



Texas Department of Criminal Justice

Bryan Collier
Executive Director

November 30, 2023

FedEx Tracking No. 7742 9833 2856
ATTN: Emma Lewis
American Oversight
1030 15th Street NW, Suite B255
Washington, DC 20005

RE: PIA Request Submitted by Emma Lewis/Mariuxi Pintado - PIA No. 1419-08-2023

Dear Emma Lewis and/or Mariuxi Pintado:

On November 1, 2023, you clarified your Public Information Act Request No. 1419-08-2023.

Our office has requested a decision with respect to Item 1 from the Texas Office of the Attorney General; we previously sent in a separate email a copy of TDCJ's comments.

In response to Item 2, attached please find Administrative Directives 10.64 and 03.05.

In response to Item 3, please find the following:

Heat-related grievances for the period of September 2023-October 15, 2023

Table with 3 columns: Step 1 Grievances, September, and October. Rows include various grievance categories like 'PERSONAL FAN NOT WORKING/TAKEN AWAY/NO OUTLET IN HOUSING AREA/ETC' and a 'TOTAL' row at the bottom.

Our mission is to provide public safety, promote positive change in offender behavior, reintegrate offenders into society, and assist victims of crime.

Office of the General Counsel

Kristen Worman, General Counsel - Kristen.Worman@tdcj.texas.gov

P.O. Box 13084 Capitol Station
Austin, Texas 78711-3084
Phone (512) 463-9899, FAX (512) 936-2159

P.O. Box 4004
Huntsville, Texas 77342-4004
Phone (936) 437-6700, FAX (936) 437-6994

www.tdcj.texas.gov



Step 2 Grievances	September	October
RESPITE NOT AVAILABLE/DENIED/CUT SHORT/ETC	31	15
PERSONAL FAN NOT WORKING/TAKEN AWAY/NO OUTLET IN HOUSING AREA/ETC	28	18
NO COLD WATER/ICE AVAILABLE	22	10
EXCESSIVE HEAT	25	10
MEDICAL RESTRICTIONS NOT BEING MET	7	2
WANTS HEAT RESTRICTIONS REMOVED	0	0
A/C ON UNIT NOT WORKING OR NOT TURNED ON	0	0
NO COLD SHOWERS AVAILABLE	4	4
PERSONAL FAN NOT PROVIDED	3	0
EXHAUST/VENTILATION FAN NOT WORKING OR NOT TURNED ON	5	0
TOTAL	125	59

Heat-related grievances for the period of May 2023–August 2023

Step 1 Grievances	May	June	July	August	Total
PERSONAL FAN NOT WORKING/TAKEN AWAY/NO OUTLET IN HOUSING AREA/ETC	149	200	172	236	757
RESPITE NOT AVAILABLE/DENIED/CUT SHORT/ETC	51	196	270	340	857
NO COLD WATER/ICE AVAILABLE	35	171	157	223	586
EXHAUST/VENTILATION FAN NOT WORKING OR NOT TURNED ON	39	83	103	46	271
MEDICAL RESTRICTIONS NOT BEING MET	35	58	70	59	222
EXCESSIVE HEAT	16	162	110	162	450
NO COLD SHOWERS AVAILABLE	13	47	68	39	167
WANTS HEAT RESTRICTIONS REMOVED	16	6	13	9	44
PERSONAL FAN NOT PROVIDED	21	51	46	50	168
A/C ON UNIT NOT WORKING OR NOT TURNED ON	22	28	25	10	85
TOTAL	397	1002	1034	1174	3607

Step 2 Grievances	May	June	July	August	Total		
RESPITE NOT AVAILABLE/DENIED/CUT SHORT/ETC			0	2	11	13	26
PERSONAL FAN NOT WORKING/TAKEN AWAY/NO OUTLET IN HOUSING AREA/ETC			24	18	17	28	87
NO COLD WATER/ICE AVAILABLE			2	3	7	9	21
EXCESSIVE HEAT			2	4	11	16	33
MEDICAL RESTRICTIONS NOT BEING MET			0	3	12	8	23
WANTS HEAT RESTRICTIONS REMOVED			6	1	0	3	10

A/C ON UNIT NOT WORKING OR NOT TURNED ON	0	7	0	1	8
NO COLD SHOWERS AVAILABLE	0	1	2	6	9
PERSONAL FAN NOT PROVIDED	0	1	2	3	6
EXHAUST/VENTILATION FAN NOT WORKING OR NOT TURNED ON	1	2	5	6	14
TOTAL	35	42	67	93	237

In addition to the numbers above, the Office of the Independent Ombudsman received 8 complaints related to elevated temperatures or heat in TDCJ facilities.

Sincerely,

Office of the General Counsel



Aug. 31, 2023

VIA EMAIL

TDCJ Public Information Request
PO Box 4017
Huntsville, TX 77342
PIA@tdcj.texas.gov

Re: Public Information Request

Dear Public Information Officer:

Pursuant to the Texas Public Information Act, as codified at Tex. Gov't Code ch. 552, American Oversight makes the following request for public records.

Requested Records

American Oversight requests that the Texas Department of Criminal Justice (TDCJ) promptly produce the following:

1. All dissent memoranda or complaints, whether official or unofficial, including ethics or whistleblower complaints, submitted to the relevant offices in your agency by any TDCJ employees, officials, or contractors regarding elevated temperatures or heat in TDCJ facilities.¹
2. All records reflecting policies and protocols designed to mitigate heat or combat elevated temperatures in TDCJ facilities, including formal or informal guidance provided by or to anyone in your agency with the intent of mitigating the potential impacts of heat exposure on TDCJ employees, officials, contractors, or anyone detained by the TDCJ.
3. Records sufficient to identify the number of complaints, whether official or unofficial, submitted to the relevant offices in your agency by anyone detained by the TDCJ regarding elevated temperatures or heat in TDCJ facilities.² To the extent that the TDCJ maintains aggregated information,

¹ To be clear, American Oversight is not seeking information about individual inmates that would be subject to withholding according to Section 552.009. We are only seeking complaints filed by TDCJ employees, officials, or contractors, not anyone detained by the Texas Department of Criminal Justice. Additionally, American Oversight is not asking your agency to release the names of any individuals who have submitted responsive complaints and does not object to the withholding of the name of any inmate.

² To be clear, American Oversight is not seeking information about individual inmates that would be subject to withholding according to Section 552.009. However, we are



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such as spreadsheets or database records that can be readily exported to spreadsheets, such documents would be responsive to this request.

Please provide all responsive records from May 1, 2023, through the date the search is conducted.

American Oversight seeks all responsive records regardless of format, medium, or physical characteristics. In conducting your search, please understand the term “record” in its broadest sense, to include any written, typed, recorded, graphic, printed, or audio material of any kind. We seek records of any kind, including electronic records, audiotapes, videotapes, and photographs, as well as letters, emails, facsimiles, telephone messages, voice mail messages and transcripts, notes, or minutes of any meetings, telephone conversations or discussions. Our request includes any attachments to these records. **No category of material should be omitted from search, collection, and production.**

In addition, American Oversight insists that your office use the most up-to-date technologies to search for responsive information and take steps to ensure that the most complete repositories of information are searched. American Oversight is available to work with you to craft appropriate search terms. **However, custodian searches are still required; governmental authorities may not have direct access to files stored in .PST files, outside of network drives, in paper format, or in personal email accounts.**

Please search all records regarding official business. **You may not exclude searches of files or emails in the personal custody of your officials, such as personal email accounts.** Emails conducting government business sent or received on the personal account of a governmental authority’s officer or employee constitutes a record for purposes of the Texas Public Information Act.³

In the event some portions of the requested records are properly exempt from disclosure, please disclose any reasonably segregable non-exempt portions of the requested records. If it is your position that a document contains non-exempt segments, but that those non-exempt segments are so dispersed throughout the document as to make segregation impossible, please state what portion of the document is non-exempt, and how the material is dispersed throughout the document. If a request is denied in whole, please state specifically that it is not reasonable to segregate portions of the record for release.

Please take appropriate steps to ensure that records responsive to this request are not deleted by your office before the completion of processing for this request. If records potentially responsive to this request are likely to be located on systems where they are

seeking aggregate information reflecting the total number of relevant complaints submitted by people detained in TDCJ facilities.

³ Tex. Gov’t Code § 552.002(a-2); *see also Adkisson v. Paxton*, 459 S.W.3d 761, 773 (Tex. App. 2015).

subject to potential deletion, including on a scheduled basis, please take steps to prevent that deletion, including, as appropriate, by instituting a litigation hold on those records.

To ensure that this request is properly construed, that searches are conducted in an adequate but efficient manner, and that extraneous costs are not incurred, American Oversight welcomes an opportunity to discuss its request with you before you undertake your search or incur search or duplication costs. By working together at the outset, American Oversight and your office can decrease the likelihood of costly and time-consuming litigation in the future.

Where possible, please provide responsive material in electronic format by email or in PDF or TIF format on a USB drive. Please send any responsive material being sent by mail to American Oversight, 1030 15th Street NW, Suite B255, Washington, DC 20005. If it will accelerate release of responsive records to American Oversight, please also provide responsive material on a rolling basis.

Fee Waiver Request

In accordance with Tex. Gov't Code § 552.267(a), American Oversight requests a waiver of fees associated with processing this request for records, because such a waiver "is in the public interest because providing the copy of the information primarily benefits the general public." The requested records are directly related to the work of state officials, with the potential to shed light on TDCJ operations during the summer heat. This matter is a subject of substantial public interest in Texas.⁴ Accordingly, release of any responsive records may help the public understand the operations and activities of state officials and is therefore in the public interest.

Release of the requested records will primarily benefit the public.⁵ As a 501(c)(3) nonprofit, American Oversight does not have a commercial purpose and the release of the requested records is not in American Oversight's financial interest, but is rather in the public interest. American Oversight is committed to transparency and makes the responses governmental authorities provide to public records requests publicly available. As noted, the subject of this request is a matter of public interest, and the public would benefit from an enhanced understanding of the government's activities through American Oversight's analysis and publication of these records. American Oversight's mission is to promote transparency in government, to educate the public about government activities, and to ensure the accountability of government officials. American Oversight uses the information gathered, and its analysis of it, to educate the public through reports, press releases, or other media. American Oversight also makes materials it gathers available on its public website and promotes their availability on social media platforms, such as Facebook and Twitter.⁶

⁴ See, e.g., Jolie McCullough, *Inmates Are Dying in Stifling Texas Prisons, but the State Seldom Acknowledges Heat as a Cause of Death*, Texas Trib. (June 28, 2023, 9:00 AM), <https://www.texastribune.org/2023/06/28/texas-prisons-heat-deaths/>.

⁵ Tex. Gov't Code § 552.267(a).

⁶ American Oversight currently has approximately 16,000 followers on Facebook and 112,200 followers on Twitter.com. American Oversight, Facebook,

American Oversight has also demonstrated its commitment to the public disclosure of documents and creation of editorial content through numerous substantive analyses posted to its website.⁷ Examples reflecting this commitment to the public disclosure of documents and the creation of editorial content include the posting of records related to the organization's investigations into misconduct and corruption in state governments;⁸ the posting of records related to the Trump Administration's contacts with Ukraine and analyses of those contacts;⁹ posting records and editorial content about the federal government's response to the Coronavirus pandemic;¹⁰ posting records received as part of American Oversight's "Audit the Wall" project to gather and analyze information related to the administration's proposed construction of a barrier along the U.S.-Mexico border, and analyses of what those records reveal;¹¹ the posting of records related to an ethics waiver received by a senior Department of Justice attorney and an analysis of what those records demonstrated regarding the Department's process for issuing such waivers;¹² and posting records and analysis of federal officials' use of taxpayer dollars to charter private aircraft or use government planes for unofficial business.¹³

<https://www.facebook.com/weareoversight/> (last visited Aug. 28, 2023); American Oversight (@weareoversight), Twitter, <https://twitter.com/weareoversight> (last visited Aug. 28, 2023).

⁷ *News*, American Oversight, <https://www.americanoversight.org/blog>.

⁸ *State Investigations*, American Oversight, <https://www.americanoversight.org/states>.

⁹ *Trump Administration's Contacts with Ukraine*, American Oversight, <https://www.americanoversight.org/investigation/the-trump-administrations-contacts-with-ukraine>.

¹⁰ *See generally The Trump Administration's Response to Coronavirus*, American Oversight, <https://www.americanoversight.org/investigation/the-trump-administrations-response-to-coronavirus>; *see, e.g., CDC Calendars from 2018 and 2019: Pandemic-Related Briefings and Meetings*, American Oversight, <https://www.americanoversight.org/cdc-calendars-from-2018-and-2019-pandemic-related-briefings-and-meetings>.

¹¹ *See generally Audit the Wall*, American Oversight, <https://www.americanoversight.org/investigation/audit-the-wall>; *see, e.g., Border Wall Investigation Report: No Plans, No Funding, No Timeline, No Wall*, American Oversight, <https://www.americanoversight.org/border-wall-investigation-report-no-plans-no-funding-no-timeline-no-wall>.

¹² *DOJ Records Relating to Solicitor General Noel Francisco's Recusal*, American Oversight, <https://www.americanoversight.org/document/doj-civil-division-response-noel-francisco-compliance>; *Francisco & the Travel Ban: What We Learned from the DOJ Documents*, American Oversight, <https://www.americanoversight.org/francisco-the-travel-ban-what-we-learned-from-the-doj-documents>.

¹³ *See generally Swamp Airlines: Chartered Jets at Taxpayer Expense*, American Oversight, <https://www.americanoversight.org/investigation/swamp-airlines-private-jets-taxpayer-expense>; *see, e.g., New Information on Pompeo's 2017 Trips to His Home State*, American Oversight, <https://www.americanoversight.org/new-information-on-pompeos-2017-trips-to-his-home-state>.

Accordingly, American Oversight qualifies for a fee waiver. If your office denies our request for a fee waiver, please notify American Oversight of any anticipated fees or costs in excess of \$40 prior to incurring such costs or fees.

Conclusion

We share a common mission to promote transparency in government. American Oversight looks forward to working with your county on this request. If you do not understand any part of this request, have any questions, or foresee any problems in fully releasing the requested records, please contact Emma Lewis at records@americanoversight.org or (202) 919-6303. Also, if American Oversight's request for a fee waiver is not granted in full, please contact us immediately upon making such a determination.

Sincerely,

/s/ Emma Lewis

Emma Lewis
on behalf of
American Oversight

From: AO Records <records@americanoversight.org>
Sent: Wednesday, November 1, 2023 2:11 PM
To: OGC Open Records <ogcopenrecords@tdcj.texas.gov>
Subject: Re: PIR - Emma Lewis/Mariuxi Pintado - PIA No. 1419-08-2023

CAUTION: This email was received from an EXTERNAL source. Use caution when clicking links or opening attachments. If you believe this to be a malicious and/or phishing email, please contact the Information Security Office (ISO).

Good afternoon,

Thank you for reaching out regarding this request. In response to your request for clarification:

- For Item 1 of the request, we can agree to limit the request to completed dissent memoranda or reports expressing complaints regarding elevated heat in TDCJ facilities.
- We would propose limiting Item 2 of the request to agency policies and training materials reflecting those policies.

