Year Round
8. Snow and Ice	Moderate	Localized	Winter
9. Earthquakes	Moderate	Statewide	Year Round
10. Pandemic Influenza	Moderate	Statewide	Seasonal
11. Fire	Moderate	Localized	Year Round
12. Water Contamination	Moderate	Localized	Year Round
13. Terrorism	Low	Localized	Year Round

At a minimum, all plans shall have detailed procedures, which outline what action(s) will be taken if the referenced emergency occurs.

Footnote #1: Hurricane Plan – Attachment C
 Footnote #2: Pandemic Influenza – Attachment E
 Footnote #3: Water Contamination – Attachment F

~~III. PURPOSE~~

- ~~A. Guidance to the DDSN District Offices, county DSN boards, and providers of services to consumers on procedures, organization, and responsibilities.~~
- ~~B. Identification and designation of responsibilities and roles of Department of Disabilities and Special Needs (DDSN) staff.~~
- ~~C. An outline of actions required to be taken by the staff prior to (when possible), during and after a disaster.~~
- ~~D. Specify actions to be taken to meet financial responsibilities incurred as a result of the disaster.~~

~~IV. OPERATING PRINCIPLES~~

- ~~A. DDSN in offering services to the consumer is responsible for the safety and welfare of their consumers and that responsibility remains with DDSN regardless of where the consumers are located.~~
- ~~B. Local DSN Boards and QPL Residential Habilitation Providers will contact their DDSN District Director, who will then immediately inform the Associate State Director of Operations of impending or existing disaster within their jurisdiction. DDSN Regional Centers will contact the DDSN District Director of impending or existing disaster within their jurisdiction. The Associate State Director of Operations is responsible for notifying the State Director. **Once the Central Office Emergency Operation Center (COEOC) has been activated, all information concerning an impending or existing disaster from local providers and DDSN Regional Centers should be sent to the COEOC. (Refer to Page 3-5 for Statewide Disaster Phone list). (Providers Relocation Agreements per Attachment B)**~~
- ~~C. Directions of disaster operations are exercised by the lowest level of service provision to the extent that level of administration can conduct operations.~~
- ~~D. A request for support or assistance should be made to higher levels of administration following the determination that a disaster is of such severity and magnitude that an effective response is beyond the capability of the lower level of administration.~~

Level of Administration

- ~~1. Family~~
 - ~~2. DSN Board/QPL Provider~~
 - ~~3. Community DDSN District Office~~
 - ~~4. DDSN Central Office~~
 - ~~5. State Emergency Management Division~~
 - ~~6. Federal Emergency Management Agency~~
- ~~E. Each provider shall have a plan for each facility in its jurisdiction and each DDSN District will have a plan for the DDSN Regional Center. All plans will include, at~~

a minimum, all items listed in Attachment A (Elements to be Included in a Disaster Plan):

~~F. Plans will be reviewed and approved annually:~~

- ~~1. DDSN Regional Centers will submit Emergency Preparedness Plans and Relocation Agreements to the DDSN Central Office Emergency Operations Group for review and approval by June 1st of each calendar year.~~
- ~~2. DSN Board/QPL Residential Providers will submit Emergency Preparedness Plans and Relocation Agreements to their respective Community DDSN District Office for review and approval by June 1st of each calendar year.~~

~~V. RESPONSIBILITIES~~

~~A. The State Director is responsible for assuring the safety, security and welfare of the individuals served and staff of DDSN and is empowered with the authority to perform the duties to maintain their well-being during a disaster situation or when a disaster is considered imminent.~~

~~The State Director's duties include:~~

- ~~1. Proclaim a DDSN emergency and declare who is to assume the management for the consumers and staff, and who is to assume the responsibility of managing the disaster response at each level when a determination is made that the situation is beyond the response capability of the affected jurisdiction;~~
- ~~2. Suspend the provisions of existing regulations prescribing procedures for the conduct of business when such regulations prevent, hinder or delay necessary actions in coping with the disaster;~~
- ~~3. Suspend the normal operation of business when such business hinders or delays necessary actions in coping with the disaster;~~
- ~~4. Direct the utilization of all available DDSN resources as reasonably necessary to cope with the disaster;~~
- ~~5. Transfer the direction, personnel or functions of DDSN resources for the purpose of facilitating or performing emergency services as necessary or desirable; and~~
- ~~6. Activate the DDSN Central Office Emergency Operations Center and designate who will direct the center:
 - ~~a. Associate State Director Administration~~
 - ~~b. Project Manager Engineering Division~~~~

~~B. DDSN Central Office Emergency Operations Center (COEOC)~~

~~The Emergency Operations Center is the organization employed by the State Director in exercising authority for the direction of disaster response. The Emergency Operations Center is staffed by selected Central Office staff.~~

- ~~1. The Central Office has six (6) major responsibilities in a disaster situation:

 - ~~a. Planning an effective disaster management response;~~
 - ~~b. Warning of impending disaster;~~
 - ~~c. Timely, effective deployment of resources in support of disaster operations in the state DDSN system;~~
 - ~~d. Coordination and direction of restoration and recovery operations in the disaster area when such operations are beyond the capability of the level of administration affected or when requested by the local administrator;~~
 - ~~e. Assess the requirements for and procure support and assistance from sources outside the disaster area and from state agencies and federal government; and~~
 - ~~f. Inform and update the State Emergency Operations Center (SEOC) on the status of the emergency response. Also request assistance when needed.~~~~

- ~~3. The Director of the Central Office Emergency Operations Center manages the disaster response. The responsibilities shall be:

 - ~~a. Assignments by the State Director;~~
 - ~~b. Organizing and staffing the Emergency Operations Center to ensure its effective response to disaster;~~
 - ~~c. Coordinating the activities of the various agencies, regions and units in preparing for and operating in disasters including the utilization of all facilities, equipment, manpower and other resources within the jurisdiction of DDSN;~~
 - ~~d. Preparing emergency proclamations for the State Director and disseminating to all concerned;~~
 - ~~e. Receiving, processing, evaluating and acting on requests for assistance;~~
 - ~~f. Establishing, directing and coordinating operations of the DDSN emergency communication system;~~
 - ~~g. Directing and coordinating public information services for the DDSN service delivery system;~~
 - ~~h. Directing and coordinating evacuation of areas affected or threatened by a disaster;~~~~

- ~~i. Preparing reports and records.~~
 - ~~4. Organization The Emergency Operations Center is organized into the following groups:~~
 - ~~a. Executive Group
 - ~~(1) Coordinated by Associate State Director Administration.~~
 - ~~(2) Composed of the Executive Staff.~~~~
 - ~~b. Operations Group
 - ~~(1) Project Manager Engineering Division
 - ~~(a) Director of Finance.~~
 - ~~(b) Director of HRM.~~
 - ~~(c) Director of Purchasing and Supply.~~
 - ~~(d) Professional staff of Engineering Division.~~~~~~
 - ~~c. Communication Group
 - ~~(1) Director of IT
 - ~~(a) Manager Information Technology Services.~~
 - ~~(b) Telecommunications Coordinator.~~
 - ~~(c) Community Relations Coordinator.~~~~~~
 - ~~d. Support Group
 - ~~(1) Director of HRM.~~
 - ~~(2) Project Coordinator.~~~~
- ~~5. Responsibilities and Functions~~
 - ~~a. Executive Group
 - ~~(1) Establishes policy and procedures.~~
 - ~~(2) Develops the overall plan of action, including deployment of personnel and equipment to implement the plan.~~
 - ~~(3) Establishes priorities of and allocates resources to support disaster tasks and operations.~~
 - ~~(4) Directs support and recover operations in the disaster area and provides emergency funding of operations.~~
 - ~~(5) Determines and coordinates the evacuation plan.~~
 - ~~(6) Coordinates requests for and utilization of state and federal aid.~~~~
 - ~~b. Operations Group
 - ~~(1) Implements the plan of action to include procurement and coordinates the utilization of support forces and resources required to carry out operations in the disaster area or areas affected.~~~~

- ~~(2) Organizes and coordinates any immediate on-site visits to the disaster area or areas.~~
- ~~(3) Collects, analyzes and reports damage data and effects.~~
- ~~(4) Assesses requirements for state and federal support.~~
- ~~(5) Implements evacuation plans.~~
- ~~(6) Reviews all regional plans.~~
- ~~(7) Prepares staff for disasters (training and drills).~~
- ~~(8) Assigns tasks to Central Office staff.~~
- ~~(9) Coordinates requests for staff assistance.~~
- ~~(10) Coordinates the transportation, energy and supply needs.~~

~~c. Communication Group~~

- ~~(1) Provides effective communications to support operations in the disaster area to include communication other than typical telephones, (i.e., computer, radio, cellular phones, other). Disseminates official information and instructions to consumers, staff and families.~~

~~d. Support Group~~

- ~~(1) Provides administrative and clerical support.~~

~~6. Concept of Operation~~

- ~~a. The Emergency Operations Center and staff of the Central Office are activated on order of the State Director.~~
- ~~b. The severity and magnitude of the disaster determine the degree and extent of staff activation and mobilization of resources and may be ordered on a full staff basis or on a limited scale by designation of specific staff and resources to be mobilized.~~
- ~~c. The Executive Suite of the Central Office will function as the operations center for the Emergency Operations Center.~~
- ~~d. When mobilized for duty in the Emergency Operations Center, the staff assumes the roles assigned and operates according to standing operating procedures established by the executive, operations, communication, and support groups.~~
- ~~e. Central Office staff will be assigned an emergency operations position and a primary contact person. The staff must make contact with the primary contact person as soon as a disaster warning has been issued or, in the case of an unexpected disaster, staff will secure their own family and at the first possible time, contact their primary contact.~~

~~7. Tasks~~

- ~~a. Pre-disaster~~

~~(1) Executive Group~~

- ~~(a) Establishes and maintains contact with South Carolina Emergency Management Division (SCEMD), Governor's Office and other agencies needed.~~
- ~~(b) Maintains standing operating procedures for Emergency Operations Center.~~
- ~~(c) Alerts and organizes the Emergency Operations Center.~~
- ~~(d) Maintains a plan of action including deployment of personnel and equipment to implement plan.~~

~~(2) Operations Group~~

- ~~(a) Practices the execution of plan.~~
- ~~(b) Prepares Central Office facility for emergency to include power, water, etc.~~

~~(3) Communication Group~~

- ~~(a) Maintains communication system in readiness condition for the Central Office.~~
- ~~(b) Sets up communication procedures and location.~~
- ~~(c) Plans for utilization of communication equipment in regions.~~
- ~~(d) Maintains liaison with news media.~~

~~(4) Support Group~~

- ~~(a) Identifies all methods of contacting staff.~~
- ~~(b) Provides ID cards for Central Office staff.~~

~~b. Disaster Phase~~

~~(1) Executive Group~~

- ~~(a) Evaluate information from disaster area.~~
- ~~(b) Initiates resources to support disaster operations.~~
- ~~(c) Directs support operation.~~

Elements To Be Included In A Disaster Plan

The following items are considered essential to a well-written disaster/emergency preparedness plan developed by a DDSN Regional Facility or Provider:

1. Give the references that show provider's authority and also refers to other disaster preparedness plans that the local plan, if any, ties into.
2. Define the purpose for the plan.
3. Outline the organizational structure of the provider and how these various components have responsibilities for responding to emergency situations.
4. Describe specific responsibilities of the key administrative personnel.
5. Describe the mission, provider's function, and location of an emergency operations center that would be activated in the event of an emergency.
6. Describe backup communication system during an emergency.
7. Describe emergency power source back up or contingency plans.
8. Describe emergency food supplies acquisition plans.
9. Describe health and sanitation plans.
10. Describe transportation capabilities available to respond to emergencies.
11. Describe temporary emergency shelter capabilities.
12. Describe plan for evacuation of and receipt of consumers.
13. Provide specific information to respond to the following types of emergencies:

a) Hurricane.	h) Snow and Ice.
b) Severe local storm to include tornadoes.	i) Earthquakes.
e) Flooding.	j) Pandemic Influenza.
d) Forest Fire.	k) Fire.
e) Snow and/or ice.	l) Water Contamination.
f) Earthquake.	m) Terrorism.
g) Nuclear accident.	
14. Describe the actions to be taken during disaster/emergency phases to include pre-impact, phase impact phase, continuation of operations phase, and recovery phase.
15. Coastal Counties: List of all Residential, Day Program and Administration Facilities with accurate current addresses and identified evacuation zones for each property. Consult with local county emergency management for hurricane evacuation zone information.
16. Provide a Continuity Of Operations Plan (COOP). Identify and describe essential functions and ensure that functions can be continued throughout, or resumed shortly after a disruption of normal activities.

**SC Department of Disabilities and Special Needs
DDSN Emergency Relocation Agreements— Revised 08/09/16**

Region/Board/Provider	Sheltering Facility	Effective Date	
District I		From	To
Midlands Center	Whitten Center;	03/10/16	Annually
	Coastal Center	03/10/16	Annually
	Pee Dee and Saleeby Center	03/10/16	Annually
Whitten Center	Midlands Center	04/01/15	Annually
	Coastal Center	04/01/15	Annually
	Pee Dee and Saleeby Center	04/01/15	Annually
	Clinton National Guard Armory	05/18/11	Annually
	Laurens Armory	05/15/11	Annually
	Clinton Family YMCA	08/22/14	Annually
	Palmetto Ambulance Service (evacuation transportation agreement)	09/25/13	Annually
Aiken County DSN Board	Colleton	05/11/15	Annual
	Orangeburg	05/08/15	Annually
	Jasper	05/07/15	Annually
Anderson County DSN Board	Boulevard Baptist Church	02/04/13	Annually
	Mt. Zion Community Center	02/15/13	Annually
	Orville Baptist Church	01/22/13	Annually
	Trinity United Methodist Church	01/22/13	Annually
	Calvary Baptist Church	02/05/13	Annually
	Honea Path Elementary	01/22/13	Annually
Babcock Center, Inc.	Calhoun County DSN Board	07/01/11	Indefinite
	Dorchester County DSN Board	09/07/12	Annually
	Williamsburg County DSN Board	09/03/09	Indefinite
Burton Center Multi-County DSN Board	Burton Center Admin and Greenwood Day Program (Primary)	04/05/13	
	Burton Center Saluda Day Program (Secondary)	04/05/13	
Calhoun County DSN Board	Babcock Center, Inc.	07/01/11	Indefinite
	Burton Center Multi-County DSN Board	07/01/09	Indefinite
Charles Lea Center	Hampton County DSN Board	04/11/08	Indefinite
Chester/Lancaster County	Lee County DSN Board	07/01/13	Annually
	York County DSN Board	04/01/14	Annually
Cherokee County DSN Board	Charles Lea Center	10/29/12	Indefinite
Fairfield County DSN Board	York County DSN Board	04/01/13	Annually
	Midlands Center	04/11/13	Annually
Greenville County DSN Board	Area Churches (total 5 agreements)	02/03/14	Indefinite
Kershaw County DSN Board	Babcock Center, Inc.	09/06/02	Indefinite
	Greenville County DSN Board	07/01/00	Indefinite
	York County DSN Board	10/01/08	Indefinite
Laurens County DSN Board	Charles Lea Center	09/24/08	Indefinite
	Evergreen Skills Day Center	06/13/13	
Newberry County DSN Board	York County DSN Board	04/01/14	Annually
	Berkeley Citizens, Inc.	04/11/14	Annually

Oconee County DSN Board	Foothills Community Church	04/11/14	Annually
	Anderson County DSN Board	03/19/14	Annually
Pickens County DSN Board	Crossroads Baptist Church	01/01/15	12/31/15
	Powdersville First Baptist Church	01/01/15	12/31/15
Union County DSN Board	Tabernacle Baptist Church	04/22/14	
	Jonesville Elementary School	05/15/14	
York County DSN Board	Chester/Lancaster County DSN Board	04/01/15	Annually
	Horizon Industries	04/01/15	Annually
	Newberry County DSN Board	04/01/15	Annually
	Fairfield County DSN Board	04/01/15	Annually
District II			
Coastal Center	Midlands Center	04/01/15	Annually
	Whitten Center	04/01/15	Annually
	Pee Dee and Saleeby Center	04/01/15	Annually
Pee Dee and Saleeby Center	Midlands Center	04/01/15	Annually
	Whitten Center	04/01/15	Annually
	Coastal Center	04/01/15	Annually
Region/Board/Provider	Sheltering Facility	Effective Date	
		From	To
Allendale/Barnwell Counties	CHESCO Services	12/12/12	Indefinite
	Marion/Dillon DSN Board	07/24/14	Annually
Bamberg County DSN Board	Hampton County DSN Board	03/25/13	Indefinite
	Lancaster County DSN Board	07/01/96	Indefinite
Beaufort County DSN Board	Anderson County DSN Board and Calvary Baptist Church	02/04/15	Annually
	Calhoun County DSN Board	02/28/15	Annually
	Burton Center	02/27/15	Annually
Berkeley Citizens, Inc.	Clarendon County DSN Board	04/10/14	Annually
	Newberry County DSN Board	04/11/14	Annually
Disabilities Board of Charleston County	Babeock Center	06/01/14	Indefinite
	Coastal Center	06/09/15	
Clarendon County DSN Board	Newberry County DSN Board	03/08/12	03/08/13
Colleton County DSN Board	Aiken County DSN Board	05/23/13	Annually
CHESCO Services	Allendale/Barnwell County DSN Board	11/03/11	Indefinite
Darlington County DSN Board	Babeock Center, Inc.	06/01/11	Annually
	Sumter County DSN Board	06/01/11	Annually
	Hartsville Special Housing, Inc.	06/01/11	Annually
Dorchester County DSN Board	Babeock Center	09/17/12	Annually
	Calhoun County DSN Board	09/18/12	Annually
Florence County DSN Board	Sumter County DSN Board	02/08/12	Annually
Georgetown County DSN Board	Florence County DSN Board	04/25/13	Annually
Hampton County DSN Board	Bamberg County DSN Board	04/23/12	Indefinite
	Charles Lea Center	04/11/08	Indefinite
Horry County DSN Board	Florence County DSN Board	04/04/11	
Jasper County DSN Board	Aiken County DSN Board	06/01/12	Annually

Lee County DSN Board	Chester/Lancaster DSN Board	07/01/12	06/30/13
	Sumter County DSN Board	07/01/09	06/30/10
	Pee-Dee Center	07/01/13	06/30/14
Marion/Dillon County DSN Board	Allendale/Barnwell County DSN Board	07/24/14	Indefinite
	CHESCO Services	05/15/13	06/30/14
	Clarendon County DSN Board	04/28/14	Annually
Marlboro County DSN Board	Marion/Dillon County DSN Board	05/30/12	Indefinite
Orangeburg County DSN Board	Aiken County DSN Board	06/04/12	Annually
Sumter County DSN Board	Florence County DSN Board	07/01/12	Annually
	Lee County DSN Board	07/01/12	Annually
Williamsburg County DSN Board	Kingstree Senior High School	09/04/09	Until Renewed
	Babcock Center, Inc.	05/29/14	Until Renewed
Residential QPL Providers			
Care Focus	Local Hotels and Shelters		
Community Options	CHESCO Services		
South Carolina Mentor	Local Motels/Hotels		
Pine Grove	Pine Grove High School and Local Community Shelters		
United Cerebral Palsy of SC	Community Shelters and Other Agency Facilities		

~~**SOUTH CAROLINA DEPARTMENT OF DISABILITIES
AND
SPECIAL NEEDS**~~

~~**CENTRAL OFFICE**~~

~~**HURRICANE PLAN**~~

~~**August 9, 2016**~~

South Carolina Department of Disabilities and Special Needs

Hurricane Emergency Steps

August 9, 2016

~~I. Annual Hurricane Conference~~

~~A. Notify DDSN Regional Centers and DSN Board/QPL Residential Providers of date and place~~

- ~~• Normally last week of May~~

~~II. Disaster Manual Update~~

~~A. Notify DDSN Regional Centers and DSN Board/QPL Residential Providers to review and update manuals~~

- ~~• Normally first week in June~~

~~B. Central Office request updated Plans from DDSN Regional Centers~~

- ~~• Normally first week in April~~

~~C. DDSN District Office request updated plans from DSN Board/QPL Residential Providers.~~

- ~~• Normally first week in April~~

~~III. Hurricane Awareness Months~~

~~A. Monitor weather daily for possible storms~~

- ~~• Monitor weather from June through November~~

~~IV. Impending Storm Procedures~~

~~A. Monitor Weather~~

- ~~• Local TV~~
- ~~• Weather Channel~~
- ~~• Internet (see Attachment D)~~

~~V. Pre-Disaster Hurricane Watch~~

~~(Definition: Conditions that indicate that a hurricane may threaten South Carolina)~~

~~A. Monitor weather (see IV).~~

~~B. Review Agency Plan.~~

~~C. Review Facility Plan.~~

~~D. Prepare Emergency Operations Center to open if necessary.~~

~~E. Review responsibilities with Emergency Operations Center team.~~

~~F. Check all emergency phone numbers for accuracy (see pages 3 through 6).~~

~~G. Verbal contact with Facility and Community District Office to ensure plans are in place and the Facilities and Providers are ready to implement plans if necessary.~~

~~H. Notify all hurricane team members to be on stand by.~~

~~VI. Disaster Phase—Hurricane Warning~~

~~(Definition: Conditions which indicate that a hurricane is expected to strike within 72 hours)~~

- ~~A. Activate Central Office Emergency Operations Center in Room 257~~
- ~~1. Hook up television to monitor weather.~~
 - ~~2. Hook up emergency telephone.~~
 - ~~3. Have master plan available.~~
 - ~~4. Set time for first Emergency Operations Center meeting and Emergency Operations Center schedule.~~
 - ~~a. State Director and Executive Staff.~~
 - ~~b. Others as necessary.~~
- ~~B. Contact DDSN Regional Facilities and Community DDSN District Offices (for Providers) for update on what action is being taken at their facilities.~~
- ~~1. DDSN Regional Facilities and Community DDSN District Offices are to inform Associate State Director Administration as changes occur.~~
- ~~C. Central Office representatives will contact State Emergency Operations Center for statewide update.~~
- ~~1. Storm update.~~
 - ~~2. Notify DDSN Regional Facilities and Community DDSN District Offices if evacuation order is issued.~~
- ~~D. Prepare for the deployment of personnel and equipment. Only deploy if requested.~~
- ~~E. Arrange with DDSN Regional Facilities to have emergency truck and emergency generator ready for deployment. Emergency generator can be used by DDSN owned facilities with generator receptacle.~~
- ~~F. Arrange with contracted State Vendor for additional emergency water and transportation of miscellaneous supplies from regions to relocation area if necessary.~~
- ~~G. EVACUATION—Evacuate if ordered by the Governor or local County Emergency Management or the State Director determines evacuation is in the best interest of the individuals served based on the specific situation of a DDSN Facility.~~
- ~~1. Evacuation Considerations:~~
 - ~~a. **Category 1**—Wind Speeds (74-95 MPH), Minimal Damage Evacuation.....Evacuation based on conditions as presented, except mandatory when State of Emergency is declared.~~
 - ~~b. **Category 2**—Wind Speeds (96-110 MPH), Moderate Damage Evacuation.....Evacuation based on conditions as presented, except mandatory when State of Emergency is declared.~~
 - ~~c. **Category 3**—Wind Speeds (111-130 MPH), Extensive Damage Evacuation..... Providers shall evacuate if directed.~~

d. ~~Category 4~~ Wind Speeds (131-155 MPH), Extreme Damage Evacuation.....Providers shall evacuate if directed.

e. ~~Category 5~~ Wind Speeds (155+ MPH), Catastrophic Damage Evacuation.....DDSN Facilities and Providers in the path of the storm shall be evacuated. The DDSN Facility Administrator or Local Executive Director may direct medically fragile individuals to stay in place after consultation with medical personnel and the DDSN Central Office Emergency Operations Center.