Please let me know if you have any further questions regarding this request or American Oversight's clarifications.

Best,
Emma Lewis
Counsel
American Oversight



TEXAS DEPARTMENT
OF
CRIMINAL JUSTICE

NUMBER: AD-03.05 (rev. 1)

DATE: February 17, 2022

PAGE: 1 of 3

SUPERSEDES: April 3, 2020

ADMINISTRATIVE DIRECTIVE

SUBJECT: INMATES IDENTIFIED AS PACK UNIT CLASS MEMBERS

AUTHORITY: Tex. Gov't Code §§ 493.001, 493.006(b), 494.001, 494.002(a); BP-02.08, "Statement of Internal Controls"; *Keith Cole, et al. v. Bryan Collier, et al.*, 4:14-cv-0168, United States District Court, Southern District of Texas, Houston Division, "Proposed Settlement Agreement and Release," Docket Entry (DE) 989; "Order Amending Class Certification, Approving Class Notice, and Setting Date for Fairness Hearing," DE 1065, and "Final Order and Judgment Approving Class Action and Settlement and Attorneys' Fees," DE 1188

APPLICABILITY: Texas Department of Criminal Justice (TDCJ)

POLICY:

The TDCJ establishes procedures for the management of inmates identified as Pack Unit Class Members.

DEFINITIONS:

The following terms are defined for the purpose of this policy and are not intended to be applicable to other policies or procedures.

"ACPAC" is a classification designator utilized within the TDCJ to identify inmates who fall under the "AUTHORITY" clause as noted in this policy.

"Pack Unit Class Members" (Pack class members) are inmates incarcerated at the Wallace Pack Unit on or between the dates of July 19, 2017, and August 8, 2017, and all other inmates specifically identified in and certified by the court in DE 1065.

PROCEDURES:

Inmates identified as Pack class members shall be housed and transported in air-conditioned environments where the heat index is at 88°F or below.

I. Intake

If a Pack class member returns from a bench warrant, intake staff shall access the mainframe screen, Current Institutional Adjustment Record, to verify the ACPAC code placement. Additional methods identifying an inmate as a Pack class member include:

- A. Yellow transport card; and
- B. Yellow countroom tabs.

II. Transfers

If a Pack class member's custody or security needs can no longer be met at their current unit of assignment, unit administration shall initiate a transfer request, which shall be reviewed by the Correctional Institutions Division (CID) director. Upon concurrence, the request shall then be forwarded to the deputy executive director for approval.

Once the transfer request is approved by the deputy executive director, the inmate shall be scheduled for transport to a pre-determined, appropriate air-conditioned unit and added to the transportation roster, which is printed and reviewed by central transportation the day prior to the scheduled transport, and by drivers immediately before transport. Transportation staff shall ensure the inmate is placed in a designated transportation vehicle with fully functioning air-conditioning.

In the event of a medical emergency, the review and concurrence by the CID director may be suspended; however, the deputy executive director shall be notified immediately of the medical emergency.

- III. Pack class members shall only be assigned to units with housing areas equipped to digitally record temperatures, including the heat index. Temperatures at units housing Pack class members shall be continually monitored from April 15 to October 15 each year. Pack class members shall not be held in an environment in which the heat index reaches greater than 88°F. In the event the heat index reaches 83°F, designated unit staff shall immediately notify the deputy executive director.
- IV. During periods prior to or after the monitoring period defined in the settlement agreement, designated staff at units housing Pack class members shall collect digitally recorded temperatures at the discretion and direction of the deputy executive director.
- V. Unit grievance staff shall immediately notify the Administrative Review and Risk Management (ARRM) Division director as well as the unit warden when heat-related

grievances are submitted by Pack class members. The ARRM division director shall then notify the deputy executive director. Copies of all heat-related grievances submitted by Pack class members shall be forwarded to the deputy executive director for review.

- VI. The Office of Emergency Management shall monitor weather projections throughout the state using weather data from the National Oceanic Atmospheric Administration (NOAA). The data will be used to determine whether the air-conditioning at units may need to be adjusted prior to or after the monitoring period defined in the settlement agreement. The Office of Emergency Management shall ensure the deputy executive director is kept informed of any weather-related forecasting and conditions affecting Pack class members.
- VII. The deputy executive director shall facilitate monthly meetings with senior staff and/or others regarding units housing Pack class members and other heat-related issues as deemed necessary.
- VIII. In the event the air conditioning at a unit that houses class members or the air conditioning in a vehicle used to transport class members malfunctions, unit or inmate transportation staff shall immediately notify the deputy executive director, who shall promptly resolve the issue.

Bryan Collier*
Executive Director

* Signature on file



TEXAS DEPARTMENT
OF
CRIMINAL JUSTICE

NUMBER: AD-10.64 (rev. 10)

DATE: May 8, 2020

PAGE: 1 of 16

SUPERSEDES: AD-10.64 (rev. 9)
March 26, 2018

ADMINISTRATIVE DIRECTIVE

SUBJECT: EXCESSIVE AND EXTREME TEMPERATURE CONDITIONS IN THE TDCJ

AUTHORITY: Tex. Gov't Code §§ 493.001, 493.006; BP-02.08, "Statement of Internal Controls"

Reference: TDCJ *Risk Management Program Manual*; CMHC D-27.2, "Heat Stress"

APPLICABILITY: Texas Department of Criminal Justice (TDCJ)

POLICY:

The TDCJ shall establish guidelines to assist unit administration in adapting offender housing areas and work assignments during excessive or extreme temperatures. Guidelines for outside recreation are found in the *Recreation Program Procedures Manual*.

Every reasonable effort shall be made to prevent injuries related to excessive or extreme temperatures in the TDCJ. TDCJ offenders may be required to work in conditions of excessive heat or extreme cold when situations occur requiring specific work be completed regardless of the temperature or weather conditions. The decision to require offenders to work in excessive heat or extreme cold temperatures shall be made by the warden and applicable departmental supervisors in order to address the conditions specific to the area in which the facility is located.

The TDCJ shall work closely with health care staff to immediately identify offenders at risk from excessive or extreme temperatures. Incidents related to excessive or extreme temperatures shall be reported to TDCJ administration.

DEFINITIONS:

The following terms are defined for the purpose of this policy and are not intended to be applicable to other policies or procedures.

"Excessive Heat" occurs from a combination of significantly higher than normal temperatures and high humidity.

“Excessive Heat Warning” is issued by the National Weather Service within 12 hours of the onset of the following criteria: temperature of at least 105°F for more than three hours per day for two consecutive days, or heat index of 113°F or greater for any period of time.

“Extreme Cold” refers to temperatures at or below freezing for an extended period of time.

“Heat Index,” also referred to as the “apparent temperature,” is a measure of how hot it actually feels when the relative humidity (RH) is added to the actual air temperature.

“Heat Restriction List” is a list of offenders with restrictions related to physical activities, transportation, and work that have been entered in the Restrictions Module of the electronic health record (EHR) and transmitted to the TDCJ mainframe HSIN screen.

“Heat Wave” is a prolonged period (three or more days) of excessively hot and unusually humid weather that meets the following criteria: temperature of at least 105°F or heat index of 113°F.

“Relative Humidity” is a dimensionless ratio, expressed in percent, of the amount of atmospheric moisture present relative to the amount that would be present if the air were saturated. Since the latter amount is dependent on temperature, relative humidity is a function of both moisture content and temperature.

“Risk Category” means the TDCJ has received notice of a Heat Advisory, Special Weather Statement, or Excessive Heat Warning issued by the National Weather Service.

“Wellness Check” is when a correctional officer performing routine security rounds goes to an offender’s cell or bunk to visually inspect or observe the offender due to the offender previously being identified as having a condition or being on a medication that makes the offender more susceptible to temperature-related issues.

“Wind Chill” is a quantity expressing the effective lowering of the air temperature caused by the wind, especially as affecting rate of heat loss from an object or human body, or as perceived by an exposed person.

PROCEDURES:

Before requiring offenders to work in excessive or extreme temperature conditions, the warden and applicable departmental supervisors shall ensure appropriate measures are taken to prevent excessive or extreme temperature-related injuries, including consulting health care staff to identify specific hazards. In all cases of temperature-related incidents or injuries, unit health care staff and the unit risk manager shall be immediately notified. Staff shall remove the distressed offender from the environment by the most expeditious means available to receive proper medical treatment.

I. Monitoring Procedures

Procedures and exposure charts, Wind Chill Index (Attachment A), and Heat and Humidity Index (Attachment B), are provided to assist unit administration in determining safe conditions and applicable risk categories in excessive or extreme temperatures.

- A. Unit staff shall monitor and announce over the radio the temperature, heat index or wind chill, and risk category once every hour between 12:30 a.m. and 11:30 p.m. The outside air temperature, humidity or wind speed, and heat index or wind chill shall be documented 24 hours a day on the Temperature Log (Attachment C).
 - B. Temperature Log
 - 1. The warden shall designate a central location to maintain the Temperature Log.
 - 2. The wind chill or heat index shall be documented on the Temperature Log.
 - 3. Temperature information is available through the following:
 - a. The National Oceanic and Atmospheric Administration (NOAA) website (www.noaa.gov);
 - b. NOAA Weather Radio;
 - c. Local weather radio and television stations; or
 - d. Onsite weather instrumentation.
 - 4. Temperature Logs shall be maintained in accordance with the TDCJ *Records Retention Schedule*.
- II. Extreme Cold Conditions
- A. Determination
 - 1. The warden shall use the Wind Chill Index, the local news and weather media, and weather conditions recorded by instruments located at the unit to determine the safety of cold weather working conditions.
 - 2. Clothing considered appropriate for offenders working in cold weather includes thermal underwear, insulated jackets, cotton or leather gloves, insulated hoods, work shoes, and socks. Appropriate clothing shall be issued even when the Wind Chill Index indicates little danger of exposure injury.
 - 3. If additional guidance is needed, health care staff, the unit risk manager, or the assistant unit risk manager shall be consulted to assist in determining appropriate clothing and footwear needed to prevent cold injury.
 - 4. Care shall be taken to prevent perspiration, which could soak clothing and thus compromise the insulating value of the clothing.
 - 5. Layers of clothing shall be removed or added according to the temperature and level of physical activity.

B. Symptoms

1. Hypothermia is a condition occurring when the body loses heat faster than it can produce heat. With the onset of this condition, blood vessels in the skin tighten to conserve vital internal body heat, affecting the hands and feet first.
2. If the body continues to lose heat, involuntary shivers begin. This reaction is the way the body produces more heat and is usually the first real warning sign of hypothermia.
3. Further heat loss produces speech difficulty, forgetfulness, loss of manual dexterity, collapse, and possibly death.

III. Excessive Heat Conditions

A. Determination

1. The warden shall use the Heat and Humidity Index, the local news and weather media, and weather conditions recorded by instruments located at the unit to confirm temperature and humidity conditions in order to determine if an excessive heat condition is occurring.
2. When the National Weather Service issues an excessive heat warning or notice of an impending heat wave, the TDCJ Office of Emergency Management shall send the applicable division directors an email notification. When excessive heat conditions last for more than three consecutive days, the division directors and warden(s) of units in the affected area(s) shall immediately implement additional precautionary measures, as outlined in Section IV.I of this directive.
3. At any point when the Heat and Humidity Index indicates the possibility of heat exhaustion, the warden shall instruct the appropriate staff to immediately initiate the precautionary measures identified in the Heat and Humidity Index.
4. If additional guidance is needed, health care staff, the unit risk manager, or assistant unit risk manager shall be consulted before exposing offenders to excessive heat conditions in the work area to evaluate the hazards of the current temperatures and humidity, including indoor work areas, such as a boiler room. The hazard of sunburn and other results of ultraviolet (UV) radiation exposure shall also be closely monitored. Offenders shall be provided and required to wear clothing appropriate for the temperatures and hazards imposed by UV radiation. For example, light-colored hats can be used to an advantage in high heat and direct sunlight.
5. Drinking water and cups shall always be available to offenders in conditions of excessive heat. A cup will be provided to all indigent and newly received offenders, and any offender who does not have a personal cup. Offenders will be permitted to have one cup in their possession. High water intake shall be encouraged during periods of excessive heat and depending on an offender's state of acclimatization to hot weather conditions, liquids containing sodium

may also be used. Offenders and staff working at apparent air temperatures above 90°F shall be provided access to and encouraged to consume water before their work assignment and as needed during the workday and should maintain an intake of at least 16 ounces of fluids per hour of work. Under excessive heat conditions, work should be interrupted every 15-20 minutes and offenders encouraged to drink fluids even if they are not thirsty.

6. Offenders newly assigned to jobs that require strenuous work under conditions with an apparent air temperature of 90°F or greater must be acclimatized before assuming a full workload. These offenders shall work no more than four hours at a time, separated by at least one hour of rest in a cooler environment, for the first week. After the first week, offenders newly assigned to jobs may assume a normal work schedule. Acclimatization can be lost in as little as two weeks; therefore, if offenders are away from a hot work environment for more than two weeks, they shall be reacclimatized. Acclimatization is not necessary for individuals assigned to the same job when temperatures vary with seasonal changes.
7. TDCJ and health care staff shall work together to identify offenders susceptible to temperature-related illness due to medical conditions. As offenders arrive on intake facilities, a staff member from the medical department shall conduct an initial screening to determine if the offender has any conditions or is on any medication that would make the offender more susceptible to heat. If health care staff determines an offender has a condition or is on a medication that would make the offender more susceptible to heat, correctional staff shall perform wellness checks, as outlined in Section IV.C-D on the offender.

B. Symptoms

1. Heat cramp symptoms include:
 - a. Painful, intermittent, and involuntary muscle spasms following hard physical work in a hot environment; and
 - b. Cramps usually occurring after heavy perspiring, and often beginning at the completion of hard physical work.
2. Heat exhaustion symptoms include:
 - a. Profuse perspiration, weakness, rapid pulse, dizziness, and headaches;
 - b. Cool skin, sometimes pale and clammy, with perspiration;
 - c. Normal or subnormal body temperature; and
 - d. Possible nausea, vomiting, and unconsciousness.

3. Heatstroke symptoms include:
 - a. Diminished or absent perspiration (sweating);
 - b. Hot, dry, and flushed skin; and
 - c. Increased body temperatures, which if uncontrolled, may lead to delirium, convulsions, seizures, and possibly death. Medical care is urgently needed.

IV. Preventive Care and Precautions

- A. Before April 15th each year, wardens shall review with unit staff the status of HVAC units, shower temperatures, fans, ice machines, ventilation systems, exhaust fans, and respite areas throughout the unit. Wardens shall coordinate with unit maintenance staff to prioritize maintenance work orders for these areas and immediately address any deficiencies.
- B. Offenders incarcerated within the TDCJ shall be assessed for medical and mental impairments by qualified health care staff who will assign each offender appropriate restrictions related to physical activities, transportation, and work. Appropriate limitations and restrictions shall be assigned and entered in the Restrictions Module in the electronic health record (EHR). The latter is automatically transmitted to the TDCJ mainframe HSIN screen.
- C. Once an offender is identified as at-risk, health care staff shall notify unit countroom staff and update the offender's HSIN accordingly. Countroom staff shall then make any necessary changes to the offender's housing or work assignment and notify correctional staff if an adjustment is necessary.
- D. During each security round, staff shall use the Heat Restriction List to conduct wellness checks for offenders on that list. Staff shall immediately seek care for any and all offenders requesting medical assistance or exhibiting signs of illness, even if they are not listed on the Heat Restriction List.
- E. Offenders shall be allowed access to respite areas during periods of excessive heat.
 1. Offenders may request access to a respite area 24 hours per day, seven days per week, even if they are not feeling ill at the time of the request or the request is made during count time.
 2. Offenders requesting access to a respite area are not required to be seen by health care staff unless they are exhibiting signs or symptoms of a heat-related illness.
 3. Offenders shall be permitted to stay in the respite area as long as necessary and may bring cups, hydrating drinks such as water and electrolyte sports drinks, electrolyte packets, cooling rags, and reading materials.