~~**NOTE**:~~ **If the Governor declares a Mandatory Evacuation, then Providers shall evacuate. County Providers are to coordinate evacuations through their Community DDSN District Office.** Unless otherwise directed by DDSN Central Office Emergency Operations Center, DDSN Facilities and Providers are to follow established relocation agreements (see Attachment B).

H. ~~News Release~~

~~Provide news release for DDSN happenings, if necessary~~

I. ~~Re-Entry Phase~~

- 1. ~~For those who are evacuated, re-entry can be made once ordered by the Governor and determined safe by the DDSN Facility Administrator/Executive Directors/CEOs.~~
- 2. ~~DDSN Facilities will inform Central Office of re-entry schedule.~~
- 3. ~~Providers will notify the Community DDSN District Office of re-entry schedule.~~

J. ~~Close DDSN Central Office Emergency Operations Center~~

- 1. ~~Close after storm is no longer a danger.~~
- 2. ~~DDSN Central Office Emergency Operations Center can close prior to State Emergency Operations Center closing.~~
- 3. ~~Have DDSN Facilities and Providers prepare a written report on what actions were taken during the storm and whether any damages were incurred and what changes need to be made to their plans.~~

VII. ~~Recovery Phase~~

~~(Recovery actions are those taken when the threat of disaster has ended, but residual effects remain)~~

A. ~~DDSN facilities and Providers to report injuries to individuals and employees through DDSN Directive 100-09-DD: Critical Incident Reporting.~~

B. ~~DDSN Facilities and Providers are to document damages to physical plants (i.e., buildings, roads, trees, etc.).~~

C. ~~DDSN Facilities and Providers to make necessary arrangements to bring facilities back to conditions that would allow staff and individuals to return to a normal lifestyle.~~

D. ~~DDSN Finance Division will work with DDSN Facilities and Providers to prepare any necessary documentation for FEMA claims.~~

Hurricane Websites – Revised August 9, 2016

National Hurricane Center	http://www.nhc.noaa.gov/
National Weather Service	http://www.weather.gov/
NWS – Charleston	http://www.weather.gov/chs/
NWS – Columbia	http://www.weather.gov/cae/
NWS – Wilmington	http://www.weather.gov/ilm/
SC Emergency Management Division	http://www.scemd.org/
Storm Prediction Center	http://www.spc.noaa.gov/
FEMA’s Ready Hurricanes	http://www.ready.gov/hurricanes
FSU Tropical Weather (Florida Climate Center)	http://climatecenter.fsu.edu/topics/tropical-weather
Colorado State University (Tropical Meteorology Project)	http://hurricane.atmos.colostate.edu/
Hurricane Image Catalog	http://rsd.gsfc.nasa.gov/rsd/images/
Sun-Sentinel South Florida Weather	http://www.sun-sentinel.com/news/weather/
NASA’s Hurricane Resource Page	http://nasa.gov/mission_pages/hurricanes
University of Michigan’s Weathernet	http://cirrus.sprl.umich.edu/wxnet/
University of Hawaii (Dept. of Meteorology)	http://soest.hawaii.edu/MET/
USA Today’s Weather Page	http://www.usatoday.com/weather/
The Weather Channel	http://www.weather.com
The Weather Underground Hurricane And Tropical Cyclones	http://wunderground.com/hurricane/
Hurricane Storm Tracking	http://hurricane.terrapin.com
Tampa Bay Online Hurricane Guide	http://TBO.com/hurricane-guide
Hurricane City	http://hurricanecity.com
Intellicast Storm Center	http://intellicast.com/storm
Unisys Weather Hurricane/Tropical Data	http://weather.unisys.com/hurricane



~~PANDEMIC INFLUENZA PLAN~~

~~August 9, 2016~~

I. INTRODUCTION

Pandemic influenza is an outbreak of a novel influenza virus for which humans have not developed wide spread immunity. As such, the risk of an outbreak can pose a grave threat to the health of a large proportion of the worldwide population.

It is estimated that many South Carolinians would die in the event of a severe Pandemic Influenza outbreak. It is estimated by the South Carolina Department of Health and Environmental Control (DHEC) that thousands of South Carolinians would be hospitalized in the event of a severe Pandemic Influenza outbreak and health services will be stressed even beyond their “surge” capacity. It is also estimated by the United States Department of Health and Human Services that a high percentage of the entire workforce would be unable to report to work during the peak of a severe Pandemic Influenza outbreak. Usual health and other services may be compromised because of reduced staff and supplies of all types may be difficult to maintain. Due to the disproportionate high presence of health challenges, individuals served by DDSN would generally be at greater risk for both death and hospitalization.

DDSN will maintain a Pandemic Influenza Plan (Plan) to respond to a pandemic influenza outbreak. This Plan is intended to reduce the adverse impact that such an outbreak would have on the individuals, families and staff who receive or provide services through DDSN.

There are six (6) phases of a pandemic influenza recognized by the World Health Organization. The higher the phase, the greater the risk of widespread outbreak. There are also five (5) categories of pandemic influenza severity recognized by the United States Department of Health and Human Services. The higher the category, the higher the projected mortality rate of the respective influenza. Response to a pandemic influenza will be dictated by the respective phase and category of the outbreak. Phase status will be determined by the World Health Organization and category status will be determined by the United States Department of Health and Human Services.

World Health Organization Phases

Interpandemic Period

Phase 1: No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.

Phase 2: No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.

Pandemic Alert Period

Phase 3: Human infection with a new subtype has been detected, but no human to human spread or, at most, rare instances of spread to a close contact.

Phase 4: Small clusters of human infection with limited human to human transmission have occurred, but spread is highly localized suggesting that the virus is not well adapted to humans.

~~Phase 5: Larger clusters of human infection has been detected, but human to human spread still is localized suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible.~~

Pandemic Period

~~Phase 6: Increased and sustained transmission in general human population.~~

~~United States Department of Health and Human Services Categories~~

~~Category 1: Mortality rate less than 0.1% of those infected with influenza (Seasonal Flu)~~

~~Category 2: Mortality rate between 0.1% and 0.499% of those infected with influenza (Hong Kong Flu)~~

~~Category 3: Mortality rate between 0.5% and 0.999% of those infected with influenza~~

~~Category 4: Mortality rate between 1.0% and 1.999% of those infected with influenza~~

~~Category 5: Mortality 2.05% or higher of those infected with influenza (Spanish Flu 1918)~~

~~II. DDSN DISASTER PREPAREDNESS PLAN~~

- ~~A. DDSN maintains a Disaster Preparedness Plan (refer to Directive 100-25-DD). The DDSN Pandemic Influenza Plan is a component of the broader DDSN Disaster Preparedness Plan. Unless otherwise stipulated below, the provisions of the Disaster Preparedness Plan are applicable to prevention and response to a pandemic influenza outbreak.~~
- ~~B. Each DDSN Regional Center and DSN Provider are required to develop and maintain a local Disaster Preparedness Plan which identifies the specific steps which will be taken to prevent and effectively respond to a disaster which impacts their operations and consumers.~~
- ~~C. This Provider Disaster Preparedness Plan must include a component which addresses a pandemic influenza outbreak.~~
- ~~D. A copy of this Plan must be provided to DDSN.~~
- ~~E. DDSN's Emergency Operations Center will be activated and initiate regular communications with all Providers in the event a Phase 6 and Category 4 or higher Pandemic Influenza statuses are declared.~~

~~III. GENERAL COMMUNITY PREPARATION~~

- ~~A. Efforts will be undertaken at both a state and local level to assure coordination with those entities which will have responsibility for responding to a pandemic influenza.~~

- ~~B. DHEC is the lead agency for implementation of the Emergency Service Function 8/Health and Medicine (ESF8) of the South Carolina Emergency Management Plan. As such, DHEC is the primary agency in South Carolina responsible for responding to a pandemic influenza outbreak.~~
- ~~C. Providers should share copies of their Pandemic Influenza Plan with their local DHEC Office (Public Health Preparedness Director).~~
- ~~D. Provider communication with the local DHEC Office (Public Health Preparedness Director) should become more frequent as the risk increases.~~
- ~~E. Key Provider leadership should become familiarized with the Pandemic Influenza section of the South Carolina Emergency Operations Plan (http://www.sccemd.org/images/plans/mass_casualty/state_pandemic_influenza_plan_november_2011.pdf).~~

~~IV. PREVENTION~~

~~A. Infection Control~~

- ~~1. Providers will maintain vigorous standard infection control precautions, with strong emphasis on thorough and regular hand washing in accordance with recommendations from the United States Centers for Disease Control and Prevention (http://www.cdc.gov/hai/pdfs/guidelines/basic_infection_control_prevention_plan_2011.pdf).~~
- ~~2. Providers will maintain aggressive respiratory/cough hygiene etiquette in accordance with recommendations from the United States Center for Disease Control and Prevention (<http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>).~~
- ~~3. Providers will offer training to staff on the signs and symptoms of influenza and the infection control protocols noted above. All staff must receive training reminders at least monthly if a Phase 5 and Category 3 or higher Pandemic Influenza statuses are declared.~~

~~B. Surveillance~~

- ~~1. Providers will maintain a rigorous surveillance program to promote early detection of possible influenza outbreak among consumers and staff as recommended by the United States Department of Health and Human Services (<http://www.hhs.gov/pandemicflu/plan/sup1.html>).~~
- ~~2. Staff who display signs of influenza will not be permitted to work in close proximity to other staff or consumers, unless otherwise approved by a physician.~~
- ~~3. Efforts will be maintained to minimize any contact between consumers and family or members of the general public on Provider premises when family or members of the general public display signs of influenza.~~

- ~~4. Surveillance efforts will become more rigorous if Phase 5 and Category 3 or higher Pandemic Influenza statuses are declared.~~

~~C. Anti-viral Medications~~

- ~~1. Providers will facilitate the voluntary provision of anti-viral medications to consumers and staff who display symptoms of influenza.~~
- ~~2. These medications should be administered in accordance with recommendations from the Centers for Disease Control and Prevention (<http://www.cdc.gov/flu/antivirals/>) and attending physicians.~~

~~D. Vaccination~~

- ~~1. Providers will facilitate the voluntary provision of influenza vaccination to consumers and staff who have a confirmed diagnosis of influenza.~~
- ~~2. Vaccination protocols should be maintained in accordance with recommendations from the Centers for Disease Control and Prevention (<http://www.flu.gov/prevention-vaccination#>) and attending physicians.~~
- ~~3. The local DHEC Offices will control the dissemination of the vaccine. Providers should coordinate with the local DHEC Office (EFS8 Coordinator) to access the vaccine.~~
- ~~4. Vaccination efforts should become more vigorous when the risk of a severe Pandemic Influenza outbreak increases.~~

~~E. Supply Stockpiling~~

- ~~1. Providers will communicate with principal vendors to determine which commodities may be in short supply in the event of a Pandemic Influenza and adjust stockpiling accordingly when Phase 4 and Category 4 or higher Pandemic Influenza statuses have been declared.~~
- ~~2. Providers should purchase and maintain a 30-day supply of medical/protective supplies, pharmaceuticals and non-perishable food when Phase 4 and Category 4 or higher Pandemic Influenza statuses have been declared.~~
- ~~3. Supplies will be stored in a secure location.~~

~~F. Drills~~

- ~~1. DDSN and Providers will conduct regular mock Pandemic Influenza drills to evaluate adequacy of Pandemic Influenza Plan.~~
- ~~2. A drill will be conducted every six (6) months when Phase 4 and Category 4 or higher Pandemic Influenza statuses have been declared.~~

- ~~3. Modifications will be made to DDSN's and Provider's Pandemic Influenza Plans, based upon the results of the mock drill.~~

~~G. Critical Duty Identification/Staff Training~~

- ~~1. DDSN and Providers will identify those duties which are essential to be performed in the event of a Pandemic Influenza outbreak. Highest priority will be placed upon those duties which preserve the health, safety and well-being of the consumers served.~~
- ~~2. Training materials summarizing the methods necessary to effectively perform the essential duties will be developed. These materials are intended to be used to allow staff who are able to report to work during a Pandemic Influenza to perform duties which they are not normally assigned to perform.~~

~~V. RESPONSE TO PANDEMIC INFLUENZA~~

~~A. Communications~~

- ~~1. DDSN Emergency Operations Center will communicate regularly with Providers in the event Phase 6 and Category 4 Pandemic Influenza statuses are declared to supply updated information and assess potential problem areas.~~
- ~~2. Providers should also communicate regularly with the local DHEC Office (EFS8 Coordinator) in the event Phase 6 and Category 4 Pandemic Influenza statuses are declared to determine if any public health actions have been implemented.~~
- ~~3. Providers should provide daily status updates to all staff on the status of Pandemic Influenza response.~~
- ~~4. Providers should communicate regularly with the family/legal guardians of the consumers to advise them of the Providers actions in responding to the Pandemic Influenza.~~

~~B. Isolation~~

- ~~1. Providers should severely restrict contact between the consumers served and the general public; both in the form of the general public being restricted from being on the Provider's premises and restricting consumers from leaving the premises, except in cases of the most urgent need in the event Phase 6 and Category 4 Pandemic Influenza statuses are declared.~~
- ~~2. Providers should minimize the number of staff who work with a given consumer.~~
- ~~3. Providers will comply with any official quarantine order issued by DHEC.~~

- ~~4. Providers should physically segregate consumers who display signs of influenza from consumers who do not.~~
- ~~5. Provider should arrange for the cancellation of non-essential services (e.g., non-residential services).~~

~~C. Consumer Consolidation~~

- ~~1. To accommodate serious staff shortages, Providers should consolidate consumers into larger settings (e.g., sheltered workshops) to best utilize available staff in the event Phase 6 and Category 4 Pandemic Influenza statuses are declared.~~
- ~~2. Any setting to which consumers are relocated should be equipped with sleeping, bathing and food preparation accommodations.~~
- ~~3. If consumers are consolidated into ICFs/IID or CRCFs, the DHEC Director of Health Regulations Division must be notified and approve the proposed consolidation plan.~~

~~D. Death~~

- ~~1. In the event of consumer death due to Pandemic Influenza, notification of family/legal guardians and DDSN should be provided in accordance with Directive 505-02-DD: Death or Impending Death of Persons Receiving Services from DDSN.~~
- ~~2. If the Coroner or DHEC cannot quickly pick up the deceased consumer, the Provider should remove the body to a remote and cool area not accessible by consumers.~~

~~VI. RECOVERY FROM PANDEMIC INFLUENZA~~

- ~~A. Providers will offer grief counseling for consumers and staff.~~
- ~~B. DDSN and Providers will evaluate the effectiveness of their Pandemic Influenza Plan and revise where appropriate.~~

Boil Water Advisory Information

What is a Boil Water Advisory?

A Boil Water Advisory is the method used to alert businesses and residents of the potential health threat.

During a Boil Water Advisory

If your area is under a boil water advisory:

- Boil your water vigorously for at least one minute before drinking or cooking.
- Do not use any appliances that might require drinkable water like dish washers, ice machines, drinking fountains, etc.
- Do not use water from the tap to wash food, dishes, or your hands. Use water that has been boiled and cooled for this purpose.
- For more information, see attachments SC DHEC's "What to do when a water related emergency occurs" and Centers for Disease Control and the American Water Works Association in collaboration with the U.S. Environmental Protection Agency "Fact Sheet About What to Do During a Boil Water Advisory."

After a Boil Water Advisory

If a boil water advisory for your area has been lifted:

- Dispose of any ice that might have been made during the Boil Water Advisory.
- Turn on your taps to flush your lines.

Emergency Water Supply

- Have at least 48 hour emergency supply of bottled water on site at all times, with system to rotate inventory to utilize earliest date first.
- At first announcement of potential threat (flooding/hurricane/winter storm/etc.), schedule delivery of bottled water to increase inventory to at least 96 hour capacity. After threat has passed, utilize inventory with earliest expiration date first, depleting to 48 hour emergency supply inventory.

WHAT TO DO WHEN A WATER-RELATED EMERGENCY OCCURS

Emergency Guidelines for Restaurants, Grocery Stores, Schools, Childcare Facilities, Correctional Facilities, Convenience Stores, Ice Plants, Hospitals, Nursing Homes and Community Residential Care Facilities.

Sometimes a situation occurs where the safeness (due to biological or chemical contamination) or the availability of water is a concern for the proper operation of a food service facility. When the water supply **may have been** biologically contaminated a **BOIL WATER ADVISORY** will be issued. If it is confirmed that the water supply **has been** biologically contaminated a **BOIL WATER NOTICE** will be issued. Below are safety precautions to be taken in the event of a water-related emergency due to a natural disaster, accident, water system malfunction or willful contamination of a water system.

BOIL WATER ADVISORY	BOIL WATER NOTICE	WATER SUPPLY INTERRUPTED/ NO WATER AVAILABLE
<p>S.C. DHEC recommends:</p> <ol style="list-style-type: none"> 1. Stop using appliances and equipment that use drinkable water, such as dish machines, ice machines, fountainheads, drinking fountains, tea brewers and coffee makers. 2. Use disposable paper, plastic or foam plates, cups, forks, etc. 3. Prepare food using water that has been boiled. 4. Wash hands with water that has been boiled and cooled. 5. Wash, rinse and sanitize pots, pans and other equipment with water that has been boiled and cooled. 	<p>S.C. DHEC requires:</p> <ol style="list-style-type: none"> 1. Steps 1 through 5 outlined under the BOIL WATER ADVISORY are now REQUIRED. 2. If you cannot boil water and there is no other option (modified menu), you MUST stop food service activities until the water is declared safe. <p>CHEMICAL CONTAMINATION OF WATER</p> <p>STOP using water for cooking, drinking or hand washing until the water has been declared safe.</p>	<p>DHEC will evaluate each situation on a case-by-case basis. Depending on the length of the outage and the type of food service involved, food service facilities may need to modify menus, develop other options (such as bottled water) or in some instances stop operations until the situation has been corrected.</p>

The water provider will alert customers and citizens of any potential or confirmed contamination.

PURIFICATION OF WATER IN THE AFTERMATH OF A NATURAL DISASTER WHEN THERE IS NO SAFE WATER SUPPLY (FLOOD, HURRICANE, TORNADO, ETC.):

Using unscented liquid chlorine bleach containing **4 to 6 percent available chlorine**. Add 1 teaspoon of bleach to every 4 gallons of water. Let the treated water stand for 30 minutes before drinking, or for other (food) related purposes.



Fact Sheet About What to Do During a Boil Water Advisory

Boiling water

To boil water

- Fill a pot with water.
- Heat the water until bubbles come from the bottom of the pot to the top.
- Once the water reaches a rolling boil, let it boil for 1 minute.
- Turn off the heat source and let the water cool.
- Pour the water into a clean container with a cover for storage.

Disinfecting water

If you are unable to boil your water, disinfect it instead.

If tap water is clear:

- Use unscented bleach (bleach that does not have an added scent).
 - Add 1/8 teaspoon (8 drops or about 0.75 milliliters) of unscented household liquid bleach to 1 gallon (16 cups) of water.
-
- Mix well and wait 30 minutes or more before drinking.
 - Store disinfected water in clean container with a cover.

If tap water is cloudy:

- Filter water using clean cloth.
- Use unscented bleach (bleach that does not have an added scent).
- Add 1/4 teaspoon (16 drops or 1.5 milliliters) of unscented household liquid bleach to 1 gallon (16 cups) of water.
- Mix well and wait 30 minutes or more before drinking.
- Store disinfected water in clean container with a cover.

Remember that containers may need to be sanitized before using them to store safe water.

To sanitize containers:

- Use unscented bleach (bleach that does not have an added scent).
- Make a sanitizing solution by mixing 1 teaspoon (5 milliliters) of unscented household liquid bleach in 1 quart (32 ounces, 4 cups, or about 1 liter) of water.
- Pour this sanitizing solution into a clean storage container and shake well, making sure that the solution coats the entire inside of the container.

Fact Sheet About What to Do During a Boil Water Advisory, continued

- Let the clean storage container sit at least 30 seconds, and then pour the solution out of the container.
- Let empty container air dry OR rinse it with clean water that has already been made safe, if available.

Never mix bleach with ammonia or other cleaners. Open windows and doors to get fresh air when you use bleach.

Water filters

Boil tap water even if it is filtered. Most kitchen and other household water filters typically *do not* remove bacteria or viruses.

Preparing and cooking food

- Wash all fruits and vegetables with boiled water that has cooled or bottled water.
- Bring water to a rolling boil for 1 minute before adding food to cook.
- Use boiled water when preparing drinks, such as coffee, tea, and lemonade
- Wash food preparation surfaces with boiled water.

Feeding babies and using formula

- Breastfeeding is best. Continue to breastfeed. If breastfeeding is not an option:
- Use ready-to-use baby formula, if possible.
- Prepare powdered or concentrated baby formula with bottled water. Use boiled water if you do not have bottled water. Disinfect water for baby formula if you cannot boil your water (see above for directions on how to use bleach to disinfect water).
- Wash and sterilize bottles and nipples before use.
- If you cannot sterilize bottles, try to use single-serve, ready-to-feed bottles.

Ice

- Do not use ice from ice trays, ice dispensers, or ice makers.
- Throw out all ice made with tap water.
- Make new ice with boiled or bottled water.

Bathing and showering

Be careful not to swallow any water when bathing or showering.

Use caution when bathing babies and young children. Consider giving them a sponge bath to reduce the chance of them swallowing water.

Fact Sheet About What to Do During a Boil Water Advisory, continued

Brushing teeth

Brush teeth with boiled or bottled water. Do not use untreated tap water.

Washing dishes

Household dishwashers generally are safe to use if the water reaches a final rinse temperature of at least 150 degrees or if the dishwasher has a sanitizing cycle.

To wash dishes by hand:

- Wash and rinse the dishes as you normally would using hot water.
- In a separate basin, add 1 teaspoon of unscented household liquid bleach for each gallon of warm water.
- Soak the rinsed dishes in the water for at least one minute.
- Let the dishes air dry completely.

Laundry

It is safe to do laundry as usual.

Pets

Pets can get some of the same diseases as people. It is a good idea to give them boiled water that has been cooled.

For more information, see or contact:

- [Personal Preparation and Storage of Safe Water](#): CDC provides guidance on the amount of water needed for good health, as well how to prepare and store safe water before and during an emergency.
- [Hygiene and Handwashing](#): CDC provides guidance on alternative hygienic practices when water is not available or is contaminated.
- [A Guide to Water Filters](#): CDC maintains a guide for filters that remove *Cryptosporidium* or *Giardia*.
- EPA Safe Drinking Water Hotline: 1-800-426-4791
- [Consumer Information](#): EPA provides information and guidance about drinking water quality, emergencies, contaminants, public health issues, and treatment and storage.
- Water system: [name, title, phone, e-mail, website]
- State or local public health department: [name, title, phone, e-mail, website]
- Primary Agency: [name, title, phone, e-mail, website]

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Applicability: Department of Disabilities and Special Needs (DDSN)
 Regional Centers, Disabilities and Special Needs (DSN)
 Board-operated Intermediate Care Facilities for Individuals
 with Intellectual Disabilities (ICF/IID), Residential
 Habilitation Providers, and DDSN Licensed Day Programs

The purpose of this directive is to establish a requirement for each DDSN provider of Residential Habilitation, (ICFs/IID) and Day services (Provider) to create and keep current a Disaster Preparedness Plan (DPP). The Provider’s DPP must prescribe the actions to prepare for potentially disastrous situations, the actions to be taken in response to or during those situations, and the plan for recovery. The Provider’s DPP must take into account the implications of potentially disastrous situations to each service the provider delivers and the locations in which those services are delivered. At a minimum, the DPP must address the following:

1. Disaster Preparedness:
 - a. Training to staff.
 - b. Assignment of responsibility to staff.
 - c. Actions to take prior to an emergency.

2. Emergency Operations: Actions to take during an emergency
3. Evacuation Plan: Relocation agreements
4. Recovery Action
5. Situations to be addressed include, but are not limited to: Hurricanes, Pandemic, Severe Weather, Loss of Power, Winter Storms, Tornadoes, Hazardous Material Spills, Fire, Forest/Wild Fires, Earthquakes, Active Shooter, Terrorism, Nuclear Emergencies, Water Contamination.

DDSN Emergency Operations Center (EOC)

The administrative offices of DDSN will establish an emergency operations center located in the administration building at 3440 Harden Street Extension, Columbia, South Carolina to be activated upon the declaration of a State of Emergency by the Governor or at the direction of the State Director. When a State of Emergency is declared, communication with DDSN EOC will be through EOC@ddsn.sc.gov and 803-898-9754.

DDSN Regional Centers and ICFs/IID operated by DSN Boards will follow a DPP in accordance with regulations promulgated by DHEC and the Centers for Medicaid and Medicare Services.

Disaster Preparedness Plans

Each DDSN Provider will have a DPP that will be filed with the DDSN Emergency Operations Coordinator by April 1 of each year. The DPP must be reviewed and signed by the County Emergency Manager in each county where the contracted provider operates.

Disaster Preparedness Training

Periodically, each provider must conduct a disaster preparedness training drill. DPPs should be tested regularly. DDSN Regional Centers and ICFs/IID operated by DSN Boards must conduct drills per Center for Medicaid and Medicare Services as referenced in Appendix Z of the DHEC State Operations manual.

Barry D. Malphrus
Vice Chairman

Stephanie M. Rawlinson
Chairman

Reference Number: 603-02-DD

Title of Document: Employee Health Requirements

Date of Issue: August 1, 1989

Date of Last Revision: ~~April 27, 2015~~ XXXX, 2022 (REVISED)

Effective Date: ~~August 1, 1989~~ XXXX, 2022

Applicability: Department of Disabilities and Special Needs (DDSN)
Regional Center Employees

I. Pre-Placement Physical Examinations

A. All new employees, contract workers, and volunteers (working 10 hours or more per week) must have an assessment by a registered nurse, nurse practitioner, physician’s assistant or physician prior to employment placement. This assessment must determine the potential employee to be:

- 1) Capable of and physically fit to perform the job for which he/she is to be hired. Ability to lift 20 lbs., squat, and return to a standing position unassisted;
- 2) Free of obvious communicable disease.

~~The assessment must include a Tuberculin skin test by the intradermal (Mantoux) method using five (5) tuberculin units (TU) of purified protein derivative (PPD), unless a previously positive reaction can be documented. New employees shall receive a second TB skin test one to three weeks after the first if results of the first are 0-9mm (Two-Step Tuberculin Skin test in accordance with All new and existing employees will receive screening for Tuberculosis in accordance with DDSN Directive 603-06-DD: Guidelines for Screening of Tuberculosis) Tuberculosis Screening. If a new employee has:~~

- ~~(1) — a reaction of 10mm or more to the PPD, or~~
- ~~(2) — a documented history of a positive PPD, or~~

~~(3) — if previously diagnosed and/or treated for TB,~~

~~A chest x ray with appropriate reading shall be given and followed up on as required, unless one can be documented within 30 days prior to employment. Follow up is to be done by the potential employee's private physician or the Health Department. A person who refuses to follow up on a positive skin test within five (5) working days can be suspended without pay.~~

~~B. The pre placement health assessment and TB testing will be provided free of charge at the DDSN Regional Centers or a current physical and TB test/chest x ray report, etc. (within 30 days prior to employment) may be done by the potential employee's personal physician and furnished to the appropriate DDSN regional staff.~~

~~C. Employees or volunteers who have a history of tuberculosis disease shall be required to have certification by a licensed physician that they are not contagious.~~

~~II. Annual Requirements~~

~~A. All employees, contract workers and volunteers (working 10 hours or more per week) will have an annual TB test unless there is a history of a documented positive test. Those with documented positive TB tests will be required to have a report of a negative chest film on file at the DDSN Regional Center.~~

~~B. All employees/volunteers with positive TB reactions shall be informed of their lifelong risk and evaluated for signs and symptoms of TB, (e.g., cough, fatigue, weight loss, night sweats or fever). They will also be instructed in the procedure to follow if such signs or symptoms appear.~~

~~III. Emergency Care~~

~~A. Emergency care for employees experiencing acute illness and acute non-work-related injuries should result in referrals to ~~private physicians and or hospitals~~ emergency medical services by calling 911.~~

~~B. For injuries which employees qualify for Workman's Compensation benefits, necessary emergency care will be provided by DDSN Regional Center medical employees, as is available, followed by ~~the necessary referrals to private physicians and or hospitals~~ respective DDSN Regional Center's approval.~~

~~C. DDSN Directive 603-05-DD: Policy for Management of Occupational Exposure of Health Care Personnel to Potential Blood Borne Pathogens, will be followed for any employee who has a blood exposure.~~

~~IV. Infection Control Guidelines~~

~~A. Hepatitis B serology testing, if necessary, may be offered at no cost to the employees to help them decide whether or not to receive HBV vaccination. Hepatitis B vaccine shall be offered without cost to all employees.~~

- 1). Six to eight weeks after completion of the Hepatitis B vaccine series, the employee will be offered Hepatitis B serology testing to see if Hepatitis B antibodies are present.
 - 2). If the person is sero-negative for hepatitis B antibodies after completion of the initial Hepatitis B vaccine series, the entire series should be offered again to the person. If the person refuses the second HBV series they will be considered a non-responder. If the person accepts the second HBV series, they should have Hepatitis B serology for antibodies repeated six to eight weeks after the last dose to determine antibody status. If the person’s Hepatitis B antibody status remains negative, they will be considered a non-responder and no other HBV series will be given.
- B. No person infected with or a carrier of a communicable disease which may be transmitted in the work place or having uncovered boils or infected skin lesions, or an acute respiratory infection accompanied by an elevated temperature shall work in any area in which contact with individuals may occur.

IV. Health File

- A. A confidential health file will be kept on all employees for the duration of employment, plus 30 years. Access to/distribution of this information will be conducted in full compliance with appropriate state and federal law (to include HIPAA).
- B. The medical records of employees of DDSN who have worked for less than one year, need not be retained beyond the term of employment if they are provided to the employee upon the termination of employment.
- C. Employee Health records concerning an incident of exposure to bloodborne pathogens shall be maintained in a confidential file separate from other employee health records. They shall be maintained for the duration of employment, plus 30 years.

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Associate State Director Operations~~

~~Barry D. Malphrus
Vice Chairman~~

~~Stephanie M. Rawlinson
Chairman~~

References:

603-05-DD: Policy for Management of Employee Exposure to Blood, Bloody Body Fluid or Body Fluids Designated As Infectious Occupational Exposures of Health Care Personnel to Potential Blood Borne Pathogens

603-06-DD: Guidelines for Screening For Tuberculosis

CFR 1910.20 OSHA Standards “Access To Employee Exposure and Medical Records”

http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10027.

To access the following attachments, please see the agency website page “Current Directives” at: <https://ddsn.sc.gov/providers/ddsn-directives-standards-and-manuals/current-directives>

DDSN Infection Control Manual

SOUTH CAROLINA
DEPARTMENT
OF
DISABILITIES AND SPECIAL NEEDS

INFECTION CONTROL MANUAL

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INTRODUCTION

It is the right of every individual residing in a facility for individuals with disabilities and special needs to have a standard of living which includes an infection-controlled environment. It is incumbent upon each DDSN facility to provide that environment.

Individuals in long term care facilities often have a number of chronic illnesses. In addition, owing to their handicap, physical and mental, most individuals have an altered immunologic response. These factors are often present in conjunction with poor nutritional status and medical and surgical procedures that may accompany disabilities and special needs. As such, this population is particularly susceptible to infection.

The ultimate goal of an infection control program in this DDSN facility is the protection of individuals and staff from institution-related infections. While infection prevention efforts generally fall under the auspices of the infection control committee, it is the responsibility of the administration to see that such efforts are carried out. Every programmatic service within the DDSN facility must share the larger burden of the DDSN facility – to maintain a safe environment for the individuals they serve.

INFECTION CONTROL COMMITTEE

The Infection Control Committee is comprised of a representative of the following, where applicable:

Infection Control Coordinator
Medical/Health Staff
Nursing Services
Pharmacist
Dietary
Laboratory
X-Ray
Housekeeping Service
Laundry
Maintenance
Residential
Dental
Program Services

The Infection Control Committee meets as necessary.

The minutes for the meeting are kept in the Infection Control Office. All written policies and procedures relating to the Infection Control Program are reviewed annually and as needed by the Infection Control Committee.

PURPOSES:

Purpose:

The major goals of the Infection Control Committee are to provide guidance and recommendations necessary to identify and prevent the development and transmission of infections and ensure staff education in infection control practices.

Objectives:

1. To ensure infection control policy and procedure implementation and revision.
2. To prevent, investigate and control nosocomial infections.
3. To distinguish, as far as possible, between those acquired within the DDSN facility (nosocomial) and those acquired outside (brought in by individuals from other facilities, hospitals, or the community).
4. To review and enforce aseptic techniques within the facility as indicated.
5. To educate the staff to the importance of reporting to responsible authorities when they have an infection likely to be transmitted to others.
6. To review all reported communicable diseases and ensure that appropriate cases are reported to the Department of Health and Environmental Control.

AUTHORITY

INFECTION CONTROL COMMITTEE

Be it known that the Infection Control Committee and/or the Infection Control Coordinator has the authority to institute appropriate control measures or initiate any studies they feel necessary to prevent danger to personnel or individuals in certain infection cases. This has been approved by the Medical Staff and the Administration.

Approved: _____
Infection Control Coordinator

Date: _____

Approved: _____
Facility Administrator

Date: _____

INFECTION CONTROL COORDINATOR

The Infection Control Coordinator serves as the eyes, ears, and arms of the Infection Control Committee. Dealing with every department within the facility he/she must have firm backing from the administration in order to do an effective job. The objectives of the Coordinator are to serve as a liaison for all team members, report information on Infection Control, develop policies and procedures and see that they are implemented. This results in a high quality of individual care.

At present, the Infection Control Coordinator is a Registered Nurse employed in a full-time capacity. The Coordinator functions as surveillance officer for the facility.

The Infection Control Coordinator is responsible for staff education, policy development and implementation, promotion of effective infection control and ensuring reporting of reportable diseases to DHEC.

INFECTION CONTROL PRECAUTIONS

Definition: An approach to infection control incorporating a combination of Universal and Standard Precautions.

Purpose: To minimize the risk of exposure to blood and other potentially infectious body fluids of all individuals.

Responsible Persons: All employees and volunteers

I. Universal Precautions are regulations for preventing the transmission of bloodborne infections issued by the Occupational Safety and Health Association (OSHA). They are based on the concept that all human blood and other potentially infectious body fluids are treated as if they are infected with certain bloodborne pathogens. Specific control measures must be used when contact with blood or those potentially infectious body fluids is possible.

A. Body fluids to which Universal Precautions apply:

1. Blood (single most important source)
2. Semen and vaginal secretions (implicated in the sexual transmission of HIV and HBV)
3. Cerebrospinal fluid (spinal column fluid)
4. Pleural fluid (fluid around lungs)
5. Synovial fluid (fluid around joints)
6. Peritoneal fluid (fluid of abdominal cavity)
7. Pericardial fluid (fluid around heart)
8. Amniotic fluid (fluid around an unborn baby)

B. Body fluids to which Universal Precautions do not apply:

1. Feces, nasal secretions, sputum, saliva, sweat, tears, urine, and vomitus unless they contain visible blood.

II. Standard precautions are infection control recommendations for preventing the transmission of infections issued by the Centers for Disease Control and Prevention (CDC). They apply to blood, all body fluids, secretions, excretions (except sweat), non-intact skin and mucous membranes.

A. These precautions apply to every individual whether existing infections are recognized or not.

B. The CDC also recommends transmission-based precautions such as airborne, contact or droplet for use with individuals documented or suspected to be infected with pathogens for which additional precautions are needed.

III. Protective barriers that reduce the individual's risk of exposure to blood or other potentially infectious body fluids are as follows:

A. Gloves

1. Should be worn when touching blood or other potentially infectious fluids.
2. Gloves need not be worn when feeding individuals. When wiping saliva from the skin, use protective barriers such as bibs or towels.
3. General infection control practices already in existence, including the use of gloves for digital examination of mucous membranes and endotracheal suctioning, should continue to be followed.
4. Wear gloves when performing phlebotomy.
5. Change gloves between contact with each individual and dispose of after one use.
6. Dispose of gloves out of reach of individuals you care for.
7. Wash hands well after removal of gloves.

B. Masks, Eye Protection, Face Shields, Aprons or Gowns

1. Shall be worn whenever splashes, spray, splatter, droplets, aerosols or soiling of blood or other potentially infectious body fluids may occur.

IV. Miscellaneous Equipment

A. Sharps

1. Contaminated sharps must be placed in a puncture-proof container located at site of use.
2. Safety needles must be used when applicable. Needles/syringes must not be bent, broken, clipped or recapped. If needles must be recapped in certain situations, a one-handed scoop method must be used.
3. When sharps containers are $\frac{3}{4}$ full, cap securely, and dispose of according to policy.

B. CPR Barriers

1. Mouthshields and ambu-bags should be used when available to prevent the need for emergency mouth-to-mouth contact during resuscitation.

C. Personal Care Items (such as razors, bar soap, toothbrushes, hairbrushes, etc.) must be used individually and labeled with the individual's name to prevent spreading of infections and diseases.

VI. Blood Spill Procedure

- A. Put gloves on.
- B. Wipe up visible material with paper towels. Dispose of paper towels in plastic lined trashcan.
- C. Pour diluted chlorine bleach (1:10) onto spill.
- D. Wipe up solution with paper towels and dispose of them in plastic-lined trashcan. Tie plastic trash bag securely and place in covered container for later disposal at the county landfill.
- E. Mop area with EPA-approved disinfectant/detergent.

Guidelines for Hand Washing

Purpose: To provide guidance for adherence to the Centers for Disease Control and Prevention (CDC) recommendations for hand washing and hand asepsis. This has been shown to terminate outbreaks of infections in health-care facilities, to reduce transmission of antimicrobial resistant organisms and reduce overall infection rates.

Guidelines:

I. When to wash/clean hands

- A. Wash/clean hands that are visibly dirty or contaminated with blood or body fluids with either a non-antimicrobial or antimicrobial soap and water.
- B. Use an alcohol-based hand rub for routinely cleaning hands in all other clinical situations.
- C. Wash/clean hands before having direct contact with individuals you care for.
- D. Wash/clean hands before putting on gloves if you will be performing an invasive procedure.
- E. Wash/clean hands after having contact with the individual's intact skin, non-intact skin, body fluids, excretions, secretions, mucous membranes or wound dressings that you are caring for.
- F. Wash/clean hands during care for an individual if you move from a contaminated body site to a clean body site.
- G. Wash/clean hands after contact with contaminated objects or medical equipment in the immediate vicinity of the individual you are caring for.
- H. Wash/clean hands after removing gloves
- I. Wash hands with soap and water (either antimicrobial or non-antimicrobial) before eating and after using the restroom.
- J. Wash hands with either type of soap and water if exposure to *Bacillus Anthracis* or *Clostridium Difficile* is suspected or proven. The physical action of washing and rinsing hands under these circumstances is recommended because alcohols and other antiseptic agents have poor activity against spores.

II. Hand Hygiene Technique

- A. When cleaning hands with an alcohol-based hand rub, apply the product to the palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry.
- B. When washing hands with soap and water, wet hands first with water, apply soap to the hands, and rub vigorously for at least ~~15~~20 seconds, covering all surfaces of the hands and fingers. Rinse hands with water and dry thoroughly with a disposable towel. Use towel to turn off the faucet. Avoid using hot water, because repeated exposure to hot water may increase the risk of dermatitis.
- C. Liquid, leaflet or powdered forms of plain soap are acceptable when washing with a non-antimicrobial soap and water.
- D. Do not use multiple-use cloth towels of the hanging or roll type in health-care settings.

III. Selection of hand-hygiene agents

- A. Use soaps that are as mild as possible to reduce irritation due to frequent hand washings.
- B. To maximize acceptance of hand-hygiene products by Health Care Workers (HCWs), their input should be solicited regarding the feel, fragrance and skin tolerance of any products under consideration.
- C. When selecting non-antimicrobial soaps, antimicrobial soaps, or alcohol- based hand rubs, solicit information from the manufacturers regarding any known interactions between products used to clean hands, skin care products, and the types of gloves used in the facility.
- D. Evaluate dispenser systems of the various products used in hand hygiene to ensure that ~~dispensers~~dispensers' function adequately and deliver an appropriate volume of the product.
- E. Never add soap to partially empty soap dispensers. This can lead to bacterial contamination of the soap.

IV. Skin Care

- A. Encourage the use of hand creams/lotions (not petroleum based) to minimize the occurrence of irritant contact dermatitis associated with antiseptic hand washing.
- B. Solicit information from manufacturers regarding any effects that hand lotions, creams, or alcohol-based hand antiseptics may have on the persistent effects of antimicrobial soaps being used in the facility.

V. Miscellaneous

- A. Keep nails trimmed and neat.
- B. Staff performing direct care should not wear artificial nails as they harbor bacteria.
- C. Wear gloves when contact with blood or other potentially infectious materials, mucous membranes, and non-intact skin could occur.
- D. Remove gloves after caring for each individual. Do not wear the same pair of gloves for the care of another individual. Do not wash gloves between uses with different individuals.
- E. Change gloves during care of the individual if moving from a contaminated body site to a clean body site.
- F. Educate all personnel regarding the types of activities that can result in hand contamination and ways to control this.
- G. Monitor HCWs adherence with recommended hand-hygiene practices.
- H. When outbreaks of infections occur, assess the adequacy of HCW hand hygiene.

GUIDELINES FOR INFECTION CONTROL IN LINEN/LAUNDRY

Purpose: To provide an effective Infection Control program when handling linen/laundry in accordance with State and Federal regulations.

Recommendations:

I. Routine Handling of Soiled Linen

- A. Soiled linen should be handled as little as possible and with minimum agitation to prevent gross microbial contamination of the air and of individuals handling the linen.
- B. All soiled linen should be bagged or put into carts at the location where it was used; it should not be sorted or pre-rinsed in patient-care areas.
- C. Linen supersaturated with blood or body fluids should be deposited and transported in bags that prevent leakage.
- D. Universal precautions shall be observed at all times when handling soiled linen/laundry or all soiled linen containers will be labeled to indicate the use of universal precautions.