4. Any area with air conditioning may be used for respite, as determined by the warden. Signage in English and Spanish shall be posted informing offenders of the areas designated as respite areas.
 5. The warden or designee shall determine the order of use for respite areas, ensuring areas capable of accommodating the greatest number of offenders are utilized first, while maintaining the safety and security of the unit.
 6. Offenders shall not be permitted to choose the respite area to which they will have access.
- F. Representatives from various divisions shall meet annually to review best practices concerning preventive care and precautions with excessive or extreme temperatures. A mainframe and email message titled, "Seasonal Preparedness Directive," shall be sent from the executive director. The Correctional Institutions Division (CID) director and the Private Facility Contract Monitoring/Oversight Division (PFCMOD) director shall inform unit wardens of additional mandatory compliance measures in the prevention of cold- and heat-related injuries and illness.
- G. Training will be conducted at units as outlined in Section VII.
- H. In situations where the heat index is above 90°F, units will initiate the following steps:
1. Provide additional water and cups in offender dorms, housing areas, recreational areas, and during meal times, along with ice;
 2. Transport psychiatric inpatient offenders to other facilities via air-conditioned transfer vehicles only;
 3. Transport offenders during the coolest hours of the day, when possible;
 4. Allow offenders to utilize and carry cooling towels;
 5. Allow offenders to wear shorts and t-shirts in dayrooms and recreational areas;
 6. Prioritize work orders and ensure maintenance for air-conditioning units, HVAC systems, fans, blowers, and showers in offender housing areas;
 7. Ensure all staff currently have, or are provided with a FN-1181, Employee Information Pocket Card, obtained through the Prison Store and available at the units, and that the cards are carried on their person while at the unit;
 8. Allow additional showers for offenders when possible. Lower the water temperature for single temperature showers in offender housing areas;

9. Place posters in housing areas reminding offenders of heat precautions and the importance of water intake, ensuring all posters that have been damaged or destroyed are replaced; and
 10. Allow fans for offenders in all custody levels, to include restrictive housing and disciplinary status where electrical outlets are available. Ensure fan program is in place allowing the permanent issuance of fans to indigent offenders. Fans shall only be confiscated if altered or stolen.
- I. In addition to the precautions outlined in Section IV.H of this directive, the warden shall instruct the appropriate staff to immediately implement the following precautionary measures when excessive heat or heat wave conditions last more than three consecutive days:
1. Initiate the Incident Command System (ICS) and immediately notify the appropriate regional director and the deputy director of Prison and Jail Operations for CID units, or the appropriate deputy director for the Private Facility Contract Monitoring/Oversight Division (PFCMOD) for privately operated units, and the emergency management coordinator of the impending excessive heat conditions;
 2. Restrict, and potentially cancel, outside work and recreation;
 3. Reduce kitchen and dish room operations as needed. Offenders may be served cold cuts and other food items that do not require heating, as conditions warrant;
 4. Minimize laundry operations during afternoon hours. To the extent possible, begin washing and drying in the earlier, cooler hours of the morning in order to be completed by noon; and
 5. Permit offenders to purchase electrolyte sports drinks from the unit commissary without affecting their spending limit.
- J. When conditions giving rise to the excessive heat warning cease, the warden may deactivate the ICS, with the approval of the appropriate regional director for CID units, or the appropriate deputy director for PFCMOD for privately operated units. The emergency management coordinator shall be notified when the ICS is deactivated.

After deactivating the ICS for an excessive heat warning, the warden shall assess the unit's readiness to return to normal operations, taking into consideration any actions that could improve operations during future incidents of a similar nature and identifying any training needs.

V. Offenders with Heat Sensitivity Scores

The agency recognizes that some offenders are potentially at a heightened risk of heat-related illnesses because of their age, health conditions, or medications. These offenders are identified

through an automated heat sensitivity score that uses information from the offender's EHR. Heat sensitivity scores are updated daily with changes to the EHR. For newly received offenders, health services staff use an intake heat sensitivity form to screen offenders as soon as they arrive. When new offenders receive their physical examination, their score is updated automatically. Offenders who have a heat sensitivity score receive priority placement in a housing area that is air-conditioned. Offenders identified as Pack Unit Class Members shall be managed in accordance with AD-03.05, "Offenders Identified as Pack Unit Class Members."

VI. Emergency Treatment

Staff shall monitor and seek care for offenders requesting medical assistance or exhibiting signs of illness during periods of excessive or extreme temperatures.

- A. In all cases of temperature-related incidents or injuries, the first aid process shall be immediately initiated by correctional or other unit staff.
 1. If an injury is sustained in extreme cold conditions, staff shall:
 - a. Bring the distressed offender out of the cold and restrict any further duties or activities until the severity of the injury is evaluated.
 - b. Remove any wet clothing and insulate the offender with dry, warm blankets or clothing, ensuring all constricting items of clothing and footwear are removed from injured areas and the injured areas are covered.
 - c. If frostbite exists, gently heat the affected area with warm water or towels, a heating pad, or hot water bottles. Do not rub the affected area or rupture blisters.
 - d. If a lower extremity is affected, treat by slightly elevating the affected area.
 - e. If the offender is conscious, encourage consumption of warm, sweetened liquids.
 - f. If necessary, initiate lifesaving measures.
 - g. If evacuation from cold requires travel on foot, do not thaw the affected area until the offender reaches medical help.
 - h. Transport the offender to medical care as soon as possible and continue treatment after arriving at the site or when the offender is delivered to health care staff's care.

2. If an injury is sustained in excessive heat conditions, staff shall:
 - a. Immediately begin an attempt to decrease the offender's temperature by placing the offender in a cool area.
 - b. Force oral fluid intake only if the offender is conscious and able to safely swallow.
 - c. Remove heavy clothing or excess layers of clothing; saturate remaining lightweight clothing with water. Position the offender in the shade, allowing air movement past the offender, and if necessary, fan the offender to create air movement.
 - d. If ice is available, place ice packs in armpit and groin areas.
 - e. Take all these measures while moving the offender in the most expeditious means available to continue with and obtain proper medical treatment.
 - f. Ensure, whenever health care staff are on-site, treatment is continued as directed by the physician or health care staff.

B. Notification

1. Health care staff and the unit risk manager shall be immediately notified regarding all cases of temperature-related incidents or injuries. If there is no on-site health care staff, 911 shall be immediately called.
2. Any temperature-related incident or injury shall be reported to the Emergency Action Center in accordance with AD-02.15, "Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents."
3. All heat-related illnesses shall be evaluated by staff to include the conditions surrounding the offender, such as water intake, location, and what the offender was doing before becoming ill. Any "cluster illnesses" or illnesses occurring in offenders in the same housing areas shall be documented and reported to the CID director or the PFCMOD director.

VII. Training

A. Annual Training

1. A standardized training program shall be developed by the TDCJ in conjunction with the University of Texas Medical Branch Clinical Education Department. Each unit shall be provided a copy of the training program in the form of a DVD to facilitate the required training.
 - a. The training shall be given in a group setting, when possible.

- b. All units shall conduct an annual standardized training program using unit-based health care staff.
 - c. The facility health administrator for each unit shall submit documentation of excessive heat and extreme cold temperature training for TDCJ staff, health care staff, and offenders to the Health Services Division Office of Health Services Monitoring annually by April 15th (heat) and October 1st (cold).
2. Each warden shall ensure training in the prevention of injuries due to excessive or extreme temperatures is provided by unit health care staff to all supervisors designated by the warden. Training concerning excessive heat shall be completed no later than April 15th, and training concerning cold extremes shall be completed in September of each year.
- a. Supervisors shall train staff and work-assigned offenders.
 - b. Unit administration shall ensure, through the unit risk manager, that offenders who are not work-assigned are trained.
 - c. All offenders shall be notified of cold and heat awareness via Peer Education training, dayroom bulletin boards and other common use areas, or through publications such as the I-204, "Incoming Offender Heat, Cold, Safe Prisons/PREA, and Suicide Prevention" flyer; *The Echo*; or the *TDCJ Offender Orientation Handbook*.
3. Training shall be documented as outlined in the *TDCJ Risk Management Program Manual*. Documentation of completed training shall be maintained by the facility health administrator. Copies of all rosters from staff training shall be provided to the human resources representative and unit risk manager. The unit risk manager shall forward a copy of the training roster to the respective regional risk manager. Training rosters for privately operated facilities shall also be forwarded to the office of the director of the PFCMOD.

The regional risk manager shall forward the total number of staff and offenders trained to the Risk Management Central Office.

B. Pre-Service, On-the-Job, and In-Service Training

1. Staff shall be provided with initial training regarding excessive or extreme temperature conditions as part of the Pre-Service Training Academy.
2. Additional training shall be provided during the On-the-Job Training Program and annual In-Service Training sessions.

C. Additional Training

1. Staff Training

- a. Each unit shall be provided with a DVD to facilitate ongoing excessive or extreme temperature conditions training sessions.
- b. The training DVD shall be reviewed annually by the Communications Department to ensure the information is accurate and up to date.
- c. This training shall be conducted on a regular and frequent basis during shift turnout, departmental meetings, or other similar times.
- d. Human Resources staff shall ensure the training is documented in the TDCJ Training Database. PFCMOD shall ensure documentation is completed and maintained for all privately operated facilities.
- e. Heat training shall be conducted beginning in March and ending in November. If the need arises based on forecasted temperatures, training may be conducted before March and after November.
- f. Cold training shall be conducted beginning in September and ending in February. If the need arises based on forecasted temperatures, training may be conducted before September and after February.

2. Offender Training

- a. Offenders shall be provided with training regarding excessive or extreme temperature conditions as part of the Offender Peer Education Program during intake and upon transfer to their unit of assignment.
- b. Each unit shall be provided with a DVD to facilitate ongoing excessive or extreme temperature conditions training sessions.
 - (1) The training DVD shall be reviewed annually by the Communications Department to ensure the information is accurate and up to date.
 - (2) The training DVD shall be played on dayroom and common area TVs on a regular and frequent basis.
 - (3) The unit risk manager shall ensure the training is documented within the Individual Treatment Plan for each offender.
 - (4) Offenders shall be provided with an I-204, "Incoming Offender Heat, Cold, Safe Prisons/PREA, and Suicide Prevention" flyer and provided with unit-specific heat mitigation measures upon arrival at a new unit.

- c. Heat training shall be conducted beginning in March and ending in November. If the need arises based on forecasted temperatures, training may be conducted before March and after November.
- d. Cold training shall be conducted beginning in September and ending in February. If the need arises based on forecasted temperatures, training may be conducted before September and after February.

VIII. Reporting of Offender Deaths

Offender deaths during periods of excessive or extreme temperatures, when the cause of death is unknown, shall be documented as cause pending until ruled otherwise by an autopsy or subsequent evaluation. An administrative incident review is required for all offender deaths, except natural cause attended deaths, in accordance with AD-02.15, during a period of excessive or extreme temperatures until affirmatively reclassified as a natural death.

Bryan Collier*
Executive Director

* Signature on file

WIND CHILL INDEX

Wind Speed in MPH	ACTUAL THERMOMETER READING (°F)									
	50	40	30	20	10	0	-10	-20	-30	-40
	EQUIVALENT TEMPERATURE (°F)									
CALM	50	40	30	20	10	0	-10	-20	-30	-40
5	48	37	27	16	6	-5	-15	-26	-36	-47
10	40	28	16	4	-9	-21	-33	-46	-58	-70
15	36	22	9	-5	-18	-36	-45	-58	-72	-85
20	32	18	4	-10	-25	-39	-53	-67	-82	-96
25	30	16	0	-15	-29	-44	-59	-74	-88	-104
30	28	13	-2	-18	-33	-48	-63	-79	-94	-109
35	27	11	-4	-20	-35	-49	-67	-82	-98	-113
40	26	10	-6	-21	-37	-53	-69	-85	-100	-116
Over 40 MPH (little added effect)	CAT 1 (for properly clothed person)				CAT 2 (Danger from freezing or exposed flesh)				CAT 3	

Category 1 (Little Danger): Risk of possible hypothermia with prolonged exposure, absent mitigating measures. Staff and offenders are encouraged to wear appropriate clothing, adding or removing layers according to the temperature and level of physical activity. The warden shall make appropriate determinations based on the Wind Chill Index, the local news and weather media, and weather conditions recorded by instruments located at the unit regarding the safety of working conditions during such temperatures.

Category 2 (Increasing Danger): Increasing risk of hypothermia and possible death from freezing or exposed flesh, absent mitigating measures. Staff and offenders are encouraged to wear appropriate clothing. Outside work and recreation shall be restricted.

Category 3 (Great Danger): High risk of hypothermia and possible death from freezing or exposed flesh, absent mitigating measures. Staff and offenders are encouraged to wear appropriate clothing. Outside work and recreation shall be restricted.

NOAA's National Weather Service Heat and Humidity Index

		ACTUAL AIR TEMPERATURE (°F)															
		CAT 1					CAT 2				CAT 3				CAT 4		
		80	82	84	86	88	90	92	94	96	98	100	102	104	106	108	110
RELATIVE HUMIDITY (%)	40	80	81	83	85	88	91	94	97	101	105	109	114	119	124	130	136
	45	80	82	84	87	89	93	96	100	104	109	114	119	124	130	137	
	50	81	83	85	88	91	95	99	103	108	113	118	124	131	137		
	55	81	84	86	89	93	97	101	106	112	117	124	130	137			
	60	82	84	88	91	95	100	105	110	116	123	129	137				
	65	82	85	89	93	98	103	108	114	121	126	130					
	70	83	86	90	95	100	105	112	119	126	134						
	75	84	88	92	97	103	109	116	124	132							
	80	84	89	94	100	106	113	121	129								
	85	85	90	96	102	110	117	126	135								
	90	86	91	98	105	113	122	131									
95	86	93	100	108	117	127											
100	87	95	103	112	121	132											

Category 1 (Caution): Risk of possible fatigue with prolonged exposure, absent mitigation measures. Staff shall encourage high water intake and look for signs of exhaustion. Staff and offenders are encouraged to utilize respite areas as needed. Offender workers shall be provided with five-minute rest breaks every hour.

Category 2 (Extreme Caution): Risk of heat-related illness with prolonged exposure, absent mitigation measures. Staff shall encourage high water intake and monitor and seek care for offenders exhibiting signs of illness. Staff and offenders are encouraged to utilize respite areas as needed. Offender workers shall be provided with five-minute rest breaks every one-half hour, and staff shall encourage offenders to lie down with feet up during such breaks. Staff shall also reduce work pace by one-third.