II. Hot-Water Washing

If hot water is used, linen should be washed with a detergent in water at least 71 C (160 F) for 25 minutes.

III. Low-Temperature Water Washing

If low temperature (less than 70 C) laundry cycles are used, chemicals suitable for low- temperature washing at proper use concentration should be used.

IV. Transportation of Clean Linen

Clean linen should be transported and stored by methods that will ensure its cleanliness.

GUIDELINES FOR INFECTION CONTROL IN DENTAL SERVICES

Purpose: To provide an effective Infection Control Program for Dental Services in accordance with State and Federal regulations.

General: In providing dental care, there is a possibility of transmitting infections. The strictest of infection control practices should be followed to prevent this possibility.

I. Procedures

A. Hand Washing

Hands are to be washed with soap and water at the start of work, before and after patient contact (treatment), before leaving work area, or as needed.

B. Gloves

In accordance with infection control precautions for Dentistry, the use of gloves is mandatory when having contact with mucous membranes, blood, or saliva during dental procedures. Gloves are removed by turning them inside out. They are disposed of after each use in an area where they cannot be retrieved by individuals.

C. Masks

Surgical masks/face shields are used during dental treatment of the patient. They are also to be used during other procedures that may result in an airborne spray of liquid or solid particles.

D. Eye Protection

Safety glasses or face shields are worn during treatment, sterilization, and laboratory procedures. This is to prevent saliva, blood, or debris from entering a staff member's eye.

E. Gowns

Impervious gowns are to be worn by dental personnel during procedures. They are disposed of after use.

II. Care of Physical Environment

A. Each operatory is to be cleaned after each treatment procedure with an EPA- approved disinfectant according to the manufacturer's instructions.

B. Autoclavable instruments are placed in an ultrasonic bath – which is both an approved presoak and cleaner – for 5 to 10 minutes. They are removed, rinsed with warm water, and dried. The instruments are then packaged and placed in an autoclave for 20 minutes at 250 degrees F.

C. The efficiency of the autoclave is assured by monthly biological testing. Results are logged in a notebook in the dental clinic. Daily tests are done with indicator tape on packages used to wrap the instruments.

D. Disposable equipment is to be used only once.

- E. All sterile items are checked for expiration dates and are properly disposed of as needed.
- F. Safety dental syringes are to be used if at all possible. If recapping of dental syringes is necessary, then either a mechanical device or one-handed scoop technique must be used. The needle is then placed in a sharp's container. The container is disposed of according to procedure.
- G. Gauze, extracted teeth, tissue, and other materials saturated with blood are disposed of in a biohazard bag or container. These items are disposed of according to procedure.
- H. Floors and fixtures are cleaned by housekeeping on a regular basis.
- I. Eating and drinking are to be done in designated areas. No food or drink is allowed in the treatment areas of the dental clinic.
- J. All storage areas are to be clean and dust free.

III. Personnel

- A. Employees who have rashes, open wounds, colds, viral illness, etc. should limit their contact with the patient until their condition has cleared.
- B. Other staff are required to wear masks, gloves, gowns, and eye protection if their assistance is needed during clinical procedures.

GUIDELINES FOR INFECTION CONTROL IN PROGRAM SERVICES

Definition: Developmental/Program Services is responsible for providing active treatment in a hygienically clean and safe environment.

Purpose: To maintain a sanitary environment through strict observance of infection control by providing a way of cleaning items that come into contact with mucous membranes or intact skin.

Responsible Person: Developmental/Program

I. Employees:

- A. Should maintain a high degree of personal cleanliness.
- B. Are to wash hands before starting to work, before and after breaks, before leaving work area, after bathroom breaks, and after direct contact with individuals.

II. Individuals with disabilities and special needs:

- A. Should maintain a high level of personal cleanliness.
- B. Are to wash hands before starting to work, before and after breaks, before and after eating and after bathroom breaks.
- C. All individuals with boils and open lesions must have areas covered with dressings.
- D. Individuals with elevated temperature should be evaluated as whether or not to attend programs services.

III. General Guidelines

- A. All equipment used in Program Services should be checked for cleanliness and proper functioning prior to use.
- B. Equipment and furnishings should be cleaned after each use and at the end of program day with ½ cup of chlorine bleach per gallon of water (mixed daily and labeled with dilution and date), premixed chlorine solutions or an acceptable disinfectant.
- C. Disposables shall be disposed of in closed trash containers away from work area.
- D. Report unsafe, unsanitary conditions and defective equipment to immediate supervisor.
- E. Report inadequacies in ventilation, lighting, temperature, plumbing, and heating/cooling to supervisor or maintenance.

GUIDELINES FOR INFECTION CONTROL IN DIETARY SERVICES

Definition: The Dietary Department provides food service for the residential facility. Food items vary from regular diets to therapeutic diet preparation.

Purpose: Food Service is an important factor within the facility contributing to client health and morale. Unsanitary food service can play a significant role in disease transmission. Prevention of infection in a food service department requires healthy personnel, properly maintained equipment, uncontaminated supplies, and on-going awareness of proper sanitation and hygiene.

Responsible Person: Dietary Staff

I. Infection Control Practices

A. Individuals with Disabilities and Special Needs:

Nursing Service notifies the dietary service when individuals are placed on infection precautions. Specific instructions will be given.

B. Personal Hygiene

Proper attire for food handlers includes an apron of impervious material, a hair covering, freshly laundered uniform, and short clean fingernails. Facial hair is kept trimmed.

Aprons must be changed when moving from a dirty area into a clean area. Smoking is not permitted in food preparation or serving areas. Hand washing sinks with soap dispensers and single-use towels or hand dryers are provided.

C. Food Products and Storage

Food is stored sufficiently above floor level and away from walls. This facilitates cleaning of floors and corners, and protects against contamination by the cleaning process itself and accidental flooding from any source.

All non-food items are properly labeled and stored away from food products. Toxic cleaning materials are identified, stored and used in such a manner as not to contaminate food.

Home-canned foods are not used.

Maintain proper storage of perishable food at 45 degrees F or below. Store frozen foods at or below 0 degrees F.

Opened food and beverage containers are to be labeled, dated, and covered.

D. Food Preparation and Service

Food coming from broken packages or swollen cans, or food with an abnormal appearance or odor, is not served.

Food is served with clean tongs, scoops, forks, spoons, spatulas or other suitable implements so as to avoid manual contact of unpackaged food.

Individual portions of food once served are not served again. Prepared food is transported to other areas in closed food carts. Unwrapped foods are protected from contamination by covers. Single-service articles are discarded after one use.

E. Equipment

Plastic ware or china that has lost its glaze or is chipped or cracked is disposed of, after being broken to prevent further use.

Disposable containers and utensils are discarded after one use. Food carts are cleaned at least daily in order to remain clean and sanitary.

The dishwasher maintains a final sanitizing rinse of 180 degrees F and wash water of 150 degrees F.

F. Ice Machine

1. The outside of the ice machine is cleaned daily.
2. The inside of the ice machine is cleaned monthly and preventative maintenance performed on an as necessary basis.
3. Food items may not be stored directly in the ice machine.
4. Cultures are performed on each ice machine when necessary.
5. The ice scoop is kept uncovered in a clean container on top of the ice machine and is cleaned daily.

G. Food Prepared or Stored Outside Dietary Department

1. Food Storage on the nursing unit.
 - a. Medicine may be stored in enclosed containers in refrigerators containing foodstuffs.
2. Food used for supplemental feedings, complete dietary intake, or as medication additive, used to disguise the taste of medicine, is considered medication.
 - a) All open containers are dated.
 - b) Such food is not stored for greater than 24 hours.
3. Thermometers must be present in all refrigerators and log.
4. All personal foods are dated and discarded after one week.

H. Housekeeping

1. All food work surfaces, utensils and equipment are cleaned and sanitized after each use. All counters are cleaned daily and as needed with EPA-approved disinfectant.
2. All floor surfaces are wet-mopped daily and as needed with EPA approved disinfectant.
3. Rodent and pest control is provided on a regular schedule and as needed.

I. Waste Disposal

Waste cans with plastic garbage bags are used for all non-food waste and are to be removed daily.

The removal and proper disposal of garbage from the kitchen are provided. Non-food garbage is removed daily. Trash cans are cleaned and sanitized.

II. Controls on the System

All preventative and corrective maintenance is documented. Environmental cultures are done as necessary. A foodborne outbreak, or suspicion of such, is grounds for cultures of possible sources. Results are to be reviewed by the Infection Control Committee.

Periodic prevalence walks are conducted by the Food Service Director. Records of proper temperature for refrigeration and freezing equipment are kept in Food Service.

GUIDELINES FOR INFECTION CONTROL IN THE HOUSEKEEPING DEPARTMENT

- Definition: The Housekeeping Department is responsible for providing safe, comfortable, clean, and attractive living surroundings.
- Purpose: To maintain sanitary environment in the facility through strict observance of established housekeeping and custodial policies and procedures, as required by state and local codes.
- Responsible Person: Housekeeping staff

I. General Information

- A. Select detergents/sanitizers for cleaning, sanitizing and disinfecting all areas.
- B. Housekeeping personnel are to prepare disinfectant solutions according to manufacturer's instructions in housekeeping procedure.
 - 1. Underdilution results in ineffective kill of organisms.
 - 2. Overdilution may result in safety hazard.
- C. Always use utility gloves for housekeeping procedures – not medical exam gloves.
- D. Rodent and pest control is on a routine schedule and as needed.

II. Cleaning Guidelines

- A. Clean from least-contaminated to most-contaminated areas.
 - 1. Clean from top to bottom.
 - 2. Remove loose dirt/debris before washing or mopping.
- B. Change cleaning cloths, mop heads and solutions according to policy.
- C. After use, rinse mop buckets and store dry.
- D. Avoid cleaning methods that generate dust aerosols.
 - 1. Remove dirt and debris with ~~treated dry mop~~ micro fiber dust mop.
 - 2. Straw brooms are not to be used to sweep floors. Only use straw brooms when sweeping outside.
- E. Reduce potential contamination from cleaning toilet fixtures.
 - 1. Personnel are to wear gloves during procedure.
 - 2. Wash hands after cleaning each area.
 - 3. Clean reusable toilet mops frequently, store dry between uses.

F. Special Cleaning Activities

1. When isolation precautions are used, follow isolation instructions.
2. Change curtains when soiled.
3. Clean and damp dust vents and blinds when dusty.
4. Spot wash walls as necessary.
5. Clean light fixtures as necessary.

G. Terminal Cleaning

1. Use same procedure as daily cleaning.
2. All disposable items must be placed in a plastic bag and be disposed of as trash.
3. Reusable items shall be removed by nursing service personnel and cleaned and disinfected according to procedure.
4. It is not necessary to discard toilet paper or paper towels following an individual's discharge.

H. Wastebaskets or other receptacles should be lined with sturdy plastic bags.

1. Close bags securely and remove when $\frac{3}{4}$ full.
2. Transport bags to dumpster at least daily.

I. Blood/Bloody Body Fluids Clean-Up

1. Always use gloves; use other barrier precautions (masks, gowns, goggles, etc.) as needed.
2. Using paper towels, mop up gross blood. Dispose of gloves and paper towels in plastic lined trashcan.
3. Pour diluted bleach (1:10) on blood/bloody body fluids (do not splash!); let sit 5 minutes.
4. With new gloves on, wipe up bleach with paper towels and dispose of gloves and towels in plastic lined trashcan.
5. Mop area with an EPA approved detergent.
6. Rinse bucket and let dry.

GUIDELINES FOR INFECTION CONTROL FOR LABORATORY PROCEDURES

Definition: The laboratory procedures are performed to provide diagnostic and therapeutic results.

Purpose: The clinical laboratory provides diagnostic testing, consultation, interpretation of results, and resource material for the appropriate collection and transport of specimens. Infection control practices shall be observed to prevent the spread of infections.

Responsible Person: Laboratory Technologist/Nursing Staff

I. Precautionary Measures

A. To prevent parenteral, mucous membrane, and non-intact skin exposure from pathogens in body fluids:

1. Gloves are provided for handling body fluid specimens. Mask and protective eyewear are required when the worker's mucous membranes may come into contact with body fluids.
2. Gloves shall be provided to the phlebotomist.

B. To protect the laboratory technologist's clothing, a closed lab coat is worn in the laboratory.

C. Hand washing must be performed before and after blood drawing or handling body fluids.

D. To maintain an aseptic environment:

1. Floors and counters are cleaned daily using an EPA-approved disinfectant detergent.
2. The refrigerator interior and exterior surfaces are cleaned as needed.
3. Spills of blood are wiped up with diluted chlorine bleach (1:10).

E. To dispose of contaminated materials:

1. Put the entire needle/syringe into a "puncture proof needle disposal container" at site of use. When $\frac{3}{4}$ full transfer unit for pick-up by biohazard disposal contract company.
2. If a vehicle is used, all biohazard wastes including sharps containers must be transported between sites in the trunk of a car or the back of a truck.
3. Liquid waste is flushed down the sink.
4. Culture slides, blood tubes, urine and stool cups are disposed of in a biohazard puncture proof container.
5. Biohazard containers are stored in a locked area.
6. Biohazard waste is transported to be incinerated according to State regulations.

II. Collection and Transporting Of Lab Specimens

A. Collection of Blood

1. Use appropriate barrier techniques.
2. Use aseptic technique and disposable equipment.
3. Use sterile equipment.

B. Transporting Specimens

1. Use containers with secure closures.
2. Flag specimens at collection site with biohazard symbol.

**GUIDELINES FOR INFECTION CONTROL
FOR MEDICAL SERVICES**

Definition: Medical Services are responsible for prevention of infections.

Purpose: To insure optimum protection through strict adherence to established infection control and safety policies and procedures.

Responsible Person: Medical Services Personnel

I. General Guidelines

A. Employees:

1. Should maintain a high degree of personal cleanliness.
2. Staff should wash hands after performing tasks involving direct contact with body fluids.
3. Gloves or other appropriate barrier precautions should be used when contact with blood or other potentially infectious body fluids are anticipated.

B. Equipment

1. All disposable contaminated equipment items must be disposed of according to infectious waste procedure.
2. All contaminated sharps are to be disposed of in sharps container according to procedure.
3. All contaminated, non-disposable equipment is to be cleaned and disinfected according to procedure.
4. Refrigerators in medical areas:
 - a. Will be cleaned and defrosted as needed.
 - b. Will contain a thermometer to assure the temperature is in the safe zone.
 - c. All opened containers will be dated, labeled, covered, and disposed of according to policy.
 - d. All refrigerated medications must be kept in a closed container for medicines only.
5. Medicine Carts
 - a. Will be cleaned each day.
 - b. Will have waterless hand disinfectant available for use when soap and water are unavailable after giving medicines.

C. Linen

1. Clean linen is to be kept in a closed area or covered when not in use.
2. All soiled linen will be placed in a covered laundry hamper immediately after use.

GUIDELINES FOR INFECTION CONTROL IN MAINTENANCE

Definition: The Maintenance Department provides a hygienically clean environment by systematic inspection and preventative maintenance of all equipment.

Purpose: To ensure that the facility is structurally and environmentally safe and sanitary by adhering to established policies and procedures and maintaining compliance with standards established by federal, state, and local regulatory agencies.

Responsible Person: Maintenance Staff

I. Infection Control Practices

A. Equipment

1. Water Supply

- a. Facility water supply systems are not connected with other piping systems or with fixtures that may allow contamination.
- b. Water supplies are protected from contamination by the installation of vacuum breakers.

B. Maintenance of Buildings

1. All surfaces (floors, walls and ceilings) are constantly inspected and repaired when necessary in order to maintain smooth, dry and cleanable surfaces.
2. Any openings or breaks in the walls, foundations, window frames, etc., are repaired in order to preserve a clean environment.
3. Employees shall report all unsanitary, unsafe environmental or working conditions to the supervisor.
4. Rodent and pest control is on a routine schedule and as needed if applicable to this department.

C. Personnel

1. Dress Code

- a. Clothing and shoes are changed when they become contaminated.
- b. Heavy boots and coveralls and/or gloves are worn when maintenance personnel are exposed to gross contaminated wastes (dumpsters, broken sewage lines and so on).
- c. Maintenance personnel follow the dress code for specific areas when applicable.

D. Ventilation System

1. Inlet and outlet openings are protected by a grill or screen and cleaned as needed.
2. Air filters on air conditioning units.
 - a. Filters are cleaned and replaced as necessary.
 - b. Disposable filters are never cleaned and reused.

GUIDELINES FOR INFECTION CONTROL IN OCCUPATIONAL THERAPY AND PHYSICAL THERAPY

Definition: The role of occupational/physical therapy is to prevent cross- contamination and infections.

Purpose: To ensure optimum protection of individuals in the administration of occupational therapy and physical therapy through strict adherence to established infection control and safety policies and procedures.

Responsible Person: Occupational Therapy and Physical Therapy Personnel

I. General Guidelines

A. Employees

1. Should observe infection control precautions at all times.
2. Should maintain a high degree of personal cleanliness.
3. Staff should wash hands before and after assisting with tasks involving direct contact. Wash hands with a liquid soap using proper hand washing techniques.
4. Gloves should be worn when coming in contact with any blood, potentially infectious body fluids, or open wounds. Gloves will be removed and discarded immediately after contact.
5. Gloves should be worn during digital exam or stimulation of the oral cavity.

B. Equipment

1. All equipment should be cleaned after each use with an antiseptic solution following the manufacture's recommendation.
2. Adaptive Equipment
 - a. All adaptive equipment will be labeled with the person's name and used individually.
 - b. All adaptive feeding equipment will be sanitized after washing and dried. They may then be stored in a clean, dry environment.
 - c. All adaptive toothbrushes will be rinsed after each use, and air- dried before storage.

C. Linen

1. If using linen to cover positioning equipment, change linen after use on each person.
2. Clean linen will be kept covered or in enclosed cabinets.
3. All soiled linen will be placed in a covered laundry hamper immediately after each use.

GUIDELINES FOR INFECTION CONTROL IN RADIOLOGY

Definition: The Radiology Department provides diagnostic and therapeutic procedures.

Purpose: The Radiology Department performs diagnostic procedures which require radiology personnel to have direct contact with individuals and occasionally with their blood and body secretions during radiological procedures. Proper techniques shall be observed in order to prevent the spread of infection.

Responsible Person: Radiology Personnel

I. Infection Control Practices

- A. Follow infection control precautions at all times.
- B. Non-contrast studies, such as plain film radiology.
 - 1. Have individuals with an illness spread by the airborne route wear a mask while in the department.
 - 2. Wash hands before and after contact.
 - 3. Use sterile gloves and dressings for open wounds.
- C. Follow the physician's orders while maintaining aseptic technique during contrast-media studies.
- D. Cleaning X-ray Equipment
 - 1. Radiology equipment shall be cleaned after each use with an EPA- approved disinfectant.
 - 2. A thorough cleaning of all x-ray equipment and surfaces shall be performed monthly.

GUIDELINES FOR INFECTION CONTROL FOR RECREATION SERVICES

Definition: To prevent cross-contamination of infection in recreation services.

Purpose: To maintain a sanitary environment in recreation services through strict observance of established infection control and safety policies and procedures.

Responsible Person: All Recreation Staff

I. General Guidelines

A. Employees

1. Observe infection control precautions at all times
2. Maintain a high degree of personal cleanliness.
3. Staff should wash hands before and after tasks involving direct contact. Wash hands with a liquid soap using proper hand washing techniques.

B. Equipment

~~1. Pool follow DHEC regulations for proper use and care~~

2.1. All other equipment will be cleaned and disinfected after each use and as needed.

GUIDELINES FOR REPORTING INFECTIOUS AND COMMUNICABLE DISEASES TO DHEC

Definition: The official reporting of certain infectious and communicable diseases to Department of Health and Environmental Control (DHEC) in accordance with their yearly published list.

Purpose: To provide information to the Department of Health and Environmental Control concerning certain infectious and communicable diseases for statistical, informational, and consultative purposes as well as for use in disease prevention.

Responsible Person: Infection Control Coordinator

I. General Guidelines

A. List of reportable diseases

1. Official yearly reportable disease list will be obtained from DHEC annually by the Infection Control Coordinator.
2. The list will be duplicated to all physicians, nursing supervisors, and nurses' stations for posting.

B. In case of reportable disease

1. The Infection Control Coordinator will be notified of the reportable disease by the nursing staff and/or physician in charge.
2. The Infection Control Coordinator will obtain the necessary information to complete the DHEC Reportable Disease Card and notify either by phone or mail the appropriate county health department according to the instructions on the official list.
3. The Infection Control Coordinator will document the above actions.
4. This information will be shared with the appropriate person.

GUIDELINES FOR INFECTION CONTROL IN DIRECT/RESIDENTIAL PROGRAM SERVICES

Definition: Direct/Residential Program Services is responsible for preventing cross-contamination of infections while providing active treatment in a clean and safe environment.

Purpose: To ensure optimum protection in the administration of activities of programs and daily living through strict adherence to established infection control and safety policies and procedures.

Responsible Person: Direct/Residential Program Services Personnel

I. General Guidelines

A. Employees

1. Employees should maintain a high degree of personal cleanliness.
2. Staff should wash hands and/or use hand-wipes when assisting in tasks involving direct contact.
3. Wash hands with a liquid soap or alcohol-based hand sanitizer using proper hand washing techniques. Wash hands before starting work, before/after breaks and after bathroom breaks.
4. Gloves should be worn when coming in contact with any blood, potentially infectious body fluids or open wounds. Gloves will be removed and discarded immediately after contact. Wash hands well.
5. Direct/Residential Program Services personnel will receive periodic in- service instruction regarding infection control and preventing of cross- contamination.
6. Observe infection control precautions at all times.
7. Staff should report any signs or symptoms of illness observed during care to the unit nurse.

B. Individuals with Disabilities

1. Personal care items (combs, brushes, toothbrushes, razors, etc.)
 - a. Keep clean and in good condition.
 - b. Label with each person's name and use individually.
 - c. Store appropriately.
 - d. Never use on more than one individual.
2. Mealtime

Employees must:

 - a. Wash and dry hands before meals.
 - b. Use waterless disinfectant as needed during meal time.
 - c. Wash hands and faces before and after meals.
 - d. Provide hand towels and soap.
 - e. Clean and disinfect feeding area after meals

C. Cleanliness of Equipment

1. Wheelchairs should be cleaned after each meal, toileting accidents, and as needed.
2. Bathing facilities should be cleaned after each use.
3. Bedpans and urinals should be labeled with name (not shared), stored, and covered accordingly.

D. Linen and Clothing

1. Towels, washcloths and clothing must not be shared
2. Dirty Linen/Clothing
 - a. Should not be placed on floor.
 - b. Must be transported to dirty linen area in a covered container.
 - c. Linen/clothing should be sorted and placed in covered containers for storage.
3. Clean Linen/Clothing
 - a. Clean linen is to be kept in a closed area or covered when not in use.
 - b. Linen should not be stockpiled in work areas.
 - c. When transporting clean linen, it should be covered.

E. Activity materials

1. All activity materials should be checked for cleanliness and proper functioning prior to use.
2. Activity materials and furnishings should be cleaned after each use with a disinfectant.
3. Disposables should be discarded in closed trash containers.
4. Report unsafe, unsanitary conditions and defective equipment to immediate supervisor.
5. Report inadequacies in ventilation, lighting, temperature, plumbing and heating/cooling to supervisor or maintenance.

F. Waste Disposal

1. All soiled adult briefs are placed in a covered container, lined with a plastic trash bag.
2. All bagged trash should be disposed of in outside receptacles daily or more frequently, as needed.
3. All peri-pads or disposable diapers containing blood are bagged prior to placing them in a plastic trash can.

MEDICAL SUPPLIES/EQUIPMENT

- A. Most medical supplies are disposable, used one time only and discarded.
- B. The following precautions are observed in the collection of reusable items:
 - 1. All supplies and equipment used in medical procedures are considered potentially infectious and handled accordingly.
 - 2. Used equipment is cleaned with soap and water prior to disinfection according to manufacturer's instructions.

INFECTIOUS WASTE DISPOSAL

Definition: The safe disposition of infectious waste.

Purpose: To prevent the spread of diseases through safe disposal of infectious waste.

Responsible Person: All Staff

I. General Guidelines

- A. All soiled dressings or blood contaminated items are to be placed in a covered, plastic-lined trashcan or bagged and placed in open plastic-lined trashcan.
- B. All soiled diapers and peri-pads are to be wrapped or bagged prior to placing in a plastic-lined trashcan or covered container.
- C. All blood and body excreta shall be flushed into the sewer system.
- D. All bagged trash is disposed of in the dumpster daily or more frequently if necessary.

II. Contaminated Material

- A. All sharps (such as needles, scalpel blades, razor blades, ampules and other disposable sharps) shall be placed in impervious plastic containers designated for this purpose for collection and disposal and incineration by contract agency.
- B. All super saturated items (dripping blood) are to be placed in a red biohazard bag to be collected for disposal and incineration by contract agency.

SURVEILLANCE AND REPORTING PROGRAM

Purpose: To detect and record infections in a systematic fashion. This in turn enables the most effective and practical control procedures to be utilized.

Techniques Used:

1. Review all culture reports and follow up if needed.
2. Consultations with all service areas as necessary.
3. Prevalence study done as needed.
4. Telephone reports as necessary.
5. The Infection Control Coordinator reports to DHEC as necessary.

MODIFIED QUARANTINE

Definition: A selective, partial limitation of daily activities of individuals who are known or presumed to have been exposed to certain communicable diseases and have the potential for transmitting it to others.

Purpose: To prevent the transmission or outbreak of certain communicable diseases.

Responsible Person: Physicians and Nurses

Activities:

1. All individuals in the building under modified quarantine will be excluded from programming, school or work for a period of time no longer than the longest incubation period of the disease, with the count beginning from the last reported active case.
2. No outside activities or visits from individuals other than the necessary workers in the building will be allowed until the incubation period has lapsed.
3. Good hand washing techniques must be observed with hands washed between contact with each individual. Wash hands before leaving the building.
4. The physician and the infection control coordinator will determine by the type of communicable disease if any special precautions, as in laundry, dietary or housekeeping are necessary.

ISOLATION GUIDELINES

Follow the CDC Guidelines

TIME FRAMES FOR DISPOSABLES

Single Use Devices (ex: suture sets)	Use one and dispose of
Feeding Syringes (nasogastric and gastrostomy)	Clean and air dry after each use; label with date and name; change every 3 days
Humidifiers used with water (H ² O)	If disposable, change every 7 days. If reusable, empty, disinfect and refill with sterile water every 24 hours.
Nasal cannulas, masks and H ² O tubing	For individual use only; dispose of as needed or at discharge.
Nebulizers on IPPBs and mist machines	Dispose of single use handheld Nebulizer kits after 24 hours (1 kit/person/day). For reusable, after every use empty liquid, disinfect and refill with sterile distilled water.
Tubing and masks on mist machines	Change every 24 hours.
Irrigation Fluids	Date when opened and discard 24 hours after opening
Multi-dose medication vials	Date when opened and discard on expiration date or at the manufacturer's recommendation in the package insert.
Nasogastric tubes	Change as orders or as needed.
Tube feeding sets	Every 24 hours.
Opened feedings, juices, etc., in refrigerator	Date when opened and discard every 24 hours.
IV Cannulas	Every 72 hours or as ordered.
IV Fluids	Every 24 hours.
IV Tubings	Every 48 hours.
Urinary Catheters	As needed.
Suction Catheters	Flush with sterile water and dispose of after each use.
Suction Bottles	If disposable, empty and rinse every 8 hours and dispose of at discharge or as needed. If reusable, empty every 8 hours and disinfect after discharge.
Suction Tubings	Dispose of after discharge or as needed.

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Applicability: Department of Disabilities and Special Needs (DDSN)
 Regional Center Employees

I. Pre-Placement Physical Examinations

- A. All new employees, contract workers, and volunteers (working 10 hours or more per week) must have an assessment by a registered nurse, nurse practitioner, physician’s assistant or physician prior to employment placement. This assessment must determine the potential employee to be:
- 1) Capable of and physically fit to perform the job for which he/she is to be hired. Ability to lift 20 lbs., squat, and return to a standing position unassisted;
 - 2) Free of obvious communicable disease.

All new and existing employees will receive screening for Tuberculosis in accordance with DDSN Directive 603-06-DD: Tuberculosis Screening.

II. Emergency Care

- A. Emergency care for employees experiencing acute illness and acute non-work-related injuries should result in referrals to emergency medical services by calling 911.
- B. For injuries which employees qualify for Workman's Compensation benefits, necessary emergency care will be provided by DDSN Regional Center medical employees, as is available, followed by respective DDSN Regional Center's approval.
- C. DDSN Directive 603-05-DD: Policy for Management of Occupational Exposure of Health Care Personnel to Potential Blood Borne Pathogens, will be followed for any employee who has a blood exposure.

III. Infection Control Guidelines

- A. Hepatitis B serology testing, if necessary, may be offered at no cost to the employees to help them decide whether or not to receive HBV vaccination. Hepatitis B vaccine shall be offered without cost to all employees.
 - 1). Six to eight weeks after completion of the Hepatitis B vaccine series, the employee will be offered Hepatitis B serology testing to see if Hepatitis B antibodies are present.
 - 2). If the person is sero-negative for hepatitis B antibodies after completion of the initial Hepatitis B vaccine series, the entire series should be offered again to the person. If the person refuses the second HBV series they will be considered a non-responder. If the person accepts the second HBV series, they should have Hepatitis B serology for antibodies repeated six to eight weeks after the last dose to determine antibody status. If the person's Hepatitis B antibody status remains negative, they will be considered a non-responder and no other HBV series will be given.
- B. No person infected with or a carrier of a communicable disease which may be transmitted in the work place or having uncovered boils or infected skin lesions, or an acute respiratory infection accompanied by an elevated temperature shall work in any area in which contact with individuals may occur.

IV. Health File

- A. A confidential health file will be kept on all employees for the duration of employment, plus 30 years. Access to/distribution of this information will be conducted in full compliance with appropriate state and federal law (to include HIPAA).

- B. The medical records of employees of DDSN who have worked for less than one year, need not be retained beyond the term of employment if they are provided to the employee upon the termination of employment.
- C. Employee Health records concerning an incident of exposure to bloodborne pathogens shall be maintained in a confidential file separate from other employee health records. They shall be maintained for the duration of employment, plus 30 years.

Barry D. Malphrus
Vice Chairman

Stephanie M. Rawlinson
Chairman

References:

603-05-DD: Policy for Management of Employee Exposure to Blood, Bloody Body Fluid or Body Fluids Designated As Infectious Occupational Exposures of Health Care Personnel to Potential Blood Borne Pathogens

603-06-DD: Guidelines for Screening For Tuberculosis

CFR 1910.20 OSHA Standards “Access To Employee Exposure and Medical Records”
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10027.

To access the following attachment, please see the agency website page “Current Directives” at: <https://ddsn.sc.gov/providers/ddsn-directives-standards-and-manuals/current-directives>

DDSN Infection Control Manual

SOUTH CAROLINA
DEPARTMENT
OF
DISABILITIES AND SPECIAL NEEDS

INFECTION CONTROL MANUAL

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INTRODUCTION

It is the right of every individual residing in a facility for individuals with disabilities and special needs to have a standard of living which includes an infection-controlled environment. It is incumbent upon each DDSN facility to provide that environment.

Individuals in long term care facilities often have a number of chronic illnesses. In addition, owing to their handicap, physical and mental, most individuals have an altered immunologic response. These factors are often present in conjunction with poor nutritional status and medical and surgical procedures that may accompany disabilities and special needs. As such, this population is particularly susceptible to infection.

The ultimate goal of an infection control program in this DDSN facility is the protection of individuals and staff from institution-related infections. While infection prevention efforts generally fall under the auspices of the infection control committee, it is the responsibility of the administration to see that such efforts are carried out. Every programmatic service within the DDSN facility must share the larger burden of the DDSN facility – to maintain a safe environment for the individuals they serve.

INFECTION CONTROL COMMITTEE

The Infection Control Committee is comprised of a representative of the following, where applicable:

Infection Control Coordinator
Medical/Health Staff
Nursing Services
Pharmacist
Dietary
Laboratory
X-Ray
Housekeeping Service
Laundry
Maintenance
Residential
Dental
Program Services

The Infection Control Committee meets as necessary.

The minutes for the meeting are kept in the Infection Control Office. All written policies and procedures relating to the Infection Control Program are reviewed annually and as needed by the Infection Control Committee.

PURPOSES:

Purpose:

The major goals of the Infection Control Committee are to provide guidance and recommendations necessary to identify and prevent the development and transmission of infections and ensure staff education in infection control practices.

Objectives:

1. To ensure infection control policy and procedure implementation and revision.
2. To prevent, investigate and control nosocomial infections.
3. To distinguish, as far as possible, between those acquired within the DDSN facility (nosocomial) and those acquired outside (brought in by individuals from other facilities, hospitals, or the community).
4. To review and enforce aseptic techniques within the facility as indicated.
5. To educate the staff to the importance of reporting to responsible authorities when they have an infection likely to be transmitted to others.
6. To review all reported communicable diseases and ensure that appropriate cases are reported to the Department of Health and Environmental Control.

AUTHORITY

INFECTION CONTROL COMMITTEE

Be it known that the Infection Control Committee and/or the Infection Control Coordinator has the authority to institute appropriate control measures or initiate any studies they feel necessary to prevent danger to personnel or individuals in certain infection cases. This has been approved by the Medical Staff and the Administration.

Approved: _____
Infection Control Coordinator

Date: _____

Approved: _____
Facility Administrator

Date: _____

INFECTION CONTROL COORDINATOR

The Infection Control Coordinator serves as the eyes, ears, and arms of the Infection Control Committee. Dealing with every department within the facility he/she must have firm backing from the administration in order to do an effective job. The objectives of the Coordinator are to serve as a liaison for all team members, report information on Infection Control, develop policies and procedures and see that they are implemented. This results in a high quality of individual care.

At present, the Infection Control Coordinator is a Registered Nurse employed in a full-time capacity. The Coordinator functions as surveillance officer for the facility.

The Infection Control Coordinator is responsible for staff education, policy development and implementation, promotion of effective infection control and ensuring reporting of reportable diseases to DHEC.

INFECTION CONTROL PRECAUTIONS

Definition: An approach to infection control incorporating a combination of Universal and Standard Precautions.

Purpose: To minimize the risk of exposure to blood and other potentially infectious body fluids of all individuals.

Responsible Persons: All employees and volunteers

I. Universal Precautions are regulations for preventing the transmission of bloodborne infections issued by the Occupational Safety and Health Association (OSHA). They are based on the concept that all human blood and other potentially infectious body fluids are treated as if they are infected with certain bloodborne pathogens. Specific control measures must be used when contact with blood or those potentially infectious body fluids is possible.

A. Body fluids to which Universal Precautions apply:

1. Blood (single most important source)
2. Semen and vaginal secretions (implicated in the sexual transmission of HIV and HBV)
3. Cerebrospinal fluid (spinal column fluid)
4. Pleural fluid (fluid around lungs)
5. Synovial fluid (fluid around joints)
6. Peritoneal fluid (fluid of abdominal cavity)
7. Pericardial fluid (fluid around heart)
8. Amniotic fluid (fluid around an unborn baby)

B. Body fluids to which Universal Precautions do not apply:

1. Feces, nasal secretions, sputum, saliva, sweat, tears, urine, and vomitus unless they contain visible blood.

II. Standard precautions are infection control recommendations for preventing the transmission of infections issued by the Centers for Disease Control and Prevention (CDC). They apply to blood, all body fluids, secretions, excretions (except sweat), non-intact skin and mucous membranes.

A. These precautions apply to every individual whether existing infections are recognized or not.

B. The CDC also recommends transmission-based precautions such as airborne, contact or droplet for use with individuals documented or suspected to be infected with pathogens for which additional precautions are needed.

III. Protective barriers that reduce the individual's risk of exposure to blood or other potentially infectious body fluids are as follows:

A. Gloves

1. Should be worn when touching blood or other potentially infectious fluids.
2. Gloves need not be worn when feeding individuals. When wiping saliva from the skin, use protective barriers such as bibs or towels.
3. General infection control practices already in existence, including the use of gloves for digital examination of mucous membranes and endotracheal suctioning, should continue to be followed.
4. Wear gloves when performing phlebotomy.
5. Change gloves between contact with each individual and dispose of after one use.
6. Dispose of gloves out of reach of individuals you care for.
7. Wash hands well after removal of gloves.

B. Masks, Eye Protection, Face Shields, Aprons or Gowns

1. Shall be worn whenever splashes, spray, splatter, droplets, aerosols or soiling of blood or other potentially infectious body fluids may occur.

IV. Miscellaneous Equipment

A. Sharps

1. Contaminated sharps must be placed in a puncture-proof container located at site of use.
2. Safety needles must be used when applicable. Needles/syringes must not be bent, broken, clipped or recapped. If needles must be recapped in certain situations, a one-handed scoop method must be used.
3. When sharps containers are $\frac{3}{4}$ full, cap securely, and dispose of according to policy.

B. CPR Barriers

1. Mouthshields and ambu-bags should be used when available to prevent the need for emergency mouth-to-mouth contact during resuscitation.

C. Personal Care Items (such as razors, bar soap, toothbrushes, hairbrushes, etc.) must be used individually and labeled with the individual's name to prevent spreading of infections and diseases.

VI. Blood Spill Procedure

- A. Put gloves on.
- B. Wipe up visible material with paper towels. Dispose of paper towels in plastic lined trashcan.
- C. Pour diluted chlorine bleach (1:10) onto spill.
- D. Wipe up solution with paper towels and dispose of them in plastic-lined trashcan. Tie plastic trash bag securely and place in covered container for later disposal at the county landfill.
- E. Mop area with EPA-approved disinfectant/detergent.

Guidelines for Hand Washing

Purpose: To provide guidance for adherence to the Centers for Disease Control and Prevention (CDC) recommendations for hand washing and hand asepsis. This has been shown to terminate outbreaks of infections in health-care facilities, to reduce transmission of antimicrobial resistant organisms and reduce overall infection rates.

Guidelines:

- I. When to wash/clean hands
 - A. Wash/clean hands that are visibly dirty or contaminated with blood or body fluids with either a non-antimicrobial or antimicrobial soap and water.
 - B. Use an alcohol-based hand rub for routinely cleaning hands in all other clinical situations.
 - C. Wash/clean hands before having direct contact with individuals you care for.
 - D. Wash/clean hands before putting on gloves if you will be performing an invasive procedure.
 - E. Wash/clean hands after having contact with the individual's intact skin, non- intact skin, body fluids, excretions, secretions, mucous membranes or wound dressings that you are caring for.
 - F. Wash/clean hands during care for an individual if you move from a contaminated body site to a clean body site.
 - G. Wash/clean hands after contact with contaminated objects or medical equipment in the immediate vicinity of the individual you are caring for.
 - H. Wash/clean hands after removing gloves
 - I. Wash hands with soap and water (either antimicrobial or non- antimicrobial) before eating and after using the restroom.
 - J. Wash hands with either type of soap and water if exposure to *Bacillus Anthracis* or *Clostridium Difficile* is suspected or proven. The physical action of washing and rinsing hands under these circumstances is recommended because alcohols and other antiseptic agents have poor activity against spores.
- II. Hand Hygiene Technique
 - A. When cleaning hands with an alcohol-based hand rub, apply the product to the palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry.
 - B. When washing hands with soap and water, wet hands first with water, apply soap to the hands, and rub vigorously for at least 20 seconds, covering all surfaces of the hands and fingers. Rinse hands with water and dry thoroughly with a disposable towel. Use towel to turn off the faucet. Avoid using hot water, because repeated exposure to hot water may increase the risk of dermatitis.

- C. Liquid, leaflet or powdered forms of plain soap are acceptable when washing with a non-antimicrobial soap and water.
- D. Do not use multiple-use cloth towels of the hanging or roll type in health-care settings.

III. Selection of hand-hygiene agents

- A. Use soaps that are as mild as possible to reduce irritation due to frequent hand washings.
- B. To maximize acceptance of hand-hygiene products by Health Care Workers (HCWs), their input should be solicited regarding the feel, fragrance and skin tolerance of any products under consideration.
- C. When selecting non-antimicrobial soaps, antimicrobial soaps, or alcohol-based hand rubs, solicit information from the manufacturers regarding any known interactions between products used to clean hands, skin care products, and the types of gloves used in the facility.
- D. Evaluate dispenser systems of the various products used in hand hygiene to ensure that dispensers' function adequately and deliver an appropriate volume of the product.
- E. Never add soap to partially empty soap dispensers. This can lead to bacterial contamination of the soap.

IV. Skin Care

- A. Encourage the use of hand creams/lotions (not petroleum based) to minimize the occurrence of irritant contact dermatitis associated with antiseptic hand washing.
- B. Solicit information from manufacturers regarding any effects that hand lotions, creams, or alcohol-based hand antiseptics may have on the persistent effects of antimicrobial soaps being used in the facility.

V. Miscellaneous

- A. Keep nails trimmed and neat.
- B. Staff performing direct care should not wear artificial nails as they harbor bacteria.
- C. Wear gloves when contact with blood or other potentially infectious materials, mucous membranes, and non-intact skin could occur.
- D. Remove gloves after caring for each individual. Do not wear the same pair of gloves for the care of another individual. Do not wash gloves between uses with different individuals.
- E. Change gloves during care of the individual if moving from a contaminated body site to a clean body site.
- F. Educate all personnel regarding the types of activities that can result in hand contamination and ways to control this.
- G. Monitor HCWs adherence with recommended hand-hygiene practices.
- H. When outbreaks of infections occur, assess the adequacy of HCW hand hygiene.

GUIDELINES FOR INFECTION CONTROL IN LINEN/LAUNDRY

Purpose: To provide an effective Infection Control program when handling linen/laundry in accordance with State and Federal regulations.

Recommendations:

I. Routine Handling of Soiled Linen

- A. Soiled linen should be handled as little as possible and with minimum agitation to prevent gross microbial contamination of the air and of individuals handling the linen.
- B. All soiled linen should be bagged or put into carts at the location where it was used; it should not be sorted or pre-rinsed in patient-care areas.
- C. Linen supersaturated with blood or body fluids should be deposited and transported in bags that prevent leakage.
- D. Universal precautions shall be observed at all times when handling soiled linen/laundry or all soiled linen containers will be labeled to indicate the use of universal precautions.

II. Hot-Water Washing

If hot water is used, linen should be washed with a detergent in water at least 71 C (160 F) for 25 minutes.

III. Low-Temperature Water Washing

If low temperature (less than 70 C) laundry cycles are used, chemicals suitable for low- temperature washing at proper use concentration should be used.

IV. Transportation of Clean Linen

Clean linen should be transported and stored by methods that will ensure its cleanliness.

GUIDELINES FOR INFECTION CONTROL IN DENTAL SERVICES

Purpose: To provide an effective Infection Control Program for Dental Services in accordance with State and Federal regulations.

General: In providing dental care, there is a possibility of transmitting infections. The strictest of infection control practices should be followed to prevent this possibility.

I. Procedures

A. Hand Washing

Hands are to be washed with soap and water at the start of work, before and after patient contact (treatment), before leaving work area, or as needed.

B. Gloves

In accordance with infection control precautions for Dentistry, the use of gloves is mandatory when having contact with mucous membranes, blood, or saliva during dental procedures. Gloves are removed by turning them inside out. They are disposed of after each use in an area where they cannot be retrieved by individuals.

C. Masks

Surgical masks/face shields are used during dental treatment of the patient. They are also to be used during other procedures that may result in an airborne spray of liquid or solid particles.

D. Eye Protection

Safety glasses or face shields are worn during treatment, sterilization, and laboratory procedures. This is to prevent saliva, blood, or debris from entering a staff member's eye.

E. Gowns

Impervious gowns are to be worn by dental personnel during procedures. They are disposed of after use.