Category 3 (Danger): Risk of heat stroke possible and heat-related illness likely, absent mitigation measures. Staff shall encourage high water intake and monitor and seek care for offenders exhibiting signs of illness. Staff and offenders are encouraged to utilize respite areas as needed. Staff shall restrict outside work or reduce work pace by one-half to two-thirds, provide 10-minute rest breaks every one-half hour, and encourage offenders to lie down with feet up during such breaks.

Category 4 (Extreme Danger): High risk of heat stroke, absent mitigation measures. Staff shall encourage high water intake and monitor and seek care for offenders exhibiting signs of illness. Staff and offenders are encouraged to utilize respite areas as needed. Outside work and recreation shall be restricted.

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Temperature Log

Unit: _____

Date:	Outside Air Temperature	Humidity or Wind Speed	Heat Index or Wind Chill*	Person Recording
12:30 a.m.				
1:30 a.m.				
2:30 a.m.				
3:30 a.m.				
4:30 a.m.				
5:30 a.m.				
6:30 a.m.				
7:30 a.m.				
8:30 a.m.				
9:30 a.m.				
10:30 a.m.				
11:30 a.m.				
12:30 p.m.				
1:30 p.m.				
2:30 p.m.				
3:30 p.m.				
4:30 p.m.				
5:30 p.m.				
6:30 p.m.				
7:30 p.m.				
8:30 p.m.				
9:30 p.m.				
10:30 p.m.				
11:30 p.m.				

* Temperatures between 51 and 79 degrees Fahrenheit (°F) are not represented on the Wind Chill Index (Attachment A) or the Heat and Humidity Index (Attachment B). Indicate (N/A) in these fields when applicable.

Document is unavailable

Document is unavailable

Document is unavailable



SEASONAL PREPAREDNESS - HEAT PRECAUTION

EXTREME HEAT CONDITIONS

Every reasonable effort shall be made to prevent injuries related to extreme temperatures in the Texas Department of Criminal Justice (TDCJ). The TDCJ has established guidelines to assist unit administration in adapting inmate housing areas and work assignments to temperatures that cannot be controlled by the TDCJ. Guidelines for housing and work assignments can be found in AD-10.64, "Excessive and Extreme Temperature Conditions in the TDCJ" and guidelines for outside recreation can be found in the TDCJ *Recreation Program Procedures Manual*.

Cole v. Collier

In 2014, a group of inmates housed at the TDCJ's Wallace Pack Unit brought a class action suit against officials of the TDCJ. The inmates alleged that exposure to extreme heat in the summer months presents a substantial risk of serious harm, which allegedly constituted cruel and unusual punishment under the Eighth Amendment and violated the Americans with Disabilities Act and Rehabilitation Act.

Although this case is still ongoing, the TDCJ has implemented policies and procedures in order to ensure compliance with the terms of the settlement agreement regarding housing and transport of Pack class members and to protect inmates and mitigate the risk of heat-related illness. The original class action members are referred to as ACPAC inmates.

Some actions the TDCJ has taken to mitigate heat-related illness include:

- Providing temporary air conditioning in the Wallace Pack Unit's inmate housing areas between April 15 - October 15 each year until permanent air conditioning is installed.
- Installing permanent air conditioning in the Wallace Pack Unit's inmate housing areas no later than May 1, 2020.
- Installing devices that read and report the temperatures and heat indices on certain units. ACPAC inmates are housed in ACPAC units in air-conditioned housing. The duty warden of the ACPAC units will immediately notify Executive Management if the heat index is 83°F or above.
- Allowing inmates to attend a respite area for as long as they need, 24 hours a day, 7 days a week.
- Transporting ACPAC and other heat-sensitive inmates in air-conditioned vehicles; and
- Implementing a comprehensive system-wide approach, the Three-Year Plan, to mitigate the risk of heat-related illness in inmates who are potentially at a heightened risk due to their age, health conditions, or medications.

The Three-Year Plan is TDCJ's system-wide plan to reduce the risk of heat-related illness. It includes, among other things:

- Criteria that aids in identifying inmates who are vulnerable to heat-related illness and a point system that was developed to prioritize those inmates by assigning each inmate a specific heat sensitivity score (HSS).
- Using the HSS to identify inmates who need to be housed in a cool bed.



SEASONAL PREPAREDNESS - HEAT PRECAUTION

- To protect *all* inmates, modifications were made to AD-10.64, "Excessive and Extreme Temperature Conditions in the TDCJ," to incorporate existing best practices that were in place but had not yet been formally adopted by agency policy or standard operating procedure;
- The modification to AD-10.64 also included the requirement of activating the Incident Command System (ICS) when excessive heat conditions are predicted to last for three or more consecutive days; and
- Repurposing facilities in order to meet the security and programming needs of heat-sensitive inmates.

HEAT PRECAUTION

Inmates and employees shall be cautious of heat during the summer months; especially inmates and employees working in areas of extreme heat such as, field, maintenance, and yard squads. Be alert for the signs and symptoms of heat illnesses.

RECOGNITION OF HEAT ILLNESS

Heat Cramps

- Painful, intermittent, and involuntary muscle spasms following hard physical work in a hot environment
- Usually occur after heavy perspiring and often begin at the completion of hard physical work

Heat Exhaustion

- Profuse perspiration, weakness, rapid pulse, dizziness, and headaches
- Cool skin, sometimes pale and clammy, with perspiration
- Normal or subnormal body temperature
- Possible nausea, vomiting, and unconsciousness

Heat Stroke

- Diminished or absent perspiration (sweating)
- Hot, dry, and flushed skin
- Increased body temperatures, which if uncontrolled may lead to delirium, convulsions, seizures, and possibly death. Medical care is urgently needed.

PREVENTIVE CARE AND PRECAUTIONS

Precautions and Actions Related to Wellness Checks

Inmates incarcerated within the TDCJ shall be assessed for medical and mental impairments by qualified healthcare personnel who will assign each inmate appropriate restrictions related to physical activities, transportation, and work. Appropriate limitations and restrictions shall be assigned and entered on the Health Summary for Classification (HSM-18).



SEASONAL PREPAREDNESS - HEAT PRECAUTION

Restrictions may indicate:

- No Work in Direct Sunlight - This applies to individuals taking certain medications or who have conditions that are significantly aggravated by exposure to direct sunlight for which sunscreen, protective clothing, or equipment is inadequate. Refer to CMHC policy D-27.3, "Photosensitivity."
- No Temperature Extremes - This applies to individuals prescribed certain heat-sensitive medications or those who have a condition causing them to be sensitive to extreme temperatures, such as Reynaud's Phenomenon, or a history of heatstroke. Heat index and chill factor shall be taken into account when considering extreme temperatures. Refer to CMHC policy D-27.2, "Heat Stress" for a list of heat-sensitive medications.

The TDCJ and medical staff shall work together to identify inmates susceptible to temperature-related illness due to medical conditions. Medical staff shall provide correctional staff with the *Medical Heat Restriction List*, a list of inmates susceptible to temperature-related illness due to medical conditions, including inmates on prescribed diuretics or other medications known to inhibit the dissipation of heat.

Precautions and Actions Related to Training

- All staff are provided with an Employee Information Card, FN-1181 and are required to carry the card on their person while on duty.
- All staff are required to follow preventative measures on heat posters for heat-related illness.
- Inmates shall be provided with an I-204, "Incoming Inmate Heat, Cold, Safe Prisons/PREA, and Suicide Prevention" flyer and provided with unit-specific heat mitigation measures upon arrival at a new unit.

Precautions and Actions Related to Inmate Transport

- Transport inmates during the coolest hours of the day, when possible.
- Only transport psychiatric inpatient inmates to another facility via air-conditioned transport vehicles.
- Prioritize the use of air-conditioned buses for transporting inmates with medical conditions that would make them more susceptible to heat.
- Ensure transport officers are provided a list of inmates with heat sensitivity. Transport officers must monitor these inmates for signs of heat-related illness.
- Allow inmates to take fans when being transported off the unit for a medical appointment.
- Load and unload transport vehicles as quickly as possible.
- Water coolers on transport vehicles must be refilled at various times during the trip to ensure water is available. Cups must be available to inmates on transport vehicles.
- Store paper towels that may be saturated with water and used during emergency situations when transporting inmates.

Precautions and Actions Related to Outside Activity

- Drinking water and cups will always be available to inmates. Inmates will be permitted to have one cup in their possession.



SEASONAL PREPAREDNESS - HEAT PRECAUTION

- Inmates newly assigned to the job must be acclimated before being assigned full workloads. These inmates shall work no more than four hours at a time, separated by at least one hour of rest in a cooler environment, for the first week.
- Staff and inmates working at apparent air temperatures above 90°F should maintain an intake of at least 16 ounces of fluids per hour of work.
- Under excessive heat conditions, work should be interrupted every 15-20 minutes and inmates encouraged to drink fluids even if they are not thirsty. Drinking water will always be available to workers in hot weather conditions.

Precautions and Actions Related to Housing Area

- Inmates will be provided access to cold water showers.
- Inmates will be permitted to wear t-shirts and shorts in the dayroom.

Precautions and Actions Related to Respite Areas

- Every unit has areas designated as respite areas. These areas are air-conditioned, such as the education department, chapel, infirmary, multi-purpose rooms, intake, and visitation.
- A memorandum is distributed to all unit staff notifying them of the location of the respite areas at the facility. Respite areas may be used by staff as needed.
- "A Notice to Inmates" shall be posted in a common area notifying all inmates of the location of respite areas on the unit, as well as instructions for requesting use of a respite area.
- All staff are aware, in the event an inmate notifies them of a heat-related illness, the inmate shall be evaluated by medical staff and if appropriate, provided immediate access to a respite area.
- All inmates who are provided access to a respite area shall be under direct supervision.
- Each inmate listed on the *Medical Heat Restriction List* shall be monitored during required security checks for signs of heat-related illness. These inmates shall have access to respite areas during the late afternoon and early evening hours during periods of low inmate movement.

Inmates shall be allowed access to respite areas during periods of excessive heat.

- Inmates may request access to respite area 24 hours per day, seven days per week, even if they are not feeling ill at the time of the request.
- Inmates requesting access to a respite area are not required to be seen by medical staff unless they are exhibiting signs or symptoms of a heat-related illness.
- Inmates shall be permitted to stay in the respite area as long as necessary.
- Any area with air conditioning may be used for respite, as determined by the warden.
- Inmates shall not be permitted to choose the respite area to which they will have access.

When excessive heat or heat wave conditions last more than three consecutive days, appropriate staff may be instructed by the warden to implement the following precautionary measures:

- Reduce kitchen and dish room operations as needed. Inmates may be served cold cuts and other food items that do not require heating, as conditions warrant; and



SEASONAL PREPAREDNESS - HEAT PRECAUTION

- Permit inmates to purchase electrolyte sports drinks from the unit commissary without affecting their spending limit.

Precautions and Actions Related to Inmate Fans

- Inmates are permitted to keep fans when placed on property restriction during periods of excessive heat, unless the fan has been altered or stolen. Inmates, regardless of custody designation, are permitted to purchase fans from the commissary.

TREATMENT AND PREVENTION OF HEAT ILLNESS

Treatment

- Move person out of direct sunlight into air-conditioned environment, if possible.
- Remove clothing, maintaining modesty.
- Have them drink water if conscious.
- Sprinkle water on them; fan them if there is no breeze.
- Get medical attention ASAP.

Higher Risk for Heat Illness

- Newly assigned to job
- On psychiatric medications and certain other medications
- Elderly
- High temperature and humidity conditions
- No breeze

Prevention

- Encourage one another to drink water often and do not wait until you are thirsty to drink.
- Take breaks every 30-60 minutes.
- Decrease intensity of work under excessive conditions.
- Wear and reapply sunscreen as recommended on the package.
- Check weather forecasts ahead of time to be better prepared.
- Wear a brimmed hat and loose, lightweight, light colored clothing.
- Avoid alcohol or liquids containing large amounts of sugar and caffeine, which contribute to dehydration.
- Utilize and carry cooling towels.

Do you have any questions or comments?



Texas Department of Criminal Justice Training and Leader Development Division

Lesson Plan

Program Title: In-Service Training

Lesson Title: Infection Control, First Aid/Medical Emergency and CPR/AED

Proponent: Training and Leader Development Division

Prepared By: TLDD Curriculum Department

Effective Date: September 1, 2023 **Revision:** _____

Technical Approval: _____

Training Approval: *Signature On File
Danny Landrum, Manager III

Hours: 3:00 **Target Population:** In-Service Participants
Minutes: 0:30 **Number of Participants:** As determined by roster
Space Requirements: Work area suitable for training
Total: 3:30 **Instructor Requirements:** TLDD-approved instructor
Approximate times for each module: Infection Control 0:30; First Aid 1:30; CPR/AED 1:30

Performance Objectives:

Upon completion of this module, participants will be able to:

1. Discuss the content in the AHA Heartsaver® First Aid Course DVD video presentation.
2. Define and explain the blood-borne pathogens HIV, HAV, HBV, and HCV, and the bacterial infectious diseases, MRSA/MSSA and TB, identified as occupational exposure risks in the prison setting.
3. Discuss the routes of transmission and standard precautions necessary for preventing infections when exposed to HIV, HAV, HBV, HCV, MRSA/MSSA, TB, special medical waste and OPIMs.
4. Specify the responsibility and proper use of Personal Protective Equipment (PPE) when handling blood contaminants.
5. Recognize and discuss use of items found in a "Unit Clean-Up Kit (Spill Kit)."
6. Recall appropriate procedures for handling and reporting occupational exposure to contaminated blood, special medical waste, and OPIMs.
7. Recognize and identify signs and symptoms of life-threatening and non-life-threatening illnesses and/or injuries requiring first aid treatment and/or medical emergency response.
8. Explain how to assist inmates with "medical referrals" and "sick call requests".
9. Practice and apply critical provider skills for hands-only CPR and the proper use of an Automated External Defibrillator (AED) during the AHA Heartsaver®/Family and Friends CPR Course DVD video presentation.

Participant Materials:

N/A

Evaluation Procedures:

Infection Control, First Aid, and Medical Emergencies included in written examination.

Training Aids / Instructor Materials:

- CTSD Infection Control, First Aid, CPR AED PPT
 - CTSD Infection Control, First Aid, CPR AED LP
 - AHA First Aid/CPR AED Course Instructor Manual, Student Workbook and DVD (one set per training facility)
 - AHA Heartsaver® CPR Course Instructor Facilitator Guide, Student Manual and DVD (one set per training facility)
 - UTMB/CMC Participant Course Roster (one per each instructor during course) for Supervisor In-Service only
 - Manikins (Maximum six per each Instructor)
 - Shirts for each Manikin (front zipper opening to simulate use of Trauma Shears)
 - 70% Isopropyl Alcohol Wipes (four per each participant)
- AED Trainer Device & Heart Diagram (one per each training facility)

References:

See Reference Index

Instructor Notes

INTRODUCTION

MODULE ONE

Infection control, first aid, medical emergencies, Cardiopulmonary Resuscitation (CPR), and Automated External Defibrillator (AED).