II. Care of Physical Environment

A. Each operatory is to be cleaned after each treatment procedure with an EPA- approved disinfectant according to the manufacturer's instructions.

B. Autoclavable instruments are placed in an ultrasonic bath – which is both an approved presoak and cleaner – for 5 to 10 minutes. They are removed, rinsed with warm water, and dried. The instruments are then packaged and placed in an autoclave for 20 minutes at 250 degrees F.

- C. The efficiency of the autoclave is assured by monthly biological testing. Results are logged in a notebook in the dental clinic. Daily tests are done with indicator tape on packages used to wrap the instruments.
- D. Disposable equipment is to be used only once.
- E. All sterile items are checked for expiration dates and are properly disposed of as needed.
- F. Safety dental syringes are to be used if at all possible. If recapping of dental syringes is necessary, then either a mechanical device or one-handed scoop technique must be used. The needle is then placed in a sharp's container. The container is disposed of according to procedure.
- G. Gauze, extracted teeth, tissue, and other materials saturated with blood are disposed of in a biohazard bag or container. These items are disposed of according to procedure.
- H. Floors and fixtures are cleaned by housekeeping on a regular basis.
- I. Eating and drinking are to be done in designated areas. No food or drink is allowed in the treatment areas of the dental clinic.
- J. All storage areas are to be clean and dust free.

III. Personnel

- A. Employees who have rashes, open wounds, colds, viral illness, etc. should limit their contact with the patient until their condition has cleared.
- B. Other staff are required to wear masks, gloves, gowns, and eye protection if their assistance is needed during clinical procedures.

GUIDELINES FOR INFECTION CONTROL IN PROGRAM SERVICES

Definition: Developmental/Program Services is responsible for providing active treatment in a hygienically clean and safe environment.

Purpose: To maintain a sanitary environment through strict observance of infection control by providing a way of cleaning items that come into contact with mucous membranes or intact skin.

Responsible Person: Developmental/Program

I. Employees:

- A. Should maintain a high degree of personal cleanliness.
- B. Are to wash hands before starting to work, before and after breaks, before leaving work area, after bathroom breaks, and after direct contact with individuals.

II. Individuals with disabilities and special needs:

- A. Should maintain a high level of personal cleanliness.
- B. Are to wash hands before starting to work, before and after breaks, before and after eating and after bathroom breaks.
- C. All individuals with boils and open lesions must have areas covered with dressings.
- D. Individuals with elevated temperature should be evaluated as whether or not to attend programs services.

III. General Guidelines

- A. All equipment used in Program Services should be checked for cleanliness and proper functioning prior to use.
- B. Equipment and furnishings should be cleaned after each use and at the end of program day with ½ cup of chlorine bleach per gallon of water (mixed daily and labeled with dilution and date), premixed chlorine solutions or an acceptable disinfectant.
- C. Disposables shall be disposed of in closed trash containers away from work area.
- D. Report unsafe, unsanitary conditions and defective equipment to immediate supervisor.
- E. Report inadequacies in ventilation, lighting, temperature, plumbing, and heating/cooling to supervisor or maintenance.

GUIDELINES FOR INFECTION CONTROL IN DIETARY SERVICES

Definition: The Dietary Department provides food service for the residential facility. Food items vary from regular diets to therapeutic diet preparation.

Purpose: Food Service is an important factor within the facility contributing to client health and morale. Unsanitary food service can play a significant role in disease transmission. Prevention of infection in a food service department requires healthy personnel, properly maintained equipment, uncontaminated supplies, and on-going awareness of proper sanitation and hygiene.

Responsible Person: Dietary Staff

I. Infection Control Practices

A. Individuals with Disabilities and Special Needs:

Nursing Service notifies the dietary service when individuals are placed on infection precautions. Specific instructions will be given.

B. Personal Hygiene

Proper attire for food handlers includes an apron of impervious material, a hair covering, freshly laundered uniform, and short clean fingernails. Facial hair is kept trimmed.

Aprons must be changed when moving from a dirty area into a clean area. Smoking is not permitted in food preparation or serving areas. Hand washing sinks with soap dispensers and single-use towels or hand dryers are provided.

C. Food Products and Storage

Food is stored sufficiently above floor level and away from walls. This facilitates cleaning of floors and corners, and protects against contamination by the cleaning process itself and accidental flooding from any source.

All non-food items are properly labeled and stored away from food products. Toxic cleaning materials are identified, stored and used in such a manner as not to contaminate food.

Home-canned foods are not used.

Maintain proper storage of perishable food at 45 degrees F or below. Store frozen foods at or below 0 degrees F.

Opened food and beverage containers are to be labeled, dated, and covered.

D. Food Preparation and Service

Food coming from broken packages or swollen cans, or food with an abnormal appearance or odor, is not served.

Food is served with clean tongs, scoops, forks, spoons, spatulas or other suitable implements so as to avoid manual contact of unpackaged food.

Individual portions of food once served are not served again. Prepared food is transported to other areas in closed food carts. Unwrapped foods are protected from contamination by covers. Single-service articles are discarded after one use.

E. Equipment

Plastic ware or china that has lost its glaze or is chipped or cracked is disposed of, after being broken to prevent further use.

Disposable containers and utensils are discarded after one use. Food carts are cleaned at least daily in order to remain clean and sanitary.

The dishwasher maintains a final sanitizing rinse of 180 degrees F and wash water of 150 degrees F.

F. Ice Machine

1. The outside of the ice machine is cleaned daily.
2. The inside of the ice machine is cleaned monthly and preventative maintenance performed on an as necessary basis.
3. Food items may not be stored directly in the ice machine.
4. Cultures are performed on each ice machine when necessary.
5. The ice scoop is kept uncovered in a clean container on top of the ice machine and is cleaned daily.

G. Food Prepared or Stored Outside Dietary Department

1. Food Storage on the nursing unit.
 - a. Medicine may be stored in enclosed containers in refrigerators containing foodstuffs.
2. Food used for supplemental feedings, complete dietary intake, or as medication additive, used to disguise the taste of medicine, is considered medication.
 - a) All open containers are dated.
 - b) Such food is not stored for greater than 24 hours.
3. Thermometers must be present in all refrigerators and log.
4. All personal foods are dated and discarded after one week.

H. Housekeeping

1. All food work surfaces, utensils and equipment are cleaned and sanitized after each use. All counters are cleaned daily and as needed with EPA-approved disinfectant.
2. All floor surfaces are wet-mopped daily and as needed with EPA approved disinfectant.
3. Rodent and pest control is provided on a regular schedule and as needed.

I. Waste Disposal

Waste cans with plastic garbage bags are used for all non-food waste and are to be removed daily.

The removal and proper disposal of garbage from the kitchen are provided. Non-food garbage is removed daily. Trash cans are cleaned and sanitized.

II. Controls on the System

All preventative and corrective maintenance is documented. Environmental cultures are done as necessary. A foodborne outbreak, or suspicion of such, is grounds for cultures of possible sources. Results are to be reviewed by the Infection Control Committee.

Periodic prevalence walks are conducted by the Food Service Director. Records of proper temperature for refrigeration and freezing equipment are kept in Food Service.

GUIDELINES FOR INFECTION CONTROL IN THE HOUSEKEEPING DEPARTMENT

- Definition:** The Housekeeping Department is responsible for providing safe, comfortable, clean, and attractive living surroundings.
- Purpose:** To maintain sanitary environment in the facility through strict observance of established housekeeping and custodial policies and procedures, as required by state and local codes.
- Responsible Person:** Housekeeping staff

I. General Information

- A. Select detergents/sanitizers for cleaning, sanitizing and disinfecting all areas.
- B. Housekeeping personnel are to prepare disinfectant solutions according to manufacturer's instructions in housekeeping procedure.
 - 1. Underdilution results in ineffective kill of organisms.
 - 2. Overdilution may result in safety hazard.
- C. Always use utility gloves for housekeeping procedures – not medical exam gloves.
- D. Rodent and pest control is on a routine schedule and as needed.

II. Cleaning Guidelines

- A. Clean from least-contaminated to most-contaminated areas.
 - 1. Clean from top to bottom.
 - 2. Remove loose dirt/debris before washing or mopping.
- B. Change cleaning cloths, mop heads and solutions according to policy.
- C. After use, rinse mop buckets and store dry.
- D. Avoid cleaning methods that generate dust aerosols.
 - 1. Remove dirt and debris with micro fiber dust mop.
 - 2. Straw brooms are not to be used to sweep floors. Only use straw brooms when sweeping outside.
- E. Reduce potential contamination from cleaning toilet fixtures.
 - 1. Personnel are to wear gloves during procedure.
 - 2. Wash hands after cleaning each area.
 - 3. Clean reusable toilet mops frequently, store dry between uses.

F. Special Cleaning Activities

1. When isolation precautions are used, follow isolation instructions.
2. Change curtains when soiled.
3. Clean and damp dust vents and blinds when dusty.
4. Spot wash walls as necessary.
5. Clean light fixtures as necessary.

G. Terminal Cleaning

1. Use same procedure as daily cleaning.
2. All disposable items must be placed in a plastic bag and be disposed of as trash.
3. Reusable items shall be removed by nursing service personnel and cleaned and disinfected according to procedure.
4. It is not necessary to discard toilet paper or paper towels following an individual's discharge.

H. Wastebaskets or other receptacles should be lined with sturdy plastic bags.

1. Close bags securely and remove when $\frac{3}{4}$ full.
2. Transport bags to dumpster at least daily.

I. Blood/Bloody Body Fluids Clean-Up

1. Always use gloves; use other barrier precautions (masks, gowns, goggles, etc.) as needed.
2. Using paper towels, mop up gross blood. Dispose of gloves and paper towels in plastic lined trashcan.
3. Pour diluted bleach (1:10) on blood/bloody body fluids (do not splash!); let sit 5 minutes.
4. With new gloves on, wipe up bleach with paper towels and dispose of gloves and towels in plastic lined trashcan.
5. Mop area with an EPA approved detergent.
6. Rinse bucket and let dry.

GUIDELINES FOR INFECTION CONTROL FOR LABORATORY PROCEDURES

Definition: The laboratory procedures are performed to provide diagnostic and therapeutic results.

Purpose: The clinical laboratory provides diagnostic testing, consultation, interpretation of results, and resource material for the appropriate collection and transport of specimens. Infection control practices shall be observed to prevent the spread of infections.

Responsible Person: Laboratory Technologist/Nursing Staff

I. Precautionary Measures

- A. To prevent parenteral, mucous membrane, and non-intact skin exposure from pathogens in body fluids:
 - 1. Gloves are provided for handling body fluid specimens. Mask and protective eyewear are required when the worker's mucous membranes may come into contact with body fluids.
 - 2. Gloves shall be provided to the phlebotomist.
- B. To protect the laboratory technologist's clothing, a closed lab coat is worn in the laboratory.
- C. Hand washing must be performed before and after blood drawing or handling body fluids.
- D. To maintain an aseptic environment:
 - 1. Floors and counters are cleaned daily using an EPA-approved disinfectant detergent.
 - 2. The refrigerator interior and exterior surfaces are cleaned as needed.
 - 3. Spills of blood are wiped up with diluted chlorine bleach (1:10).
- E. To dispose of contaminated materials:
 - 1. Put the entire needle/syringe into a "puncture proof needle disposal container" at site of use. When $\frac{3}{4}$ full transfer unit for pick-up by biohazard disposal contract company.
 - 2. If a vehicle is used, all biohazard wastes including sharps containers must be transported between sites in the trunk of a car or the back of a truck.
 - 3. Liquid waste is flushed down the sink.
 - 4. Culture slides, blood tubes, urine and stool cups are disposed of in a biohazard puncture proof container.
 - 5. Biohazard containers are stored in a locked area.
 - 6. Biohazard waste is transported to be incinerated according to State regulations.

II. Collection and Transporting Of Lab Specimens

A. Collection of Blood

1. Use appropriate barrier techniques.
2. Use aseptic technique and disposable equipment.
3. Use sterile equipment.

B. Transporting Specimens

1. Use containers with secure closures.
2. Flag specimens at collection site with biohazard symbol.

GUIDELINES FOR INFECTION CONTROL FOR MEDICAL SERVICES

Definition: Medical Services are responsible for prevention of infections.

Purpose: To insure optimum protection through strict adherence to established infection control and safety policies and procedures.

Responsible Person: Medical Services Personnel

I. General Guidelines

A. Employees:

1. Should maintain a high degree of personal cleanliness.
2. Staff should wash hands after performing tasks involving direct contact with body fluids.
3. Gloves or other appropriate barrier precautions should be used when contact with blood or other potentially infectious body fluids are anticipated.

B. Equipment

1. All disposable contaminated equipment items must be disposed of according to infectious waste procedure.
2. All contaminated sharps are to be disposed of in sharps container according to procedure.
3. All contaminated, non-disposable equipment is to be cleaned and disinfected according to procedure.
4. Refrigerators in medical areas:
 - a. Will be cleaned and defrosted as needed.
 - b. Will contain a thermometer to assure the temperature is in the safe zone.
 - c. All opened containers will be dated, labeled, covered, and disposed of according to policy.
 - d. All refrigerated medications must be kept in a closed container for medicines only.
5. Medicine Carts
 - a. Will be cleaned each day.
 - b. Will have waterless hand disinfectant available for use when soap and water are unavailable after giving medicines.

C. Linen

1. Clean linen is to be kept in a closed area or covered when not in use.
2. All soiled linen will be placed in a covered laundry hamper immediately after use.

GUIDELINES FOR INFECTION CONTROL IN MAINTENANCE

Definition: The Maintenance Department provides a hygienically clean environment by systematic inspection and preventative maintenance of all equipment.

Purpose: To ensure that the facility is structurally and environmentally safe and sanitary by adhering to established policies and procedures and maintaining compliance with standards established by federal, state, and local regulatory agencies.

Responsible Person: Maintenance Staff

I. Infection Control Practices

A. Equipment

1. Water Supply

- a. Facility water supply systems are not connected with other piping systems or with fixtures that may allow contamination.
- b. Water supplies are protected from contamination by the installation of vacuum breakers.

B. Maintenance of Buildings

1. All surfaces (floors, walls and ceilings) are constantly inspected and repaired when necessary in order to maintain smooth, dry and cleanable surfaces.
2. Any openings or breaks in the walls, foundations, window frames, etc., are repaired in order to preserve a clean environment.
3. Employees shall report all unsanitary, unsafe environmental or working conditions to the supervisor.
4. Rodent and pest control is on a routine schedule and as needed if applicable to this department.

C. Personnel

1. Dress Code

- a. Clothing and shoes are changed when they become contaminated.
- b. Heavy boots and coveralls and/or gloves are worn when maintenance personnel are exposed to gross contaminated wastes (dumpsters, broken sewage lines and so on).
- c. Maintenance personnel follow the dress code for specific areas when applicable.

D. Ventilation System

1. Inlet and outlet openings are protected by a grill or screen and cleaned as needed.
2. Air filters on air conditioning units.
 - a. Filters are cleaned and replaced as necessary.
 - b. Disposable filters are never cleaned and reused.

**GUIDELINES FOR INFECTION CONTROL
IN OCCUPATIONAL THERAPY AND PHYSICAL THERAPY**

Definition: The role of occupational/physical therapy is to prevent cross- contamination and infections.

Purpose: To ensure optimum protection of individuals in the administration of occupational therapy and physical therapy through strict adherence to established infection control and safety policies and procedures.

Responsible Person: Occupational Therapy and Physical Therapy Personnel

I. General Guidelines

A. Employees

1. Should observe infection control precautions at all times.
2. Should maintain a high degree of personal cleanliness.
3. Staff should wash hands before and after assisting with tasks involving direct contact. Wash hands with a liquid soap using proper hand washing techniques.
4. Gloves should be worn when coming in contact with any blood, potentially infectious body fluids, or open wounds. Gloves will be removed and discarded immediately after contact.
5. Gloves should be worn during digital exam or stimulation or the oral cavity.

B. Equipment

1. All equipment should be cleaned after each use with an antiseptic solution following the manufacture's recommendation.
2. Adaptive Equipment
 - a. All adaptive equipment will be labeled with the person's name and used individually.
 - b. All adaptive feeding equipment will be sanitized after washing and dried. They may then be stored in a clean, dry environment.
 - c. All adaptive toothbrushes will be rinsed after each use, and air- dried before storage.

C. Linen

1. If using linen to cover positioning equipment, change linen after use on each person.
2. Clean linen will be kept covered or in enclosed cabinets.
3. All soiled linen will be placed in a covered laundry hamper immediately after each use.

GUIDELINES FOR INFECTION CONTROL IN RADIOLOGY

Definition: The Radiology Department provides diagnostic and therapeutic procedures.

Purpose: The Radiology Department performs diagnostic procedures which require radiology personnel to have direct contact with individuals and occasionally with their blood and body secretions during radiological procedures. Proper techniques shall be observed in order to prevent the spread of infection.

Responsible Person: Radiology Personnel

I. Infection Control Practices

- A.** Follow infection control precautions at all times.
- B.** Non-contrast studies, such as plain film radiology.
 - 1. Have individuals with an illness spread by the airborne route wear a mask while in the department.
 - 2. Wash hands before and after contact.
 - 3. Use sterile gloves and dressings for open wounds.
- C.** Follow the physician's orders while maintaining aseptic technique during contrast-media studies.
- D.** Cleaning X-ray Equipment
 - 1. Radiology equipment shall be cleaned after each use with an EPA- approved disinfectant.
 - 2. A thorough cleaning of all x-ray equipment and surfaces shall be performed monthly.

GUIDELINES FOR INFECTION CONTROL FOR RECREATION SERVICES

Definition: To prevent cross-contamination of infection in recreation services.

Purpose: To maintain a sanitary environment in recreation services through strict observance of established infection control and safety policies and procedures.

Responsible Person: All Recreation Staff

I. General Guidelines

A. Employees

1. Observe infection control precautions at all times
2. Maintain a high degree of personal cleanliness.
3. Staff should wash hands before and after tasks involving direct contact. Wash hands with a liquid soap using proper hand washing techniques.

B. Equipment

1. All other equipment will be cleaned and disinfected after each use and as needed.

GUIDELINES FOR REPORTING INFECTIOUS AND COMMUNICABLE DISEASES TO DHEC

Definition: The official reporting of certain infectious and communicable diseases to Department of Health and Environmental Control (DHEC) in accordance with their yearly published list.

Purpose: To provide information to the Department of Health and Environmental Control concerning certain infectious and communicable diseases for statistical, informational, and consultative purposes as well as for use in disease prevention.

Responsible Person: Infection Control Coordinator

I. General Guidelines

A. List of reportable diseases

1. Official yearly reportable disease list will be obtained from DHEC annually by the Infection Control Coordinator.
2. The list will be duplicated to all physicians, nursing supervisors, and nurses' stations for posting.

B. In case of reportable disease

1. The Infection Control Coordinator will be notified of the reportable disease by the nursing staff and/or physician in charge.
2. The Infection Control Coordinator will obtain the necessary information to complete the DHEC Reportable Disease Card and notify either by phone or mail the appropriate county health department according to the instructions on the official list.
3. The Infection Control Coordinator will document the above actions.
4. This information will be shared with the appropriate person.

GUIDELINES FOR INFECTION CONTROL IN DIRECT/RESIDENTIAL PROGRAM SERVICES

Definition: Direct/Residential Program Services is responsible for preventing cross-contamination of infections while providing active treatment in a clean and safe environment.

Purpose: To ensure optimum protection in the administration of activities of programs and daily living through strict adherence to established infection control and safety policies and procedures.

Responsible Person: Direct/Residential Program Services Personnel

I. General Guidelines

A. Employees

1. Employees should maintain a high degree of personal cleanliness.
2. Staff should wash hands and/or use hand-wipes when assisting in tasks involving direct contact.
3. Wash hands with a liquid soap or alcohol-based hand sanitizer using proper hand washing techniques. Wash hands before starting work, before/after breaks and after bathroom breaks.
4. Gloves should be worn when coming in contact with any blood, potentially infectious body fluids or open wounds. Gloves will be removed and discarded immediately after contact. Wash hands well.
5. Direct/Residential Program Services personnel will receive periodic in- service instruction regarding infection control and preventing of cross- contamination.
6. Observe infection control precautions at all times.
7. Staff should report any signs or symptoms of illness observed during care to the unit nurse.

B. Individuals with Disabilities

1. Personal care items (combs, brushes, toothbrushes, razors, etc.)
 - a. Keep clean and in good condition.
 - b. Label with each person's name and use individually.
 - c. Store appropriately.
 - d. Never use on more than one individual.
2. Mealtime

Employees must:

 - a. Wash and dry hands before meals.
 - b. Use waterless disinfectant as needed during meal time.

- c. Wash hands and faces before and after meals.
- d. Provide hand towels and soap.
- e. Clean and disinfect feeding area after meals

C. Cleanliness of Equipment

- 1. Wheelchairs should be cleaned after each meal, toileting accidents, and as needed.
- 2. Bathing facilities should be cleaned after each use.
- 3. Bedpans and urinals should be labeled with name (not shared), stored, and covered accordingly.

D. Linen and Clothing

- 1. Towels, washcloths and clothing must not be shared
- 2. Dirty Linen/Clothing
 - a. Should not be placed on floor.
 - b. Must be transported to dirty linen area in a covered container.
 - c. Linen/clothing should be sorted and placed in covered containers for storage.
- 3. Clean Linen/Clothing
 - a. Clean linen is to be kept in a closed area or covered when not in use.
 - b. Linen should not be stockpiled in work areas.
 - c. When transporting clean linen, it should be covered.

E. Activity materials

- 1. All activity materials should be checked for cleanliness and proper functioning prior to use.
- 2. Activity materials and furnishings should be cleaned after each use with a disinfectant.
- 3. Disposables should be discarded in closed trash containers.
- 4. Report unsafe, unsanitary conditions and defective equipment to immediate supervisor.
- 5. Report inadequacies in ventilation, lighting, temperature, plumbing and heating/cooling to supervisor or maintenance.

F. Waste Disposal

1. All soiled adult briefs are placed in a covered container, lined with a plastic trash bag.
2. All bagged trash should be disposed of in outside receptacles daily or more frequently, as needed.
3. All peri-pads or disposable diapers containing blood are bagged prior to placing them in a plastic trash can.

MEDICAL SUPPLIES/EQUIPMENT

- A. Most medical supplies are disposable, used one time only and discarded.
- B. The following precautions are observed in the collection of reusable items:
 - 1. All supplies and equipment used in medical procedures are considered potentially infectious and handled accordingly.
 - 2. Used equipment is cleaned with soap and water prior to disinfection according to manufacturer's instructions.

INFECTIOUS WASTE DISPOSAL

Definition: The safe disposition of infectious waste.

Purpose: To prevent the spread of diseases through safe disposal of infectious waste.

Responsible Person: All Staff

I. General Guidelines

- A. All soiled dressings or blood contaminated items are to be placed in a covered, plastic-lined trashcan or bagged and placed in open plastic-lined trashcan.
- B. All soiled diapers and peri-pads are to be wrapped or bagged prior to placing in a plastic-lined trashcan or covered container.
- C. All blood and body excreta shall be flushed into the sewer system.
- D. All bagged trash is disposed of in the dumpster daily or more frequently if necessary.

II. Contaminated Material

- A. All sharps (such as needles, scalpel blades, razor blades, ampules and other disposable sharps) shall be placed in impervious plastic containers designated for this purpose for collection and disposal and incineration by contract agency.
- B. All super saturated items (dripping blood) are to be placed in a red biohazard bag to be collected for disposal and incineration by contract agency.

SURVEILLANCE AND REPORTING PROGRAM

Purpose: To detect and record infections in a systematic fashion. This in turn enables the most effective and practical control procedures to be utilized.

Techniques Used:

1. Review all culture reports and follow up if needed.
2. Consultations with all service areas as necessary.
3. Prevalence study done as needed.
4. Telephone reports as necessary.
5. The Infection Control Coordinator reports to DHEC as necessary.

MODIFIED QUARANTINE

Definition: A selective, partial limitation of daily activities of individuals who are known or presumed to have been exposed to certain communicable diseases and have the potential for transmitting it to others.

Purpose: To prevent the transmission or outbreak of certain communicable diseases.

Responsible Person: Physicians and Nurses

Activities:

1. All individuals in the building under modified quarantine will be excluded from programming, school or work for a period of time no longer than the longest incubation period of the disease, with the count beginning from the last reported active case.
2. No outside activities or visits from individuals other than the necessary workers in the building will be allowed until the incubation period has lapsed.
3. Good hand washing techniques must be observed with hands washed between contact with each individual. Wash hands before leaving the building.
4. The physician and the infection control coordinator will determine by the type of communicable disease if any special precautions, as in laundry, dietary or housekeeping are necessary.

ISOLATION GUIDELINES

Follow the CDC Guidelines

TIME FRAMES FOR DISPOSABLES

Single Use Devices (ex: suture sets)	Use one and dispose of
Feeding Syringes (nasogastric and gastrostomy)	Clean and air dry after each use; label with date and name; change every 3 days
Humidifiers used with water (H ² O)	If disposable, change every 7 days. If reusable, empty, disinfect and refill with sterile water every 24 hours.
Nasal cannulas, masks and H ² O tubing	For individual use only; dispose of as needed or at discharge.
Nebulizers on IPPBs and mist machines	Dispose of single use handheld Nebulizer kits after 24 hours (1 kit/person/day). For reusable, after every use empty liquid, disinfect and refill with sterile distilled water.
Tubing and masks on mist machines	Change every 24 hours.
Irrigation Fluids	Date when opened and discard 24 hours after opening
Multi-dose medication vials	Date when opened and discard on expiration date or at the manufacturer's recommendation in the package insert.
Nasogastric tubes	Change as orders or as needed.
Tube feeding sets	Every 24 hours.
Opened feedings, juices, etc., in refrigerator	Date when opened and discard every 24 hours.
IV Cannulas	Every 72 hours or as ordered.
IV Fluids	Every 24 hours.
IV Tubings	Every 48 hours.
Urinary Catheters	As needed.
Suction Catheters	Flush with sterile water and dispose of after each use.
Suction Bottles	If disposable, empty and rinse every 8 hours and dispose of at discharge or as needed. If reusable, empty every 8 hours and disinfect after discharge.
Suction Tubings	Dispose of after discharge or as needed.

Reference Number: 603-05-DD

Title of Document: Policy for Management of Occupational Exposures of Health Care Personnel to Potential Bloodborne Pathogens

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Date of Last Revision: ~~June 15, 2015~~ XXXX, 2022 (REVISED)
Effective Date: ~~April 8, 1991~~ XXXX, 2022

Applicability: DDSN Regional Centers

Reference: Updated U.S. Public Health Services Guidelines for the Management of Occupational Exposures to HBV, HCV and HIV and Recommendations for Postexposure Prophylaxis June 29, 2001 MMWR and updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis

Purpose:

DDSN must make available to its' health care personnel (e.g., all employees, students, contractors, attending clinicians, public safety workers, or volunteers) a system that includes written protocols for prompt reporting, evaluation, counseling, treatment and follow-up of occupational exposures that might place health care personnel at risk for acquiring a bloodborne infection. This policy is based on U.S. Public Health Service Guidelines for the management of health care personnel who have occupational exposure to blood or other body fluids that might contain Hepatitis B virus (HBV), Hepatitis C Virus (HCV) or Human Immunodeficiency Virus (HIV).

All DDSN facilities must assure that these guidelines are followed regardless of who handles the actual exposure incident. This includes healthcare facilities off the facility campus. To comply with the OSHA Bloodborne Pathogen Standard, the final responsibility to make sure the procedure is correctly followed is assumed by the facility where the exposure occurs. Occupational exposures should be considered urgent medical concerns to ensure timely postexposure management and administration of HBIG, Hepatitis B vaccine and for HIV postexposure prophylaxis (PEP).

General:

Hepatitis B virus (HBV), Hepatitis C virus (HCV) and HIV are all similarly transmitted in blood or other potentially infectious material. They are referred to as bloodborne pathogens. All can be transmitted through percutaneous injury (e.g., needle stick or cut with a sharp object), open wound, non-intact skin (e.g., chapped, abraded, weeping) or mucous membrane contact with infectious blood or other potentially infectious material. HBV is more likely to be contracted than HIV. Exposure prevention remains the primary strategy for reducing occupational bloodborne pathogen infections; however, occupational exposures will continue to occur.

Policy:

I. Potentially Infectious Materials

- A. The Center for Disease Control and Prevention (CDC) has defined the following body fluids as potentially infectious for bloodborne pathogens:
- Blood
 - Body fluids containing visible blood
 - Semen
 - Vaginal secretions
 - Tissues
 - Cerebrospinal fluid
 - Synovial fluid
 - Pleural fluid
 - Peritoneal fluid
 - Pericardial fluid
 - Amniotic fluid.
- B. The following fluids are not considered infectious for blood borne pathogens unless visible blood is present:
- Feces
 - Nasal secretions
 - Sputum
 - Sweat
 - Tears
 - Vomitus
 - Saliva
 - Urine

II. Factors to Consider in Assessing the Need for Follow-up of Occupational Exposures

A. Type of exposure

- Percutaneous (sharps) injury
- Mucous membrane exposure
- Non-intact skin exposure
- Bites resulting in blood exposure to either person involved

B. Type and amount of fluid/tissue

- Blood
- Body fluids containing blood
- Potentially infectious fluids or tissue (semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluids)
- Direct contact with concentrated virus (e.g., in a lab)

C. Infectious status of the source

- Presence of HBsAg
- Presence of HCV antibody
- Presence of HIV antibody

D. Susceptibility of the exposed individual

- Hepatitis B vaccine and vaccine response status
- HBV, HCV, and HIV immune status

III. Exposure Management for Health Care Personnel (HCP)

A. Treatment of the exposure site.

1. Wash exposed area immediately with soap and water.
2. Flush mucous membranes with water.
3. Administer first aid as needed.

B. Informed consent for HIV/HBV/HCV testing (Appendix A).

1. Before testing for HIV/HBV/HCV is initiated, the Health Care Personnel must sign an informed consent.

2. Informed consent for consumers who are source persons will be obtained prior to testing for HIV when possible. Informed consent is not required however for HIV testing of the source person as per S.C. Code Ann. § 44-29-2300 if the exposed person is Health Care Personnel.
- C. Complete the Employee Blood/Body Fluid Exposure Summary form (Appendix B).
- D. Evaluation of the occupational exposure source.
1. Known sources
 - Test known sources for HBsAg, anti-HCV and HIV antibody
 - * Direct virus assays for routine screening of source patients are not recommended
 - * Consider using a rapid HIV antibody test
 - * If the source person is not infected with a bloodborne pathogen, baseline testing or further follow-up of the exposed person is not necessary
 - For known sources whose infectious status remains unknown (e.g., the source person refuses testing), consider medical diagnoses, clinical symptoms and history of risk behaviors
 - Do not test discarded needles for bloodborne pathogens
 2. Unknown Sources
 - For unknown sources, evaluate the likelihood of exposure to a source at high risk for infection
 - Consider the likelihood of bloodborne pathogens infection among the patients in the exposure setting
- E. Management of Exposures to the Hepatitis B Virus (see Appendix C).
- F. Management of Exposures to Hepatitis C (see appendix D).
- G. Management of Exposures to HIV (see updated U.S. Public Health Service Guidelines for the Management of Occupational Exposure to HIV and Recommendations for Postexposure Prophylaxis at <http://stacks.cdc.gov/view/cdc/20711>).
1. Health Care Personnel exposed to HIV should be evaluated within hours after exposure.
 2. Health Care Personnel should be tested for HIV at baseline to establish their infection status at the time of exposure.

3. If the source person is seronegative for HIV, baseline testing or further follow-up of the exposed person normally is not necessary.
4. If the Health Care Personnel is considered for HIV Post Exposure Prophylaxis (PEP), the evaluation should include current medications being taken and any underlying medical conditions or circumstances (pregnancy, breast feeding, renal or hepatic disease) that might influence drug selection.
5. PEP regimen should be determined based upon guidelines in Box 1, page 36 of the Updated U.S. Public Health Services Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure for Propylaxis.
6. PEP is recommended after HCP exposure to a source person with a known HIV infection or a source person who is likely HIV infected. Treatment should be initiated as soon as possible.
7. PEP should be decided on a case-by-case basis if the source person's infection status is unknown at the time of exposure.
8. Situations for which expert consultation for HIV PEP is advised (see Appendix F).
9. PEP is potentially toxic. The Health Care Personnel should be monitored for drug toxicity by testing at baseline and again two (2) weeks after starting PEP. This will be done by the physician ordering the PEP.
 - a. CBC, renal & hepatic function tests
 - b. If a protease inhibitor is used monitor for hyperglycemia
 - c. If IDV is used, monitor for crystalluria, hematuria, hemolytic anemia and hepatitis

IV. Confidentiality

- A. Confidential postexposure management will be conducted on any person exposed to blood borne pathogens.
- B. Confidential postexposure management records for employees will be maintained for the duration of employment plus 30 years per OSHA regulation.

V. HIV counseling pre-test and post-test

- A. All persons must be counseled before and after receiving HIV-testing.

- B The exposed person will receive counseling and support from appropriate DDSN staff initially and as needed during the post exposure management phase.
- C. The health care professional’s written opinion of the exposure incident must be provided to the exposed employee within 15 working days of the incident. (Appendix G)

VI. State Accident Fund

- A. Covered expenses that result from occupational exposures will be paid by the State Accident Fund.
- B. The State Accident Fund is entitled to documentation, lab results, progress notes, etc., to adequately verify claims and expenses. The requested information will be provided in a confidential manner.

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~~To access the following attachments, please see the agency website page “Attachments to Directives” under this directive number.~~

To access the following attachments, please see the agency website page “Current Directives” at: <https://ddsn.sc.gov/providers/ddsn-directives-standards-and-manuals/current-directives>

- Attachment A: Consent for HIV/HBV/HCV Testing
- Attachment B: Employee Blood/Body Fluid Exposure & Testing Summary
- Attachment C: Management of Exposure to the Hepatitis B Virus
- Attachment D: Management of Exposure to the Hepatitis C Virus
- Attachment E: Health Care Professional’s Written Opinion for Employees

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Occupational exposures should be considered urgent medical concerns to ensure timely postexposure management and administration of HBIG, Hepatitis B vaccine and for HIV postexposure prophylaxis (PEP).

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- Tissues
- Cerebrospinal fluid
- Synovial fluid
- Pleural fluid
- Peritoneal fluid
- Pericardial fluid
- Amniotic fluid.

B. The following fluids are not considered infectious for blood borne pathogens unless visible blood is present:

- Feces
- Nasal secretions
- Sputum
- Sweat
- Tears
- Vomitus
- Saliva
- Urine

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- Mucous membrane exposure
- Non-intact skin exposure
- Bites resulting in blood exposure to either person involved

B. Type and amount of fluid/tissue

- Blood
- Body fluids containing blood
- Potentially infectious fluids or tissue (semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluids)
- Direct contact with concentrated virus (e.g., in a lab)

C. Infectious status of the source

- Presence of HBsAg
- Presence of HCV antibody
- Presence of HIV antibody

D. Susceptibility of the exposed individual

- Hepatitis B vaccine and vaccine response status
- HBV, HCV, and HIV immune status

III. Exposure Management for Health Care Personnel (HCP)

A. Treatment of the exposure site.

1. Wash exposed area immediately with soap and water.
2. Flush mucous membranes with water.
3. Administer first aid as needed.

B. Informed consent for HIV/HBV/HCV testing (Appendix A).

1. Before testing for HIV/HBV/HCV is initiated, the Health Care Personnel must sign an informed consent.
2. Informed consent for consumers who are source persons will be obtained prior to testing for HIV when possible. Informed consent is not required however for HIV testing of the source person as per S.C. Code Ann. § 44-29-230 (2018) if the exposed person is Health Care Personnel.

- C. Complete the Employee Blood/Body Fluid Exposure Summary form (Appendix B).
- D. Evaluation of the occupational exposure source.
1. Known sources
 - Test known sources for HBsAg, anti-HCV and HIV antibody
 - * Direct virus assays for routine screening of source patients are not recommended
 - * Consider using a rapid HIV antibody test
 - * If the source person is not infected with a bloodborne pathogen, baseline testing or further follow-up of the exposed person is not necessary
 - For known sources whose infectious status remains unknown (e.g., the source person refuses testing), consider medical diagnoses, clinical symptoms and history of risk behaviors
 - Do not test discarded needles for bloodborne pathogens
 2. Unknown Sources
 - For unknown sources, evaluate the likelihood of exposure to a source at high risk for infection
 - Consider the likelihood of bloodborne pathogens infection among the patients in the exposure setting
- E. Management of Exposures to the Hepatitis B Virus (see Appendix C).
- F. Management of Exposures to Hepatitis C (see appendix D).
- G. Management of Exposures to HIV (see updated U.S. Public Health Service Guidelines for the Management of Occupational Exposure to HIV and Recommendations for Postexposure Prophylaxis at <http://stacks.cdc.gov/view/cdc/20711>).
1. Health Care Personnel exposed to HIV should be evaluated within hours after exposure.
 2. Health Care Personnel should be tested for HIV at baseline to establish their infection status at the time of exposure.
 3. If the source person is seronegative for HIV, baseline testing or further follow-up of the exposed person normally is not necessary.
 4. If the Health Care Personnel is considered for HIV Post Exposure Prophylaxis (PEP), the evaluation should include current medications being taken and any underlying medical conditions or circumstances (pregnancy, breast feeding, renal or hepatic disease) that might influence drug selection.

5. PEP regimen should be determined based upon guidelines in Box 1, page 36 of the Updated U.S. Public Health Services Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure for Propylaxis.
6. PEP is recommended after HCP exposure to a source person with a known HIV infection or a source person who is likely HIV infected. Treatment should be initiated as soon as possible.
7. PEP should be decided on a case-by-case basis if the source person's infection status is unknown at the time of exposure.
8. Situations for which expert consultation for HIV PEP is advised (see Appendix F).
9. PEP is potentially toxic. The Health Care Personnel should be monitored for drug toxicity by testing at baseline and again two (2) weeks after starting PEP. This will be done by the physician ordering the PEP.
 - a. CBC, renal & hepatic function tests
 - b. If a protease inhibitor is used monitor for hyperglycemia
 - c. If IDV is used, monitor for crystalluria, hematuria, hemolytic anemia and hepatitis

IV. **Confidentiality**

- A. Confidential postexposure management will be conducted on any person exposed to blood borne pathogens.
- B. Confidential postexposure management records for employees will be maintained for the duration of employment plus 30 years per OSHA regulation.

V. **HIV counseling pre-test and post-test**

- A. All persons must be counseled before and after receiving HIV-testing.
- B. The exposed person will receive counseling and support from appropriate DDSN staff initially and as needed during the post exposure management phase.
- C. The health care professional's written opinion of the exposure incident must be provided to the exposed employee within 15 working days of the incident. (Appendix G)

VI. State Accident Fund

- A. Covered expenses that result from occupational exposures will be paid by the State Accident Fund.
- B. The State Accident Fund is entitled to documentation, lab results, progress notes, etc., to adequately verify claims and expenses. The requested information will be provided in a confidential manner.

Barry D. Malphrus
Vice Chairman

Stephanie M. Rawlinson
Chairman

To access the following attachments, please see the agency website page “Current Directives” at: <https://ddsn.sc.gov/providers/ddsn-directives-standards-and-manuals/current-directives>

- Attachment A: Consent for HIV/HBV/HCV Testing
- Attachment B: Employee Blood/Body Fluid Exposure & Testing Summary
- Attachment C: Management of Exposure to the Hepatitis B Virus
- Attachment D: Management of Exposure to the Hepatitis C Virus
- Attachment E: Health Care Professional’s Written Opinion for Employees

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Reference Number: 413-03-DD

Title of Document: Code of Conduct

Date of Issue: November 3, 2015

Date of Last Revision: May 19, 2022 (REVISED)

Effective Date: May 19, 2022

Applicability: All DDSN State Employees, Temporary Staff and Volunteers

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS (DDSN). THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. DDSN RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.

South Carolinians deserve good government, which includes, in part, citizens having the highest degree of confidence in the conduct of state officials and employees. Citizens depend on state officials and employees to make lawful, ethical decisions and expect them to serve the interests of the people, not their own, which is demonstrated by remaining free from favoritism, undue influence, and all forms of impropriety, real or perceived.

All state officials and employees are bound by the State Ethics Act (Ethics Act). In addition, this Code of Conduct (Code) is intended to provide clear guidance, setting forth stringent and uniform standards of official conduct. Much of this Code merely restates in simple terms the

rules that currently exist in the Ethics Act. All DDSN employees are bound by this Code and continue to be bound by all federal and state laws, including the Ethics Act.

DDSN's General Counsel has been appointed as the Ethics Officer who will be responsible for assisting employees with questions concerning ethical conduct. In all cases of uncertainty, employees must seek guidance from the Ethics Officer.

GENERAL POLICY

Five (5) ethical principles are central to all of the rules contained in the Code:

- Honesty:** Employees should be truthful and sincere in all interactions with the public and with each other.
- Fairness:** Employees should seek to make impartial, just, and equitable decisions.
- Integrity:** Employees should always act in a manner that instills public confidence and should avoid participating in any matter where a real or perceived conflict of interest exists.
- Respect:** Employees should demonstrate respect to others at all times.
- Loyalty:** Employees should remain loyal to the State and the citizens they serve and should not engage in any conduct that calls into question this loyalty.

Employees should be guided, first and foremost, by these ethical principles while performing their individual job duties and responsibilities. The following more specific rules are intended to be an application of these principles. Violation of any of these principles is grounds for discipline up to and including termination.

EIGHT STANDARDS OF CONDUCT

I. Gifts and Other Things of Value

DDSN employees work hard and it is understandable that citizens and businesses may want to show gratitude for quality customer service, a good working relationship, or a job well done. Acceptance of these gifts by state employees; however, has the potential to create real or perceived favoritism toward particular customers, vendors, or businesses, undue influence, or a real or perceived conflict of interest. Thus, the best practice is to avoid this situation.

- Rule 1:** **Except as provided below, employees may not accept a gift or anything of value for themselves from an individual or entity given as a result of their employment with the State.**

Clarifications:

Offering, giving, soliciting, or receiving any gift of value under circumstances from which it could reasonably be inferred that the gift was intended for the purposes of influencing any official action on the employee's part is strictly prohibited. Employees are reminded that they are bound by all restrictions and limitations as outlined in the State Ethics Act, S.C. Code Ann. § 8-13-505, with regard to offering, giving, soliciting, or receiving anything of value.

Gifts given because of a relationship that existed before their employment with the State or for reasons other than their employment with the State are not prohibited.

Gifts given by your employer and co-workers are not prohibited. Gifts are not prohibited as long as they do not violate the ethical principles of this directive.

Promotional, informational, or educational items, such as calendars, pamphlets, or pens, given to the employee as a result of your state employment with a value of less than \$10 are not prohibited by this rule. These items; however, shall at no time be prominently displayed in the agency to create an appearance of favoritism or endorsement of a particular product, vendor, or business.

Acceptance of a personalized trophy or plaque with a value of less than \$150 is not prohibited by this rule.

Items given to an employee, division, or DDSN, not otherwise excluded from this rule and not easily returned may be donated to a charity or placed in a common area for the enjoyment of all DDSN employees. These items may not be retained for the benefit of any one employee or particular group of employees. Any items donated or retained by DDSN for the benefit of all employees must be approved by the State Director, and DDSN must retain a file documenting all of these items.

Employees may not receive compensation for speaking; however, may accept a meal provided in conjunction with the speaking engagement where all participants are entitled to the same meal. In addition, employees may accept or be reimbursed for actual and reasonable travel and lodging expenses related to the speaking engagement.