PLAY AHA HEARTSAVER® FIRST AID COURSE DVD

1. Medical Emergencies (47:00)
2. Injury Emergencies (32:00)
3. Environmental Emergencies (27:00)

PERFORMANCE OBJECTIVES

1. Discuss the content in the AHA Heartsaver® First Aid Course DVD video presentation.
2. Define and explain the blood-borne pathogens HIV, HAV, HBV, and HCV, and the bacterial infectious diseases MRSA/MSSA and TB identified as occupational exposure risks in the prison setting.
3. Discuss the routes of transmission and standard precautions necessary for preventing infections when exposed to HIV, HAV, HBV, HCV, MRSA/MSSA, TB, special medical waste, and OPIMs.
4. Specify the responsibility and proper use of Personal Protective Equipment (PPE) when handling blood contaminants.
5. Recognize and discuss use of items found in a "Unit Clean-Up Kit (Spill Kit)."
6. Recall appropriate procedures for handling and reporting occupational exposure to contaminated blood, special medical waste, and OPIMs.

PRESENTATION

BLOOD-BORNE PATHOGENS AND BACTERIAL INFECTIOUS DISEASES

Identified as occupational exposure risks in the prison setting, blood-borne pathogens, and bacterial infectious diseases are spread by contaminated blood and other possibly infectious materials (OPIMs) include bodily fluids such as pre-seminal fluid, semen, vaginal fluids, rectal fluids, amniotic (birth) fluid, breast milk, and several other internal body fluids that one would most likely not encounter as a correctional employee. Tears, urine, feces, nasal secretions, sputum, vomit, and saliva are also found in the prison setting but are not considered infectious for blood-borne pathogens unless they contain "visible" signs of blood. Bacterial infectious diseases can also be spread by contaminated blood and OPIMs when inhaled from infected air particles. However, because it is difficult for non-health care employees to positively identify contaminated blood or infected air particles with the naked eye, everyone has the responsibility to treat

Slide 1

Infection Control, First Aid/Medical Emergency and CPR AED

In-Service Training
09/01/2023



Slide 2

What are bloodborne pathogens?



What are some bloodborne pathogens that are common in the penitentiary setting?



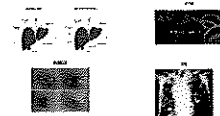
any exposure to unknown body fluids in the prison setting as potentially infectious.

Standard precautions apply to non-intact skin (open punctures, scrapes, and cuts), mucous membranes, visible signs of blood, and all body fluids: secretions, and excretions (except sweat) regardless of whether they contain "visible" signs of blood.

- **HIV is the Human Immunodeficiency Virus.** HIV is responsible for causing the onset of Acquired Immune Deficiency Syndrome most commonly known by its acronym "AIDS." AIDS attacks the immune system, weakening one's ability to fight off minor infections. Death resulting from the contraction of this disease is most commonly caused by cancer, pneumonia, and other opportunistic infections. This disease progresses very slowly and may even go undetected for years. Signs and symptoms during the diseases' early stages have often been missed or mistaken as other conditions before the infection is finally identified. Currently there is no cure for HIV/AIDS. HIV has been known to lie dormant within the human body for as long as 10 to 15 years after initial contact. Employees cannot refuse to work with co-workers or inmates whom may have been diagnosed as HIV positive.
- **HAV (Hepatitis A), HBV (Hepatitis B), and HCV (Hepatitis C)** are diseases caused by viruses. These viruses can cause damage to the liver. HAV and HBV victims recover 95% of the time with no permanent liver damage, although their symptoms can last for several months. HCV, however, is more serious than HBV. Approximately 20% of HCV infections result in cirrhosis of the liver, liver cancer, and liver failure. Approximately 80% of HCV, HAV, and HBV infections become chronic (severe and recurring). You cannot live without a liver. If the liver stops functioning, you will need a liver transplant or death is imminent. HAV, HBV, and HCV are caused by the contraction of a viral infection, from one or any combination of the following: fecal contamination, parasites, alcohol, drugs, toxins, blood transfusions, or unprotected sex.
- **MRSA stands for Methicillin-resistant Staphylococcus** (staf'i-lō-kok'ūs) **Aureus** (aw'rē-ūs) and **MSSA stands for Methicillin-sensitive Staphylococcus** (staf'i-lō-kok'ūs) **Aureus** (aw'rē-ūs). The common name for these bacterial infectious diseases is "Staph." Two main types of MRSA have been identified as community-associated, MRSA (CA-MRSA) and health care-associated MRSA (HA-MRSA). These two strains of "Staph" have become resistant to Methicillin, Oxacillin, Penicillin, and Amoxicillin. Because of this resistance, any antibiotics used, are primarily administered intravenously in extremely high doses and for longer than normal durations with the potential for additional doses being required. This makes MRSA and MSSA infections, hard to treat and potentially more dangerous than a typical staph infection. CA-MRSA was once rare but is becoming more common and can be found healthy people who have not

Slide 3

What do some of these disease affect?



been hospitalized or had a medical procedure. HA-MRSA accounts for well over half of the total number of "staph" infections identified.

- **TB – Tuberculosis** (tū-ber'kyū-lō'sis) is a primarily air-borne disease caused by Mycobacterium Tuberculosis infection. A Tubercle Bacillus (TB) infection can infect almost any tissue or organ of the body, however, the most common site of this disease is concentrated in the lungs. Primary-TB is typically a mild or asymptomatic local pulmonary infection. The symptoms of active Pulmonary TB are fatigue, anorexia, weight loss, low-grade fever, night sweats, chronic cough, and hemoptysis (hē'māpteses – the coughing up of blood). If an infected person's Tuberculin skin test results are positive, the injection site will be visible within a few days and will remain positive throughout their entire life with each subsequent test reflecting as "positive" with or without signs or symptoms. Additional testing is required by the individual's health care provider to ensure that the test is not the result of a "false positive" reading which indicates the individual does not have active TB.

MOST COMMON ROUTES OF TRANSMISSION

- **HIV, HAV, HBV, and HCV** cause infection by entering the bloodstream. They are spread through contact with contaminated blood, OPIMs that meet uncovered broken skin, or exposed mucus membranes. Mucus membranes are the linings of areas of the body not covered by skin. Such areas include the inside of the eyelid that surrounds the eye, inside of the nose, mouth, inside genitalia, and rectum. Mucus membranes are very porous and can easily allow these viruses to enter the body. There are some risks created by prolonged exposure to these infected bodily fluids. The most common methods of contracting an infection from these types of pathogens are caused by engaging in unprotected sex, needle sticks (particularly the sharing of contaminated needles used in tattooing, body piercings and intravenously injected drugs), and from direct exposure caused by splashes or improper handling of the contamination. HAV infection is found in the fecal matter and/or the blood of people infected with HAV and spread when their stool accidentally contaminates food or water.
- **MRSA** and **MSSA** ("Staph" aureus) are transmitted by open wounds that allow bacteria to access the inside of the body. Most often it begins with skin infections. These skin infections first appear as reddened areas or can resemble pimples that develop into skin abscesses or boils causing fever, puss, swelling, and pain. Although MRSA and MSSA transmission generally comes from direct contact, since this bacterium is not airborne. Staph is very common and can live almost anywhere including clothing. However, it is normally found on the skin of the human body or in the nose of 20% to 30% of healthy individuals. The

Slide 4

Most Common Routes of Transmission for Bloodborne Pathogens:

- Uncovered broken skin or exposed mucus membranes
- Prolonged exposure
- Unprotected sex and needle sticks
- Direct exposure from splashes or improper handling

most common way for the bacteria to enter the body is from the hands. When hands become contaminated with the bacterium from an infected wound or contaminated item and then touch an uncovered non-infected wound, the bacterium will enter the body causing an infection. Sharp objects can also be potentially contaminated with MRSA or MSSA allowing the bacteria to enter the body if cut or punctured by them. Anyone can get MRSA or MSSA. However, most outbreaks have been seen among athletes, prisoners, military recruits, daycare attendees, injection drug users, and other groups of people who live in crowded settings and/or routinely share contaminated items.

- **TB** bacteria is spread by inhaling the contaminated airborne particles. These particles are transmitted by coughing, sneezing, or speaking to someone within close proxemics during the infectious stage of the disease. A single cough can force out tiny droplets that can contain as many as two hundred million individual virus particles. The virus starts at the back of the throat and produces as many as 40,000 contaminated droplets. Once these contaminated airborne particles are inhaled, the droplets settle onto cells at the back of the throat, where the virus attempts to enter these cells and begin replicating. Infected airborne particles that fall on paper can survive and still spread the disease for hours, even if they become airborne later. Sneezing these infected airborne particles in the air is even worse. On steel or plastic, these contaminated particles can survive for days. TB organisms live as primary lesions on the lungs and remain viable with the possibility of becoming reactivated months or even years later to initiate an active pulmonary or secondary contraction of TB. Some contaminated airborne particles from a cough can fly out of the mouth at speeds of up to 50 miles per hour. Sneezing can rocket out contaminated airborne particles at speeds greater than 200 miles per hour.

STANDARD PRECAUTIONS AND PREVENTION FOR IDENTIFIED BLOOD-BORNE PATHOGENS HIV, HAV, HBV, AND HCV

One of the most important ways to prevent blood-borne pathogen transmission is by assuming that all human contact could be potentially infectious.

- **Practice Safe Sex** – Avoid direct exposure to blood-borne pathogens and infectious diseases by not engaging in sex with an infected person. Take responsibility for protecting yourself and/or an uninfected partner by maintaining abstinence, monogamy, or limiting the number of sexual encounters. When engaging in any sexual activity, use protective barrier devices to prevent direct contact with or transmission from mucus membranes and skin containing potentially infectious bodily fluids. Barrier devices used as protection during the practice of safe sex include dental dams and condoms.

- **Vaccination** – The HAV and HBV vaccine are currently used to combat exposure to these viruses that cause inflammation in the liver. HBV vaccinations have been made available, at no charge, to correctional employees who work at hospitals that accommodate out-patient care for inmates. Even though these vaccines prevent HAV and HBV infection, those who have been exposed to the viruses and have not been immunized, should also be given the immune globulin vaccine. The Hepatitis B vaccine is available for all age groups to prevent HBV infection. In healthy people, routine immunization results in more than 95% of people being protected. These vaccines are given by injection into a muscle. It is now believed that the hepatitis B vaccine provides indefinite protection. There is, however, no vaccination prevention available for either HIV or HCV.
- **Cover broken skin** – Bandages, band-aides, and dressings should be used to cover open wounds or cuts to avoid inadvertent contact with contaminated fluids and other infected items. Utilizing these types of barriers should be applied as part of daily routine for even the smallest of cuts with larger areas of broken skin being covered with dressings. Even dry, cracked skin should be covered to prevent the contraction of infections. Liquid bandages also work well for larger areas of cracked skin or large abrasions. Although, antibiotic ointments are effective in preventing simple infections in small wounds, they are not the measure needed to help prevent the contraction of blood-borne pathogens and bacterial infectious diseases.
- **Avoid dangerous sharp objects and sharing of needles** – Around 30% of global HIV infections are caused by injecting drugs, and accounts for an ever-growing proportion of those living with HIV. Needle-sharing and equipment (cotton, spoons, and water) contaminated with infected blood used in conjunction with needle sharing is considered the number one source for contracting the HIV, HBV, and HCV infection. Since any item contaminated with infectious blood or OPIMs is a potential source for transmitting a blood borne pathogen, one should also avoid sharing such items as razors, toothbrushes, and nail clippers or any objects that could potentially cause broken skin or bleeding. Casual contact such as hugging, kissing, sneezing, coughing, or sharing food or water is not required as a prevention for HCV this virus. In addition, the sharing of air and food or water are not required as preventions for HBV and HCV since they are primarily spread through bodily fluids. HBV infection is particularly serious for women who wish to become pregnant or are pregnant, because the virus is frequently transmitted to their babies which may cause serious liver disorders and even premature death.

STANDARD PRECAUTIONS AND PREVENTION FOR MRSA AND TB

MRSA – Methicillin-Resistant Staphylococcus

- **Frequently Wash Hands** – Since the hands are the most common route for this infection, careful hand washing is the single most effective way to control the spread of community associated-MRSA. Skin infections caused by MRSA/MSSA should be covered until healed, especially to avoid spreading the infection to others. Correctional Employees should ensure that inmates' practice good personal hygiene, including showering after coming in from the recreation yard and working out. Gym equipment that is often collectively used and shared should be regularly wiped down with commercial disinfectants. Diluted bleach can be used to disinfect surfaces that may be infected with MRSA/MSSA. The mixing of 1:100 parts solution to make diluted bleach (one tablespoon bleach in one-quart water).
- **Wear Gloves** – That are single-use, disposable gloves made of latex, rubber, nitrile, or some other waterproof material whenever there is the possibility of meeting wounds, sores, or wound dressings and bandages. Although, gloves are not required for simple pat searches or casual contact, wearing gloves reduces hand contamination by 70% to 80 %. Microorganisms found in Hepatitis B can pass through the pores of gloves and significant surface contamination of the hands is possible, even when health care workers wear gloves.
- **Use Hand Sanitizers** – Alcohol-based hand rubs have been proven to be an effective method for hand hygiene. They are preferred for hand hygiene in most situations. They require less time to use than soap and water, they remove more bacteria than soap and water, easy to use, and they rapidly reduce bacterial contamination on the hands. Alcohol-based hand rubs significantly reduce the number of microorganisms on the skin. Although effective, they should not be considered as a replacement for gloves when encountering large amounts of potentially infectious blood contaminants or OPIMs.
- **Remove and disinfect all possible sources of blood and bodily fluid contamination** – Ensure that disinfecting and decontamination procedures are strictly followed in both inmate and officer barber shops, laundry, food supply service areas, and housekeeping areas to prevent the spread of the identified infectious pathogens and bacterial diseases found in the prison setting. Ensure that inmates dispose of soiled dressings and bandages properly after redressing an injury site outside of the medical department. The Centers for Disease Control (CDC) and Prevention maintains that very stringent preventions should be kept in place to deter the spread of MRSA/MSSA.

TB: Tubercle Bacillus

To prevent the tiny droplets of the TB infection from entering the body by not inhaling the contaminated airborne particles, you should wear a surgical-style mask when in close contact with any TB infected person. Infected inmates must also wear a mask to cover their mouth

and nose when being transported to and from isolation, a hospital room, or a secluded cell area. Active pulmonary TB is relentlessly chronic and, if untreated, leads to the progressive destruction of lung tissue. Cavities form in the lungs, and cause erosion into pulmonary blood vessels that can result in life-threatening hemorrhages resulting in death. The body's natural defenses are designed to eliminate infections, and whether or not someone will fall ill from TB depends on how much of the virus is inhaled, whether or not the person's immune system has encountered that virus previously and maintained the proper use of a surgical-style mask. Keep your immune system strong. Many times, the body can fight off TB exposure, however, a compromised immune system makes the body much more susceptible to contracting the disease.

RESPONSIBILITY AND PROPER USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

All TDCJ Staff and Medical Health Care Providers should use Personal Protective Equipment (PPE) when there is the potential for exposure to contaminated blood or OPIMs. PPE's may include water-resistant gowns, gloves, barrier devices for the eyes and face, shoe covers, and any other equipment determined to be appropriate for each specific job or task. The most common PPE's are appropriate barrier devices used to help correctional employees protect themselves from exposure to potentially infectious blood-borne pathogens, bacterial infectious diseases, and, OPIMs.

- **Gloves** are safety barriers for the hands. Always inspect gloves before each use to make sure there are no tears or punctures. When using gloves to clean up bodily fluid spills, cover and bandage all wounds on your hands before putting the gloves on. Special care must also be used when removing contaminated gloves so that the exterior of the gloves does not meet the skin. Gloves should not replace the need for additional handwashing.
- **Barrier Devices for the Eyes, Nose, Mouth, and Face** are used to protect exposed mucus membranes (e.g., eyes, mouth, nose, and broken skin) from splashes of potentially contaminated blood or OPIMs. Additional barrier devices that may be used to protect the face include visors, goggles, and safety glasses. These devices should be used each time there is the potential that contaminant splashing exists.
- **Surgical-Style Mask** helps to prevent the inhaling of contaminants from the air of a potentially infected victim. The most important thing to do when using this type of mask is to ensure it fits well on the face. Most of these types of masks have a bendable nosepiece and an adjustable elastic strap to surround the head.
- **One-Way Valve** and **CPR Mask** is used by an emergency responder to give rescue breaths into an un-responsive victim while performing Cardio-Pulmonary Resuscitation (CPR). A One-Way Valve and CPR Mask helps to prevent the transference

Slide 5

Personal Protective Equipment (PPE)

- Proper Use of:
 - Gloves
 - Face Shields
 - Surgical-Style Mask
 - One-way Valve/CPR Mask
- Supervisors ensure PPE availability and proper use

The proper removal of contaminated gloves and hand washing was demonstrated more thoroughly in the AHA First Aid video at the beginning of class.

Practice and application with a CPR Mask will be demonstrated during the AHA CPR Video Presentation; "Giving Breaths" portion of this training and re-demonstrated again by a certified Heartsaver CPR Instructor to ensure proper application and use.

of contaminants from an un-responsive victim to the responder as well as the possible transfer of contaminants from the responder to an un-responsive victim.

Each correctional employee is responsible for using the appropriate PPE available for each specific job or task. Every piece of PPE should be inspected thoroughly for defects or damage before each use. If any PPE is defective or damaged, replace it immediately. If applicable, contaminated PPE should be cleaned and disinfected with appropriate cleaning products after each use or, if necessary, disposed of appropriately per the medical department's directions. If used during special medical waste management, the PPE should be replaced immediately. Supervisors are responsible for ensuring the appropriate PPE is available and being used properly.

RISKS WHEN HANDLING AND REPORTING OCCUPATIONAL EXPOSURE TO INFECTIOUS BLOOD-BORNE PATHOGENS AND BACTERIAL INFECTIOUS DISEASES, SPECIAL MEDICAL WASTE AND OPIMS.

These exposures can occur through piercing of the skin caused by needle sticks, human bites, abrasions, or cuts (percutaneous injuries) from sharp objects or instruments. Occupational exposure can also be caused by contaminant splashing on the eyes, nose, mouth (areas having mucous membranes), or skin with an infected patient's blood, including the inhaling of the infected patient's contaminated air-borne particles.

IN CASE OF ANY OCCUPATIONAL EXPOSURE, CORRECTIONAL EMPLOYEES WILL COMPLETE THE FOLLOWING PROCEDURES:

- Remove the contaminated blood or OPIMs and provide care to the site by washing the affected area immediately. Irrigate the eyes or flush the mucous membranes of the nose, or mouth with clean water, saline, or sterile irrigates. Ensure not to flush out the infected eye toward the direction of the uninfected eye if it has not been contaminated.
- Seek first aid and/or medical treatment, if necessary. Let the unit's health care employees determine if there has been an occupational exposure. Time is of the essence! If preventive treatment for HIV, HAV, HBV, or HCV is required, it is best started within two hours of the exposure. Correctional employees should note to health care employees any current medical problems, medications, and the possibility of being pregnant or breastfeeding.
- Recognize signs and symptoms of occupational exposure to blood-borne pathogens and bacterial infectious diseases that would require an immediate inmate referral to the medical department.
- Ensure the area of occupational exposure is cleaned and covered to prevent others from becoming exposed. Do not use

Slide 6

Exposure Risks to Infectious Blood Contaminants

- Percutaneous
- Occupational

What are some of the incidents that could happened to cause exposer?

Slide 7

Handling and Reporting Occupational Exposure:

- Provide immediate care
- Seek first aid or medical treatment
- Recognize if Inmate needs medical treatment
- Ensure area is cleaned
- Report incident immediately
- Obtain a baseline blood test



a caustic agent, such as bleach, it could cause chemical burns or an allergic reaction of the infected area of the skin.

- Report the incident of exposure to a supervisor immediately. Have them look at the area of potential concern, but do not delay cleaning the area and/or seeking immediate medical attention. If a supervisor is not immediately available, the correctional employees can also let a co-worker know of the exposure. This will ensure that someone witnesses the incident's area of exposure.
- Report the incident of exposure to the Infection Control Nurse (ICN) as soon as possible noting the location of the exposure site on the body, type of exposure, type of fluid exposed to, and length of time site of exposure was in contact with a potentially infectious pathogen and/or bacterium.
- Obtain a baseline blood test to be completed within 10 days to determine the presence of HIV, hepatitis A, hepatitis B, and hepatitis C. The Medical Department will do this test free of charge, or you can have the test completed by your own health care provider at your own expense. This baseline blood test is necessary for any future workman's compensation claims.

UNIT CLEAN-UP KIT ("SPILL KIT")

A "Spill Kit" is used to clean up any infectious blood contaminants or OPIM spills. Directions for proper use of the spill kit is located on the outside of the box. You should ensure that all contaminated blood spills, splashes, or OPIMs are cleaned, disinfected, and decontaminated immediately after the incident has reportedly occurred. Any portion of the solution used to clean up contaminated blood should be disposed of properly along with the rest of the Spill Kit's used contents. Ensure that a new Unit Clean-Up Kit is ordered to replace the used one.

Ensure before initial clean-up, the blood contaminated scene is not potentially the result of a crime requiring an immediate investigation by the Office of the Inspector General (OIG) to include crime scene preservation.

A Unit Clean-Up Kit Contains the Following Items

- Rags (4)
- Gloves (2 pair)
- Paper Towels (15)
- Red plastic bag (1)
- Disinfectant (1 bottle)
- Large clear plastic bag (1)

MODULE TWO

Your position, experience, and training has prepared you to deal with inmates, supervisors, and peers. You are capable in your duties and have grown proficient in taking care of your business. There are occasions in a correctional setting when it may become necessary for staff to use life saving measures to save the life of an inmate, or a fellow staff member. The Texas Department of Criminal Justice (TDCJ) uses

Slide 8

Proper use of Spill Cleaning Kits:

- Follow directions located on outside of the box
- Use appropriate PPE
- Dispose of Medical Waste and remaining contents of Spill Cleaning Kit



material provided by the American Heart Association (AHA) to ensure proper training and working knowledge of infection control, first aid, CPR, and the proper use of an AED.

INTRODUCTION

PERFORMANCE OBJECTIVES

- 7. Recognize and identify signs and symptoms of life-threatening and non-life-threatening illnesses and/or injuries requiring first aid treatment and/or medical emergency response.
- 8. Explain how to assist inmates with "medical referrals" and "sick call requests."

PRESENTATION

LIFE-THREATENING ILLNESSES AND/OR INJURIES

Correctional officers control the movement of all inmates within correctional facilities. That being the rule, correctional officers may potentially become responsible for an inmate's access to the medical department and medical care.

The following signs and symptoms could indicate possibly life-threatening conditions that without medical attention could result in death if not reported to the medical department immediately.

- Heavy bleeding – may end in shock or cardiac arrest.
- Red, hot, or dry skin – can indicate heat stroke or high fever.
- Seizures – interfere with the inmate's ability to breathe, and this can quickly escalate into a life-threatening situation.
- The inmate appears to be drunk – could be diabetic related. Both low and high levels of blood sugar can result in coma or death.
- Altered mental status – inmates that are highly agitated, very listless, confused, or disoriented.
- Cool, pale, or clammy skin with a decreased level of consciousness can indicate impending or actual shock.
- Difficulty breathing – could indicate either a problem with the lungs or heart.
- Chest pain – may be indicative of a heart attack. Be prepared to administer CPR to an inmate that is experiencing this symptom.

TEMPERATURE CONDITIONS THAT CAN CAUSE LIFE-THREATENING ILLNESSES AND/OR INJURIES

Every reasonable effort shall be made to prevent injuries related to extreme temperature conditions in the TDCJ. The TDCJ has established guidelines used to assist unit administration in adapting inmate housing areas and work assignments during temperatures that cannot be controlled by the TDCJ. Unit staff shall monitor and announce over the radio the temperature, heat index or wind chill, and advisory category once every hour between 12:30 a.m. and 11:30 p.m.

Slide 9

Life – Threatening Illnesses and/or Injuries

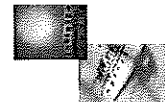
- Heavy bleeding
- Red, hot or dry skin
- Seizures
- Appears to be drunk
- Altered mental status
- Cool, pale or clammy skin
- Difficulty breathing
- Chest pain

Following each life-threatening emergency - engage participants in a discussion.

Slide 10

Temperature Conditions that can cause Life-Threatening Illnesses and/or Injuries

- Extreme
- Recognition
- Risks
- Treatment
- Prevention



**What would you do?
What are your responsibilities?**

- **Initiate ICS.**
- **Call for medical.**
- **Call 911 if needed.**
- **Start First aid.**

The outside air temperature, humidity, or wind speed, and heat index, or wind chill shall be documented 24-hours a day on the Temperature Log (Attachment C). These guidelines for housing and work assignments can be found in AD 10.64 Rev. 9.

At any point when the Heat and Humidity Index indicates the possibility of heat exhaustion, the warden shall instruct the appropriate staff to immediately initiate the precautionary measures identified by the Heat and Humidity Index table.

LEVELS OF "CAUTION" DETERMINED BY RISK FACTORS

CATEGORY 1 (CAUTION)

- Risk of possible fatigue with prolonged exposure, absent mitigating measures.
- Staff shall encourage high water intake and look for signs of exhaustion.
- Staff and inmates are encouraged to utilize respite areas as needed.
- Inmates shall be provided with five minute rest breaks every hour.

CATEGORY 2 (EXTREME CAUTION)

- Risk of heat-related illness with prolonged exposure, absent mitigating measures.
- Staff shall encourage high water intake, monitor, and seek care for inmates exhibiting signs of illness.
- Staff and inmates are encouraged to utilize respite areas as needed.
- Inmate workers shall be provided with five-minute rest breaks every half-hour, and staff shall encourage inmates to lie down with feet up during such breaks.
- Staff shall also reduce work pace by one-third.

CATEGORY 3 (DANGER)

- Risk of heat stroke possible and heat-related illness likely, absent mitigating measures.
- Staff shall encourage high water intake, monitor, and seek care for inmates exhibiting signs of illness.
- Staff and inmates are encouraged to utilize respite areas as needed.
- Staff shall restrict outside work pace by one-half to two-thirds, provide 10-minute rest breaks every half hour, and encourage inmates to lie down with feet up during such breaks.

CATEGORY 4 (EXTREME DANGER)

- High risk of heat stroke, absent mitigating measures.
- Staff shall encourage high water intake, monitor, and seek care of inmates exhibiting signs of illness.
- Staff and inmates are encouraged to utilize respite areas as needed.

As you engage the class in a discussion regarding their responsibilities as first responders to the life-threatening scenarios, be prepared to discuss the proper response as indicated in the section on "Medical Emergency Response"

- Outside work and recreation shall be restricted.
- In situations where the heat index is over 90oF, units will initiate the following steps:
- Provide additional water and cups in inmate dorms, housing areas, recreational areas, and during mealtimes, along with ice;
- Transport psychiatric inpatient inmates to other facilities via air-conditioned transfer vehicles only;
- Transport inmates during the coolest hours of the day, when possible;
- Allow inmates to wear shorts in dayrooms and recreational areas;
- Ensure maintenance of fans, blowers, and showers in housing areas;
- Ensure all staff currently have, or are provided with a NF-1181, Employee Information Pocket Card, obtained through the Prison Store and available at the units, and that the cards are carried on their person while at the unit;
- Allow additional showers for inmates when possible. Lower the water temperature for single temperature showers in inmate housing areas;
- Place poster in housing areas reminding inmate so heat precautions and the importance of water intake; and
- Allow fans for inmates in all custody levels, to include Restrictive Housing and disciplinary status. Ensure fan program is in place allowing the permanent issue of fans to indigent inmates. Fans shall only be confiscated if altered or stolen.

EXTREME HEAT TEMPERATURE RELATED ILLNESSES AND/OR INJURIES

Inmates and employees should maintain caution while outside during the summer months; especially when working in areas that can be susceptible to extreme heat temperatures such as the fields, outside maintenance, mechanical and electrical jobs, yard squads, etc.

IDENTIFICATION AND RECOGNITION OF HEAT RELATED ILLNESS

HEAT CRAMPS

- Painful, intermittent, and involuntary muscle spasms following hard physical work in a hot environment
- Heavy perspiration
- Cramping in the abdomen, arms, and calves

HEAT EXHAUSTION

- Weakness, anxiety, fatigue, dizziness, headache, nausea and/or vomiting
- Perspiring profusely, rapid pulse, and rapid breathing
- Cool and clammy skin
- Possible confusion, loss of coordination, and/or unconsciousness

HEAT STROKE

- Diminished or absence of perspiration (sweating)
- Hot, dry, and flushed skin
- Increased body temperatures, if uncontrolled, may lead to delirium, convulsions, seizures, and possibly death.
- Rapid pulse and weakness
- Headache, mental confusion, dizziness, and extreme fatigue
- Nausea and/or vomiting
- Incoherent speech progressing to a comatose state
- Medical care is urgently needed

Health care employees shall provide correctional employees a Wellness Checklist of those inmates who have been identified as potentially becoming a victim of a temperature-related illness. This may be due to a medical condition, taking of prescriptions, and other medications known to inhibit the body's natural ability to dispel heat and cause allergic reactions.

HIGH RISKS, TREATMENT AND PREVENTION OF HEAT-RELATED ILLNESSES

HIGH RISKS

- Newly assigned to an outside job
- Taking diuretics, psychiatric medications, and other medications such as steroids that can cause allergic reactions when exposed to direct sunlight
- The elderly
- Health-related conditions affected by elevated temperatures and high humidity conditions
- No breeze

TREATMENT

- Move the person out of direct sunlight into an air-conditioned environment if possible.
- Remove clothing while maintaining modesty.
- Have them drink water if conscious. Only force oral fluid intake if the inmate is conscious and able to safely swallow.
- Lightly mist them with water and fan them if there is no breeze.
- Get medical attention as soon as possible.

PREVENTION AND PRECAUTIONS FOR HEAT-RELATED ILLNESS

Inmates incarcerated within the TDCJ shall be assessed for medical and mental impairments by qualified health care employees who will assign each inmate appropriate restrictions related to physical activities, transportation, and work. Additionally, cooperative efforts shall be made to identify those inmates who may be susceptible to extreme temperature conditions due to medical conditions. Appropriate limitations and restrictions shall be assigned and entered on the Health Summary for Classification (HSM-18).