Gifts that include travel, lodging and/or meal expenses paid for on behalf of an employee to participate in a work-related event, which could otherwise have been paid for by DDSN, is a gift to DDSN not the individual employee, and is not prohibited with the following two exceptions:

1. A state agency may never receive any gift from a lobbyist; and,
2. A state agency may receive a gift from a lobbyist principal up to the amounts prescribed by the State Ethics Commission.

II. Conflicts of Interest

DDSN employees have a duty of loyalty to the State as their employer. Certain dealings outside of work, both personal and financial, have the potential to create an actual or perceived conflict in fulfilling this duty to the State. Employees should avoid these situations by limiting certain dealings outside of their employment or removing themselves from particular matters.

Rule 2: Employees may not make, participate in, or influence a governmental decision in which the employee, a family member, an individual with whom the employee is associated, or a business with which the employee is associated has an economic interest.

Refer to DDSN Directive 413-09-DD: Outside Employment, for information on employment outside of DDSN. The State Director must receive written approval from the Governor before engaging in outside employment. If the State Director seeks to be employed by another state agency or institution of higher education, the State Director must still obtain the approvals as required by S.C. Code Ann. § 8-11-170 (2019).

Employees may not have an economic interest in a contract with the State or its political subdivisions if employees are authorized to perform an official function relating to the contract.

Recusal: Employees must report, in writing, any actual or perceived conflicts to DDSN's Ethics Officer, who will review and determine whether a conflict exists. Reporting should occur within 14 calendar days of the identification of the conflict. If the Ethics Officer determines no conflict exists, the Ethics Officer must document, in writing, the basis for the determination. If it is determined that a conflict exists, the employee must immediately remove themselves from the decision, vote, or process. The Ethics Officer must keep written documentation of all recusals.

Definitions:

For purposes of this rule, a "*family member*" includes a spouse, parent, sibling, child, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandparent, grandchild, and an individual claimed by the employee as a dependent for income tax purposes.

For purposes of this rule, an "*individual with whom the employee is associated*" means an individual with whom the employee (or a member of the employee's immediate family) have a mutual business interest, and any business of which the employee or a member of the employee's immediate family is a director, officer, owner, employee, compensated agent, or holder of stock worth \$100,000 or more at fair market value, and which constitutes five percent (5%) or more of the total outstanding stock of any class.

For purposes of this rule, a "*business with which the employee is associated*" means a business of which the employee or a member of the employee's immediate family is a director, officer, owner, employee, compensated agent, or holder of stock worth \$100,000 or more at fair market value, and which constitutes five percent (5%) or more of the total outstanding stock of any class.

For purposes of this rule, "*official function*" means writing or preparing the contract specifications, acceptance of bids, award of the contract, or other action on the preparation or award of the contract.

III. Financial Disclosures

Employees that affect the daily decisions of DDSN are more accountable through financial disclosure to the public.

The current law expressly requires the first and second levels of an agency to file a disclosure report, which could be limited to an agency head and a chief of staff, if that position exists. Additional employees that serve in important decision-making positions should also be required to file a disclosure report.

Rule 3: State employees who are:

- (1) Agency heads;**
- (2) Chief, deputy, or assistant administrative officials or directors of a division, institution, facility, or department;**
- (3) Chief finance employees; and**
- (4) Chief purchasing employees are required by statute to annually file a Statement of Economic Interests with the State Ethics Commission pursuant to S.C. Code Ann. § 8-13-1110 (Supp. 2021).**

DDSN will examine its organizational structure to determine if additional employees, because of their positions in the agency, should file a Statement of Economic Interests. Upon a determination that you should file, DDSN will notify you, in writing, of the filing requirement. Such employees, if not already required to file with the State Ethics Commission, must file a Statement of Economic Interests with the Department of Administration.

IV. Use of State Resources

State resources are limited, and the public must trust state officials and employees to be good stewards of these resources. The public should have confidence that state resources are being used for the benefit of all citizens, the owners of the property, and not as personal property of state employees.

Rule 4: Employees may only use state resources and/or property for conducting official business, except that incidental use of state property is permitted as long as it does not result in additional public expense. Incidental use is infrequent and minimal.

Employees may never use state resources for private business and/or financial gain.

Employees shall not permit others to access or use any assigned equipment, including state cars, laptops, cell phones, or other electronic devices, except as authorized by the agency.

Employees may never use state personnel, equipment, materials, or facilities for political campaigns.

Unless specifically required by the agency to perform a job function, employees may not use social media, including, but not limited to Facebook, Instagram, and Twitter, while on duty or through the use of state resources or equipment.

V. Confidentiality

Many times the State requires its citizens and businesses to file personal information. The State has a duty to protect this information. The public must be able to trust that employees with access to this information will protect its confidentiality and not use the information for personal or financial gain.

Rule 5: Employees must not disclose restricted or confidential information acquired through their employment to any unauthorized person or entity.

DDSN will only provide employees access to data required to perform their job duties and will regularly re-examine employee access levels to ensure that they remain aligned with job duties.

Employees must only access, review, or examine data as necessary to perform their job function and not for any unlawful or improper purpose, including personal curiosity.

Employees must only use information gained through their employment in furtherance of official business.

Employees must protect the integrity of agency data and strive to diligently protect all restricted and confidential information from unauthorized disclosure.

DDSN will designate in writing, information that is deemed restricted or confidential for purposes of this rule. The Ethics Officer will maintain this information.

VI. Nondiscriminatory Work Environment

Rule 6: Employees must promote a nondiscriminatory work environment that provides equal employment opportunities to all employees and applicants without regard to race, color, religion, sex, gender, genetic information, national origin, age, veteran status, disability, or any other status protected by federal or state law.

VII. Post-Employment Restrictions

Employees gain many valuable skills and connections while employed by DDSN. It is understandable that employees may one day want to use these skills and connections outside of state employment. Citizens must have confidence; however, that while employed with the State, employees are working solely for the benefit of the State and not using their position to create

opportunities for themselves upon their departure that could result in a conflict of interest. The following post-employment rules are found in current state law and are not intended to limit employment opportunities of state employees; instead, it prohibits individuals from engaging in certain activities on behalf of individuals or entities with state government.

Rule 7: For one (1) year following the employee's departure from state government, the former employee may not represent another individual or entity before the employee's former agency in a matter you directly and substantially participated in during employment (S.C. Code Ann. § 8-13-755 (2019)). Employees may not participate directly in the procurement of a contract and then depart the State agency and accept employment with an individual contracting with the governmental body if the contracts fell or would have fallen under their official responsibilities (S.C. Code Ann. § 8-13-760 (2019)).

VIII. Reporting Requirements and Whistleblower Protections

At times, employees are aware that others are committing wrongdoing within an agency, but for various reasons, may have chosen not to report the misconduct. This may create the perception that this type of behavior is condoned by the agency. Citizens must be able to trust that state employees are doing all they can to prevent wrongdoing and at all times are protecting the interests and property of the State.

Rule 8: Employees must report an intentional violation of this Code of Conduct or any federal or state law or regulation by any agency employee, whether temporary or full-time, including a co-worker, subordinate, supervisor, senior manager, or any other employee.

You must report any action by DDSN that results in substantial abuse, misuse, destruction, or loss of substantial public funds or resources.

Violation of any of these principles is grounds for discipline up to and including termination.

Reporting Requirements:

DDSN designates the following process for such reports to be made to the appropriate authority. Depending on the facts of each case, the appropriate authority may be the DDSN General Counsel, DDSN Human Resources, the State Director, the DSN Commission Chairperson, or the State Ethics Commission. If you are uncertain who the appropriate authority is, contact the Ethics Officer.

These Whistleblower reports must be made verbally or in writing as soon as possible after the employee first learns of the wrongdoing, but no later than 180 days of the date the reporting employee first learns of the wrongdoing (S.C. Code Ann. §8-27-10 (2019)). This Whistleblower report must include the date of disclosure, the name of the employee making the report, the nature of the wrongdoing, and the date or date range of when the conduct occurred. If the Whistleblower report is oral, the DDSN Ethics Officer, or other state official to whom the report

is made must reduce the report to writing. This is separate from reporting requirements related to Abuse or Neglect, see DDSN Directive 534-02-DD: Procedures for Preventing and Reporting Abuse, Neglect, or Exploitation of People Receiving Services from DDSN or a Contracted Provider Agency.

Good Faith Requirement:

All reports of wrongdoing must be made in good faith. An employee may be disciplined or terminated for making a report that he or she knows or reasonably should know is false.

Whistleblower Protections:

An employee who files a report within the specified time frame, to the appropriate authority, and in good faith, is considered a whistleblower. Whistleblowers may not be demoted, lose compensation, or be dismissed or suspended from employment as a result of filing a report of wrongdoing.

Nothing prevents an agency from disciplining or terminating a whistleblower for causes independent of the filing of a report of wrongdoing.

Code of Conduct Training:

The Department of Administration's Division of State Human Resources has developed a web-based training video on the requirements of this Code, located on the Department of Administration's website. The training includes specific examples and hypothetical situations to provide concrete guidance to employees.

Every employee must review this initial web-based training video on this Code and certify, in writing, their understanding of this Code. Thereafter, all employees must receive annual refresher training on the Code and re-certify their understanding. All new employees must receive training on the Code within one (1) week of employment and certify their understanding of its requirements.

Barry D. Malphrus
 Vice Chairman

Stephanie M. Rawlinson
 Chairman

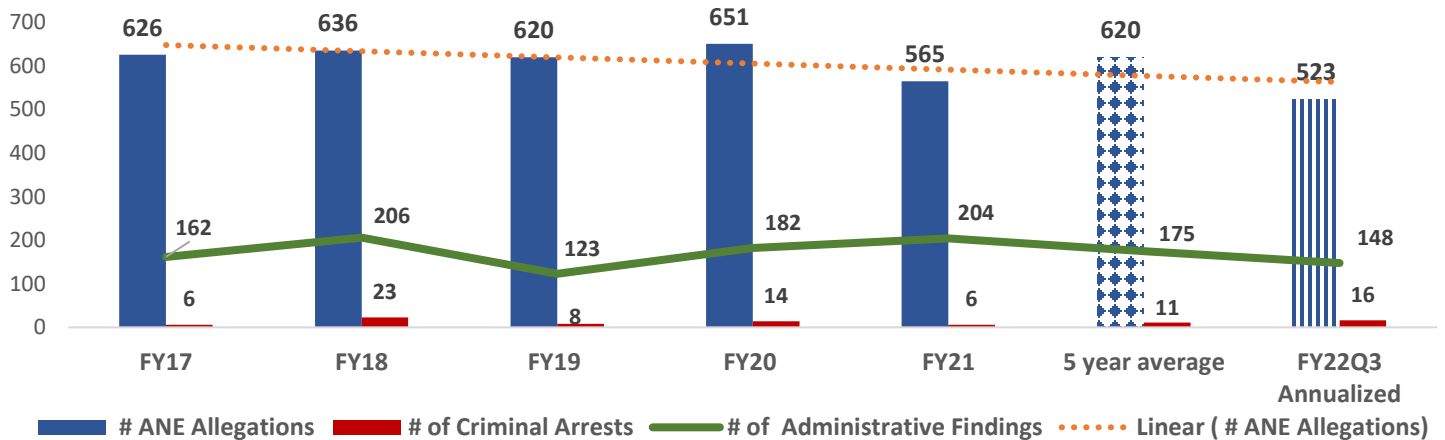
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SCDDSN Incident Management Report 5-year trend data DRAFT

for Community-Based Services (Includes Residential & Day Service Settings) Thru 3/31/2022

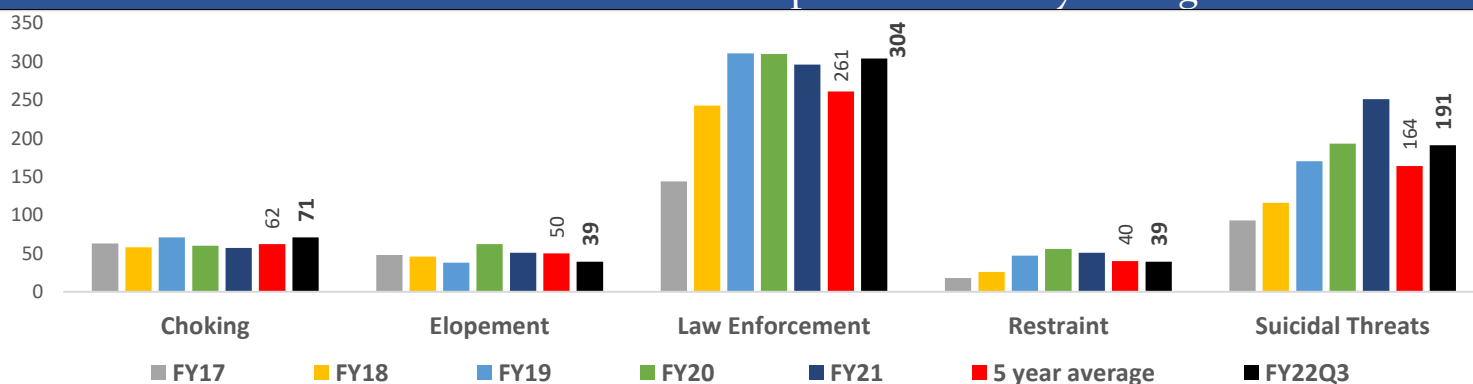
Allegations of Abuse, Neglect, Exploitation	FY17	FY18	FY19	FY20	FY21	5 YEAR Average	FY22 Annualized (Actual Q3)
# of Individual ANE Allegations	626	636	620	651	565	620	523 (392)
# of ANE Incident Reports (One report may involve multiple allegations)	455	450	415	436	388	429	505 (374)
Rate per 100	10.5	11.9	9.6	11.8	10.9	10.9	9.3
# ANE Allegations resulting in Criminal Arrest	6	23	8	14	7	11	16 (12)
# ANE Allegations with Administrative Findings from DSS or State Long-Term Care Ombudsman	162	206	123	182	204	175	148 (111)

ANE Allegations: Comparison to Arrest Data & Administrative Findings



Critical Incident Reporting	FY17	FY18	FY19	FY20	FY21	5 YEAR Average	FY22 Annualized (Actual Q3)
# Critical Incidents ***	918	1071	916	982	974	972	1,247 (935)
Rate per 100	10.5	11.9	9.6	11.8	10.9	10.9	15.4
# Choking Events	63	58	71	65	57	62	71 (53)
# Law Enforcement Calls	144	243	311	310	296	261	304 (228)
# Suicidal Threats	93	116	170	193	251	164	191 (143)
# Emergency Restraints or Restraints w/ Injury	18	26	47	56	51	40	39 (29)

5 Year Critical Incident Trend Report- Community Settings



Note: Total CI Reporting numbers for FY17 have been adjusted for comparison due to a change in the criteria for reporting implemented in FY18. Major Medical events, hospitalizations related to general health care, and business/operational events are no longer reflected in this data.

*** Critical Incident totals exclude COVID-19 Reports.

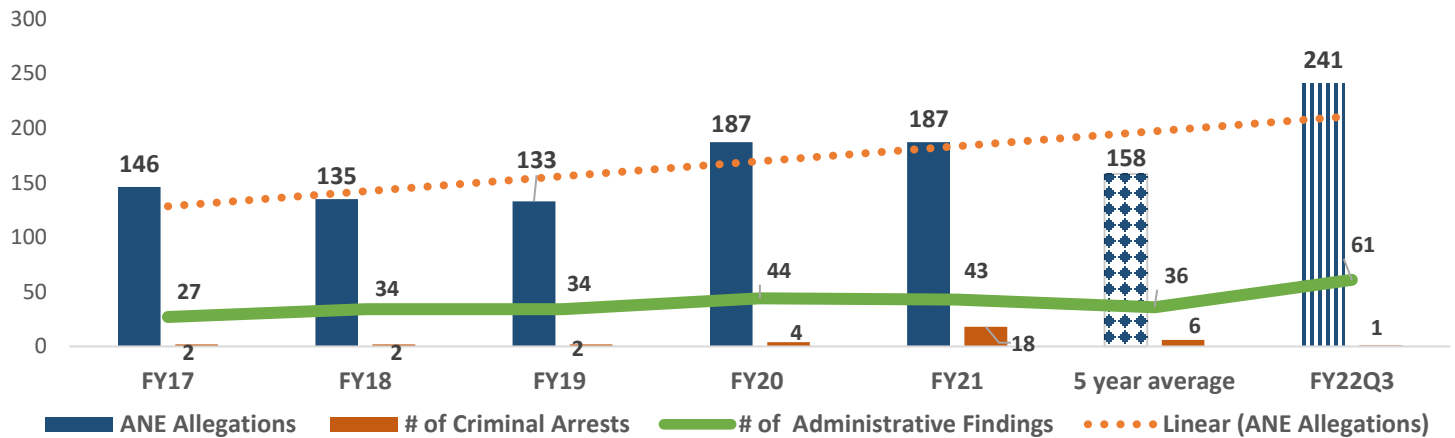
Death Reporting	FY17	FY18	FY19	FY20	FY21	5 YEAR Average	FY22 Annualized (Actual Q3)
# of Deaths Reported- Community Settings	78	73	78	86	130	89	93 (70)
Rate per 100	1.7	1.6	1.6	1.9	2.8	1.9	1.8

SCDDSN Incident Management Report 5-year trend data DRAFT

for Regional Centers Thru 3/31/2022

Allegations of Abuse, Neglect, & Exploitation	FY17	FY18	FY19	FY20	FY21	5 YEAR Average	FY22 Annualized (Actual Q3)
# of Individual ANE Allegations	146	135	139	187	187	158	241 (181)
# of ANE Incident Reports (One report may involve multiple allegations)	104	97	102	136	138	115	154 (116)
Rate per 100	17.1	19.2	20.9	28.9	27.9	23.4	39.3
# ANE Allegations resulting in Criminal Arrest	2	2	2	5	18	5.6	1 (1)
# ANE Allegations with Administrative Findings from DSS or State Long-Term Care Ombudsman	27	34	34	44	43	36	61 (46)

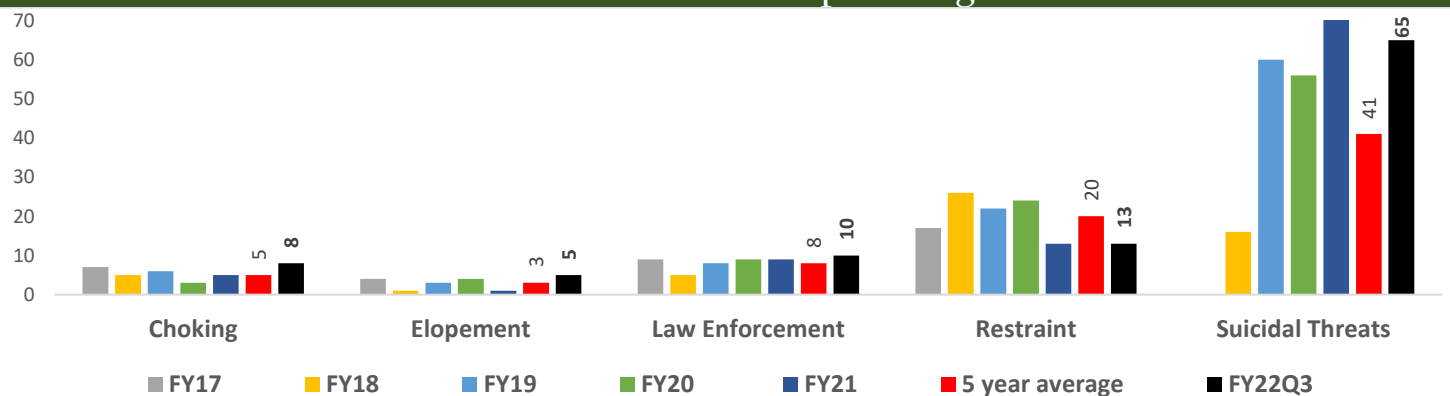
ANE Allegations: Comparison to Arrest Data & Administrative Findings



Critical Incident Reporting

	FY17	FY18	FY19	FY20	FY21	5 YEAR Average	FY22 Annualized (Actual Q3)
# Critical Incidents ***	108	144	132	135	124	129	132 (99)
Rate per 100	15.4	20.6	18.6	20.8	19.1	18.9	21.5
# Choking Events	7	5	6	3	5	5	8 (6)
# Law Enforcement Calls	9	5	8	9	9	8	20 (10)
# Suicidal Threats	0	16	60	56	73	41	65 (49)
# Emergency Restraints or Restraints w/ Injury	17	26	22	24	13	20	13 (10)

5 Year Critical Incident Trend Report- Regional Centers



Note: Total CI Reporting numbers for FY17 have been adjusted for comparison due to a change in the criteria for reporting implemented in FY18.

Major Medical events, hospitalizations related to general health care, and business/operational events are no longer reflected in this data.

*** Critical Incident totals exclude COVID-19 Reports.

Death Reporting

	FY17	FY18	FY19	FY20	FY21	5 YEAR Average	FY22 Annualized (Actual Q3)
# of Deaths Reported - Regional Centers	24	27	33	22	48	31	17 (13)
Rate per 100	3.4	3.8	4.6	3.4	7.0	4.4	2.9

FY22 Spending Plan VS Actual Expenditures as of 4/30/2022

Category	Spending Plan	Cash Expenditures YTD	SCDHHS Monthly "Wash" Expenditures with Revenue YTD *	Total Monthly Expenditures YTD	Remaining Spending Plan	Spending Plan Deviation with Actual
DDSN spending plan budget	\$ 851,170,837	\$ 565,007,822	\$ 116,777,685	\$ 681,785,507	\$ 169,385,330	REASONABLE
Percent of total spending plan remaining	100.00%	66.38%	13.72%	80.10%	19.90%	
% of FY Remaining					16.67%	
Difference % - over (under) budgeted expenditures					-3.23%	

* In Apr 2022, providers billed & paid by SCDHHS for approximately \$154.6 million in services (waiver services + state plan services). DDSN paid the \$37.8 million state match to SCDHHS recorded as a cash expenditure and the \$116,777,685 difference was the "wash" Medicaid reimbursement revenue & expense added to maintain "apples to apples" comparison to FY22 spending plan.

Methodology & Report Owner: DDSN Budget Division