Slide 11

Preventions for Heat-Related Illness

- Decrease intensity of work
- Drink plenty of water
- Take frequent breaks
- Utilize respite areas

RESTRICTIONS MAY INCLUDE THE FOLLOWING:

- **Not able to Work in Direct Sunlight** – This applies to individuals taking certain medications or who have conditions that are significantly aggravated by exposure to direct sunlight for which sunscreen, protective clothing, or equipment is inadequate.
- **Not able to work in Extreme Temperatures** – This applies to individuals prescribed certain heat-sensitive medications or those who have a condition causing them to be sensitive to extreme temperatures. The heat index and chill factor shall be considered when considering extreme temperatures.

PREVENTIONS FOR HEAT-RELATED ILLNESSES AND/OR INJURIES:

- Drink plenty of water
- Take frequent breaks when possible, at least every 30-60 minutes
- Decrease intensity of work under extreme conditions
- Utilize respite areas as needed

LOCATION AND NOTICE OF RESPITE AREA:

- Every unit facility and inmate work assignment location has designated air-conditioned respite areas, such as the education department, chapel, infirmary, multi-purpose rooms, intake, visitation, and training academies.
- A distributed memorandum notifies all agency staff the location of the respite areas at their facility which may also be used by staff as needed.
- A "Notice to Inmates" shall also be posted in common areas notifying all inmates of the location of respite areas on their unit and their work assignment locations, as well as instructions for requesting use of a respite area.
- All staff shall be aware, that in the event an inmate notifies them of a heat-related illness, that inmate shall be evaluated by health care employees immediately and if appropriate, provided immediate access to a respite area.
- All inmates who are provided access to a respite area shall be under constant direct supervision.
- Each inmate listed on the Wellness Checklist shall be monitored during required security checks for signs of heat-related illness. These inmates shall have access to respite areas during the late afternoon and early evening hours and during periods of minimal inmate movement.

Inmates shall be allowed access to respite areas during periods of excessive heat.

- Inmates may request access to respite areas 24-hours per day, seven days per week, even if they are not feeling ill at the time of the request.
- Inmates requesting access to a respite area are not required to be seen by medical staff unless they are exhibiting signs or symptoms of a heat-related illness.

Slide 12

Respite Areas

- Know the Location
- Look for "NOTICE to Inmates"
- Understand "Access Conditions"



Have participants look at the Correctional Officer Information Card under "Recognition of Heat Illness"

- Inmates shall be permitted to stay in the respite area if necessary.
- Any area with air conditioning may be used for respite, as determined by the warden.
- Inmates shall not be permitted to choose the respite area to which they will have access.

When excessive heat or heat wave conditions last more than three consecutive days, appropriate staff may be instructed, by the warden, to implement the following precautionary measures:

- Reduce kitchen and dish room operations as needed. Inmates may be served cold cuts and other food items that do not require heating, as conditions warrant; and
- Permit inmates to purchase electrolyte sports drinks from the unit commissary without affecting their spending money.

IDENTIFICATION AND RECOGNITION OF COLD-RELATED ILLNESSES

HYPOTHERMIA IS DIVIDED INTO THE FOLLOWING THREE CATEGORIES, DEPENDING ON THE LEVEL OF INJURIES:

CATEGORY ONE

Injured individuals found to be conscious and cold should be handled carefully, insulated from further heat loss, and transported to the unit Medical Department for more extensive care.

Additional Signs and Symptoms related to Category One Hypothermia

- Loss of body heat
- Shivering
- Lack of interest or concern
- Speech difficulty
- Forgetfulness
- Mild unsteadiness in balance or walking
- Loss of manual dexterity
- Lips turn blue

CATEGORY TWO

Injured individuals found to be unconscious in the cold should be handled carefully, insulated from further heat loss, and transported to the unit medical department for more extensive care.

Additional Signs and Symptoms Related to Category Two Hypothermia

- Shivering stops
- Exhaustion
- Drowsiness
- Confusion
- Collapse
- Slow breathing
- Pupils dilated

- Cardiac arrest
- May lead to Category Three if not treated immediately

CATEGORY THREE

Injured individuals found unresponsive and although they may appear to have had a fatal cardiac arrest, there may be a slight chance of recovery if indicated by health care employees who shall proceed with life-saving measures.

Common Signs and Symptoms Related to Category Three Hypothermia

- Found in a comatose state
- No detectable pulse
- No visible respiration
- Appears to be deceased
- If health care employees are unavailable, correctional employees and staff shall follow emergency response procedures and contact 911 emergency medical services.

HIGH RISKS, TREATMENT AND PREVENTION OF HYPOTHERMIA

HIGH RISKS

- Newly assigned to an outside job
- The elderly and those with health-related conditions affected by temperatures below their normal body temperature
- Exposed to below freezing temperatures for a long period of time without adequate clothing/blankets
- Decreased temperature and high humidity conditions
- Being wet when exposed to cold weather

TREATMENT

- Move the person into a warmer environment when possible.
- Restrict any further duties or activities until the severity of the injury is evaluated.
- Remove wet clothing, maintaining modesty.
- Insulate the inmate with dry, warm blankets, or clothing. Ensure all constricting items of clothing and footwear are removed from injured areas and the injured areas are completely covered.
- If frostbite exists:
 - Warm up extended limbs of the body.
 - Gently heat the affected area with warm water or towels, a heating pad, or hot water bottles.
 - Do not rub the affected area or rupture blisters.
 - Consume warm, sweet liquids.
 - Monitor breathing.

- **If victim is unresponsive, initiate "CAB" for life support:**
 - Restore Circulation;
 - Open Airway, and; and
 - Assist Breathing.
- **If heart stopped:**
 - Administer CPR;
 - Obtain AED;
 - Transport to unit medical department/hospital; and
 - Get medical attention as soon as possible.

PREVENTION

- Dress appropriately when working in extreme cold conditions
- Drink warm, sweet fluids
- Move extremities often to enhance blood circulation

NON-LIFE-THREATENING ILLNESSES AND/OR INJURIES

The following conditions require referral to the medical department on an as-soon-as possible basis. These non-life-threatening symptoms include:

- Cough lasting two weeks or longer;
- Losing weight without diet or exercise; and
- Boils, abscesses or open, draining sores, and wounds.

FIRST AID TREATMENT RESPONSE

In all cases of temperature-related incidents that can cause life-threatening illnesses and/or injuries:

- The first aid process shall be initiated immediately by correctional employees or other unit staff;
- While assessing an unresponsive person check for a medical alert bracelet, ring or identification card such as a Medical Alert card, ID card, or Driver's License which could contain medical information identifying potential medical information (medication allergies, histamine allergies, etc.) or "donor" information; and
- Health care employees and the unit risk manager shall also be notified immediately. If there is no on-site medical staff, 911 shall be called immediately.

MEDICAL EMERGENCY RESPONSE

- Correctional staff must always be prepared to respond quickly and effectively in the event of a medical emergency and be aware of your required responsibilities when responding to a life-threatening condition.
- Be aware of location of co-workers who can assist if needed, and when possible avoid entering an area alone.

Slide 13

Non Life – Threatening Illnesses and /or Injuries

Require Referral to the Medical Department on an as soon as possible basis

Slide 14

First Aid Treatment Response

- Initiate the First Aid Process Immediately
- Health Care Employees and the Unit Risk Manager shall be notified immediately
- Notify 9-1-1, if there is no on-site health care employees



Slide 15

Medical Emergency Response

- Be prepared
- Be Aware
- Notify



DO NOT ENTER IMMEDIATELY IF YOU ARE ALONE

- The first person on scene shall immediately notify the closest available staff.
- The person who was notified shall (not necessarily in the following order):
 - o Call for back-up (additional correctional staff); and
 - o Call for medical assistance.

For units with 24-hours medical, the first responder shall:

- Call medical and give them as much information about the inmate's condition as possible.
- The first responder may ask medical if they would like correctional staff to contact 911, or if medical will respond and make the determination whether or not to contact 911.
- However, it should be noted that the first responder always has the authority to call 911 for a life-threatening emergency.
- Notify the supervisor.
- Retrieve the life-saving response kit, in most cases the box is red and contains:
 - o Trauma shears;
 - o One-Way Valve and CPR mask;
 - o Two pairs of latex gloves;
 - o Two anti-microbial towelettes; and
 - o One biohazard bag, and any other similar unit specific items.
- If medical arrives and determines that 911 services will not be necessary, health care employees can then advise 911 to turn around.

If you are not on a unit with 24-hours medical, the first responder will:

- Call 911 in the event of a life-threatening emergency.
- Notify the supervisor.
- Retrieve the life-saving response kit, in most cases the box is red and contains:
 - o Trauma Shears;
 - o One-way Valve and CPR mask;
 - o Two pairs of latex gloves;
 - o Two anti-microbial towelettes; and
 - o One biohazard bag, and any other similar unit specific items.

Life-Saving Response kits are kept in multiple secure areas (such as pickets) or other secure areas designated by the warden. The areas will be easily accessible to all inmate housing and correctional employees throughout the unit.

- **Call for a video camera.**

Note: The presence of a video camera and/or supervisor is not required to enter a cell to carry out life-saving efforts such as taking pressure off the throat area by lifting the inmate's body, loosening, or untying the

ligature applied by the inmate, applying pressure to the cut area, initiating CPR, etc.

- Attempt to maintain a safe distance from any inmate, and when possible, the employee shall maintain a reactionary gap to avoid being in easy striking distance.
- Be prepared to take evasive or defensive actions. Prior to entering an inmate cell/housing area, and if the correctional officer or employee cannot determine whether the inmate is conscious, chemical agents, to include COP, shall not be administered. However, the correctional employee or staff should enter the cell in a "deployment stance" position.

Incidents of Temperature-Related Illnesses and/or Injuries shall receive First Aid Treatment, Emergency Response immediately, and reported to the Emergency Action Center in accordance with AD-02.15, "Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents."

INITIATE INMATE ASSISTANCE FOR "MEDICAL REFERRALS" AND "SICK CALL REQUESTS"

The fact that inmates may only have a lower level of education and/or difficulty with a language barrier means that it is your responsibility to assist them with "sick call requests" if needed, so that they can receive first aid treatment as soon as possible. Ensure that "referrals to medical" are submitted for immediate response especially if the referral is viewed by health care employees to be an emergency requiring more extensive care beyond the unit setting.

When an inmate requires assistance to access the prison unit medical department, correctional officers should do the following:

- If they cannot read or write, assist them in filling out a "sick call request" form (HSA-9);
- Fill out a "sick call request" form by just writing the word "Help" across the areas of the form requesting a description of the problem;
- Do not ask them about their medical problem, as you should not know about an inmate's confidential medical information;
- Indicate your job title and last name; and
- Return the "sick call request" to the inmate so that he or she can place the form in the "sick call request" box.

MODULE THREE

Learning CPR can be very beneficial to you and your loved ones in an emergency situation. It is an important skill to learn, you could be solely responsible for saving a life. The following information could be the very reason that a person may live to see another day. These skills can be used in the workplace as well as in your personal life.

Slide 16

Inmate Assistance "Medical Referrals" and "Sick Call Requests"

- "HELP"
- Do Not ask
- Indicate your job title and last name on form
- Return the "sick call request"

INTRODUCTION

PERFORMANCE OBJECTIVE

9. Practice and apply, critical provider skills for CPR and the proper use of an AED during the AHA Heartsaver®/Family and Friends CPR Course DVD video presentation.

PRESENTATION

Questions?

- **How many of you know someone who has some type of heart condition or a heart related illness?**
- **How many of you have administered CPR to an unresponsive victim and/or used an AED?**

Heart disease is the No. 1 killer of Americans. Stroke ranks fourth and is the leading cause of severe adult disability. Each year these diseases kill more than 811,000 Americans which is roughly the same as the entire population of El Paso, Texas; Baton Rouge, Louisiana; or Tacoma, Washington.

Some form of Cardiovascular Disease affects more than one in every three adult Americans and many suffer terribly from disabilities caused by these diseases.

Why Learn CPR?

If you are called on to give CPR in an emergency, you will most likely be trying to save the life of someone you love: a child, a spouse, a parent, or a friend. 70% of out-of-hospital cardiac arrest events happen in homes. Unfortunately, only about 46% of people who experience an out-of-hospital cardiac arrest get the immediate help that they need before professional help arrives.

When a person has a cardiac arrest, survival depends on immediately getting CPR from someone nearby. Almost 90% of people who suffer out-of-hospital cardiac arrests die. CPR, especially if performed in the first few minutes of cardiac arrest, can double or triple a person's chance of survival.

Be the Difference for Someone You Love!

CARDIAC ARREST VS. HEART ATTACK

People often use these terms interchangeably, but they are not the same.

Cardiac arrest is an electrical malfunction in the heart that causes an irregular heartbeat (arrhythmia) and disrupts the flow of blood to the brain, lungs, and other organs and is a leading cause of death. Each

Slide 17

Why Learn CPR?



Slide 18

CARDIAC ARREST VS. HEART ATTACK



year, more than 350,000 out-of-hospital cardiac arrests occur in the United States.

WHAT HAPPENS?

- Seconds later, a person becomes unresponsive, is not breathing, or is only gasping. Death occurs within minutes if the victim does not receive treatment.

WHAT TO DO?

- Cardiac arrest can be reversible in some victims if it is treated within a few minutes.
- Call 911 and start CPR right away.
- If an AED is available, use it as soon as possible.
- If two people are available to help, one should begin CPR immediately while the other calls 911 and finds an AED.

A HEART ATTACK

- Occurs when blood flow to the heart is blocked.
- A heart attack is a "CIRCULATION" problem.
- A blocked artery prevents oxygen-rich blood from reaching a section of the heart. If the blocked artery is not reopened quickly, the part of the heart normally nourished by that artery begins to die.

WHAT HAPPENS?

- Symptoms of a heart attack may be immediate and may include intense discomfort in the chest or other areas of the upper body, shortness of breath, cold sweats, and/or nausea/vomiting. More often though, symptoms start slowly and persist for hours, days or weeks before a heart attack. Unlike with cardiac arrest, the heart usually does not stop beating during a heart attack.

The longer the person goes without treatment, the greater the damage.

Heart attack symptoms in women can be different than men (shortness of breath, nausea/vomiting, and back or jaw pain).

WHAT TO DO?

- Even if you are not sure it is a heart attack, call 911 or your emergency response number. Every minute matters!
- It is best to call Emergency Medical Services (EMS) to get to the emergency room right away. EMS staff can begin treatment when they arrive up to an hour sooner than if someone gets to the hospital by car. EMS staff are also trained to revive someone whose heart has stopped. Patients with chest pain who arrive by ambulance usually receive faster treatment at the hospital.

Slide 19

"Good Samaritan Laws"

- All states have "Good Samaritan Laws"
- The state of Texas "Good Samaritan Law" states:
 - "As long as we have acted in "good faith" to try and save the life of an unresponsive victim requiring the need for CPR, rescue breaths and the use of an AED, we are protected."

Most heart attacks do not lead to cardiac arrest, but they are a common cause. Other conditions may also disrupt the heart's rhythm and lead to cardiac arrest.

All states have "Good Samaritan Laws." And in the state of Texas, our "Good Samaritan Law" states that as long as we have acted in "good faith" to try and save the life of an un-responsive victim requiring the need for CPR and the use of an AED, we are protected.

THE PROPER USE OF AN AED

When utilizing an AED in the TDCJ Correctional Institutions environment, the following steps should be followed when placing the adult charging pads in close proxemics to hand-restraints, leg-irons, and belly-chains on an inmate:

- While one emergency responder is making the AED device ready and placing the adult charging pads, another emergency responder shall continue to administer chest compressions on the un-responsive victim (the AED will not shock the un-responsive victim unless it detects a defibrillation (irregular heartbeat) from that un-responsive victim).
- Adult charging pads with electrodes should be placed at least one inch or more away from all metal restraints to allow the delivery of shocks to the heart of an un-responsive victim.
- If not possible, replace metal restraints with plastic cuffs.
- Do not touch metal restraints on arms of un-responsive victim while assisting in keeping them out of the proxemics of the adult charging pads.
- Once adult charging pads are secured, follow the normal steps for operating the AED.

While it may be possible for an electrical current to pass through the patient's body and arc from one restraint to another, the concern of this happening is considerably less than the concern for failure to defibrillate when it is indicated by the AED. Always maintain safety.

APPLICATION

Play American Heart Association (AHA) - Family and Friends DVD for In-Service Training.

Play American Heart Association (AHA) - Heartsaver ® CPR Course DVD for In-Service Supervisor Training.

(Original play time may vary due to the number of participants and the number of relays required to satisfy the ratio of CPR participants to the number of Heartsaver (HS)/CPR Instructors available for the course presentation.)

HEARTSAVER INSTRUCTOR RESPONSIBILITIES DURING AHA HEARTSAVER® CPR AND FAMILY AND FRIENDS CPR COURSE DVD VIDEO PRESENTATION:

Slide 20

Proper Use of an Automated External Defibrillator (AED)

- Continue to chest compressions
- Have responder ready the AED device
- Attach charging pads
- Follow the voice activated prompts

Maintain Safety At All Times!

Slide 21

AHA Family and Friends CPR DVD Presentation:



During each practice module, the total number of manikins available shall be divided among the number of HS/CPR Instructors available with no more than six total manikins for six participants per each HS/CPR Instructor(s).

Each Heartsaver CPR Instructor should ensure that the following procedures are followed:

- Participants shall use critical provider skills during each practice module in the video presentation. (Placing participants in relays will help track mandatory participation.)
- Each manikin's chest area shall be cleaned with 70% alcohol wipes after each participant has completed each practice module during the video presentation.
- Monitor participant's hand placement and chest compressions technique during the practice module for "chest compressions" and "putting it altogether" (remind participants that they are to compress the chest between 2 to 2.4 inches at a rate of 100 to 120 compressions in a minute).
- Have all participants manipulate and turn the AED to the "ON" position, place the pads on the manikin, and connect the electrodes to the device (reiterate that all AEDs, no matter the style, are easy to use and all you have to do is "follow the voice command prompts").

Challenge Questions!

1. _____ is the most severe type of heat-related illness and is an emergency because death may be imminent.

Answer: Heat stroke

2. **Personal Protective Equipment includes:**

Answer: (1 point for each correct answer)

- Water-resistant gowns,
- Gloves,
- Face shields,
- Shoe covers

3. **Name the steps that should be utilized to prevent heat-related illness.**

Answer: (1 point for each correct answer)

- **Drink plenty of water**
- **Take breaks when possible**
- **Decrease intensity of work under extreme conditions**

4. **Name four things that put an individual at higher risk for cold-related illness.**

Answer: (1 point for each correct answer)

- Newly assigned to job
- Elderly
- Exposed to below freezing temperatures for a long period of time without adequate clothing/blankets
- Wet when exposed to cold weather

5. If you are on a unit without 24 hours medical, who should you call in case of an emergency?

Answer: 911

6. Do you have to wait for a supervisor and/or video camera before entering an inmate's cell to initiate life-saving measures?

Answer: No

Bonus: What things should you consider before entering the cell?

Answer: (1 point for each correct response)

- **Consider this might be a manipulation attempt.**
- **Assess the surroundings and what you know about the inmate's past behavior, including:**
 - **Aggressiveness**
 - **Custody Status**
 - **Size**
 - **Other Security Concerns**

List 8 life-threatening conditions.

Answer: (1 point for each correct answer)

- Difficulty breathing
- Chest pain
- Heavy bleeding
- Seizures
- Cool, pale, or clammy skin with a decreased level of consciousness
- Red, hot, or dry skin
- The inmate appears to be drunk
- Altered mental status

REVIEW PERFORMANCE OBJECTIVES

1. Discuss the content in the AHA Heartsaver® First Aid Course DVD video presentation.
2. Define and explain the blood-borne pathogens HIV, HAV, HBV and HCV and bacterial infectious diseases MRSA/MSSA and TB identified as occupational exposure risks in the prison setting.
3. Discuss the routes of transmission and standard precautions necessary for preventing infections when exposed to HIV, HAV, HBV, HCV, MRSA/MSSA, TB, special medical waste, and OPIMS.
4. Specify responsibility and proper use of PPE when handling blood contaminants.

Infection Control, First Aid/Medical Emergency and CPR/AED

5. Recognize and discuss use of items found in a "Unit Clean-Up Kit (Spill Kit)".
6. Recall appropriate procedures for handling and reporting occupational exposure to contaminated blood, special medical waste, and OPIMs.
7. Recognize and identify signs and symptoms of life-threatening and non-life-threatening illnesses and/or injuries requiring first aid treatment and/or medical emergency response.
8. Explain how to report and initiate assistance for inmate "medical referrals" and "sick call requests."
9. Practice and apply critical provider skills for hands only CPR and the proper use of an AED during the AHA Heartsaver®/Family and Friends CPR Course DVD video presentation.

SUMMARY

Should you have any questions or find yourself in need of assistance on your unit, refer to the Correctional Managed Health Care Policy Manual for Infection Control or the medical team at your facility.

Contact the American Heart Association if you want more information on Infection Control, First Aid, CPR, and the proper use of an AED. You can visit www.americanheart.org/cpr or call 877-AHA-4CPR (877-242-4277) for additional information. Even if you do not remember all the steps of CPR exactly, it is important for you to try. And always remember to phone your emergency response number (or 911).

EVALUATION

Questions?

Comments?

Written examination.

Reference Index

AD-02.15 "Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents. (Rev. 12).

AD-03.62 "TDCJ Offender Medical Lay-ins" (Rev. 5)

AD-06.07 "Access to Health Services" (Rev. 5)

AD-06.17 "Health Summary for Classification" (Rev. 6)

AD-06.60 "Blood-borne Pathogens" (Rev. 11)

AD-06.62 "Security Considerations Relating to Medical Employees" (Rev. 8)

AD-10.63 "Operational Risk Assessment Program" (Rev. 6)

AD-10.64 "Excessive and Extreme Temperature Conditions in the TDCJ" (Rev. 9)

ED-10.68 "Environmental Policy" (Rev. 5)

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http://www.hepchop.com/?utm_source (new website)

www.livescience.com/3686-gross-science-cough-sneeze.html/

2012 American Heart Association Equipment Decontamination Guidelines for CPR Training.

2016 American Heart Association: Family and Friends® First Aid CPR AED DVD.

2016 American Heart Association Heartsaver® First Aid CPR AED DVD.

2017 American Heart Association ECC Program Administration Manual, US, 6th Edition.

TDCJ Restrictive Housing Plan



FIRST AID

Correctional officers are trained to respond to health-related situations and medical emergencies and are often responsible for an inmate's access to the unit's medical department to help ensure they receive prompt and immediate medical attention.

SIGNS AND SYMPTOMS

The following signs and symptoms indicate possible life-threatening conditions that without medical attention could result in death.

1. Difficulty breathing could indicate either a problem with the lungs or heart.
2. Chest pain may be indicative of a heart attack. Be prepared to administer CPR to an inmate that is experiencing this symptom.
3. Heavy bleeding may end in shock or cardiac arrest.
4. Seizures interfere with the inmate's ability to breathe, and this can quickly escalate into a life-threatening situation.
5. Cool, pale or clammy skin with a decreased level of consciousness can indicate impending or actual shock.
6. Red, hot or dry skin can indicate heat stroke or high fever.
7. If the inmate appears to be drunk, could be diabetic related. Both low and high levels of blood sugar can result in coma or death.
8. Altered mental status could mean inmate is highly agitated, very listless, confused, or disoriented.

The signs and symptoms listed above could potentially lead to the victim becoming unconscious and needing CPR.

RESPONSE

Unit staff must always be prepared to respond quickly and effectively in the event of a health-related situation or medical emergency and be aware of the required responsibilities when responding to a situation or emergency that could be life-threatening. All incidents of temperature-related illnesses shall be reported immediately. Unit staff should always remain observant and alert during excessive and extreme temperatures to ensure life-threatening illnesses or injuries requiring immediate medical attention are reported immediately.

1. Staff shall initiate the Incident Command System (ICS) response to include unit specific protocols when dealing with life-threatening health-related situations and medical emergencies.
2. In all cases of temperature-related incidents or injuries:
 - First aid shall be administered immediately to include respite areas (areas designated on a unit that has air conditioning or heating depending on the condition required).
 - Medical staff and the unit risk manager shall be notified immediately. If no medical staff are on-site, 911 shall be called immediately. In some situations, staff can immediately request 911 even when medical is on the unit.
 - Contact the Emergency Action Center in accordance with AD-02.15, "Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents."



FIRST AID

Our duty is to provide immediate life-saving efforts to un-responsive victims until we are properly relieved by more highly trained healthcare providers. Being trained to respond to health-related situations and medical emergencies, helps to ensure that all victims receive prompt and immediate medical attention to help save their lives.

SHIFT SUPERVISOR: Pose the following question to the shift and allow them to provide answers before covering the recommended response.

An inmate runs to you to tell you that there is another inmate complaining of chest pain and turning blue. What do you do?

You must always be prepared to respond quickly and effectively in the event of a medical emergency by engaging in the following procedures:

- Be aware of location of co-workers who can assist if needed and, when possible, avoid entering an area alone.
- The first person on scene shall immediately notify the closest available staff.
- The person who was notified shall (not necessarily in the following order):
 - Call for back-up (additional correctional staff).
 - Call for medical assistance.
- For units with 24-hour medical - the first responding correctional staff should call medical and give them as much information about the inmate's condition as possible. The first responder may ask medical if they would like correctional staff to contact 911, or if medical will respond and make the determination whether or not to contact 911. However, it should be noted that **the first responder always has the authority to call 911 for a life-threatening emergency.** If medical arrives and determines that 911 services will not be necessary, health care employees can then advise 911 to turn around.

If you are not on a unit with 24-hour medical, the first responder will:

- Call 911 in the event of a life-threatening emergency.
- Notify the supervisor.
- Retrieve the life-saving response kit - The life-saving response kit, in most cases, is a red box that contains trauma shears, one-way valve and CPR mask, two pairs of latex gloves, two anti-microbial towelettes, one biohazard bag, and any other similar unit specific items. These kits are kept in multiple secure areas (such as pickets) or other secure areas designated by the warden that will be easily accessible to all inmate-housing, and correctional employees throughout the unit.
- Call for a video camera.

Note: The presence of a video camera and/or supervisor is not required to enter a cell to carry out "life-saving efforts" (taking pressure off the throat area by lifting the inmate's body, loosening or untying the ligature applied by the inmate, applying pressure to a cut area, initiating CPR, etc.)



Texas Department of Criminal Justice
Training and Leader Development Division

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FIRST AID

Attempt to maintain a safe distance from any inmate and, when possible, the employee shall maintain a reactionary gap to avoid being in easy striking distance.

Do you have any questions or comments?



HURRICANES - AFTER THE STORM

The potential for illness and injury is heightened in the wake of the devastation of a major hurricane. Storm survivors are particularly vulnerable due to flood conditions, damaged sanitation and water treatment systems, and public shelter situations. **Rescue workers are also at risk.**

Everyone in the storm zone and in public shelters should take simple precautions to protect themselves and their loved ones from common, preventable illnesses and injuries.

WASH YOUR HANDS REGULARLY WITH SOAP AND WATER OR USE A SANITIZING GEL, if any of these are available, particularly after going to the bathroom (even in primitive conditions) and immediately before handling food.

MAKING WATER SAFE

Water should be treated. Many normally safe water sources have been compromised by disruption of treatment facilities or breaks in water lines. In addition to having a bad odor and taste, water may be contaminated by a variety of microorganisms, including bacteria and parasites that can cause diarrhea illnesses.

Diseases such as dysentery, cholera, typhoid, and hepatitis are **not** common or expected here, but can be very serious. However, bacteria known as E. coli have already been found in flood waters. E. coli can cause severe diarrhea and is dangerous to people already weakened by other illnesses.

To Treat Water

1. Filter the water through a piece of cloth or coffee filter to remove solid particles.
2. Bring it to a rolling boil for about one full minute.
3. Let it cool at least 30 minutes.

Bottled water is always a safe source!

AVOID INJURIES

- Wear hard-soled shoes, long pants, and sturdy gloves. Wounds open the way for tetanus and other infections that can lead to serious, even life-threatening consequences. Clean a shallow wound with clean water and soap, apply an antiseptic, and cover with waterproof bandaging. For a deep wound, seek medical attention.

HEAT PRECAUTIONS

- Dress for the heat. Wear lightweight, light-colored clothing. Light colors will reflect away some of the sun's energy. Create your own shade by wearing a hat or using an umbrella.
- Drink plenty of water. Carry water or juice with you and drink regularly, even if you do not feel thirsty. Avoid caffeine and sugary drinks which dehydrate the body.
- Be familiar with the procedures found in AD-10.64, "Excessive and Extreme Temperature Conditions in the TDCJ."

GENERATOR SAFETY



HURRICANES - AFTER THE STORM

- Remember, gasoline and diesel-powered generators, pumps, and pressure washers all release carbon monoxide, a deadly, colorless, odorless gas. Never use these items indoors, even with ventilation. Opening doors and windows will not prevent the buildup of harmful carbon monoxide.

CHEMICAL AND BIOLOGICAL HAZARDS

- Liquefied Petroleum Gases (LPG) and underground storage tanks, along with other chemical containers, may break away and float downstream, causing hazards from their released contents.
- Floodwaters may also contain biohazards due to direct contamination by untreated raw sewage, dead animals, rotting food, etc.
- Avoiding contact, good personal hygiene practices, medical surveillance, and discarding all food that comes in contact with flood waters are all important controls.

DROWNING

- Anytime workers are exposed to moving water, their chances for accidental drowning increase. Even good swimmers are easily overcome by swift-moving water. Workers should not work alone and should wear a Coast Guard-approved personal flotation device (PFD) when working in or near water.

PRECAUTIONS AGAINST INSECTS

- Stagnant flood water provides breeding sites for mosquitoes, which can carry potentially serious diseases such as West Nile Virus.
- To protect yourself from biting and stinging insects, wear long pants, socks, and long-sleeved shirts. Use insect repellents that contain DEET or Picaridin.
- Treat bites and stings with over-the-counter products that relieve pain and prevent infection.
- Watch out for fire ants; their bites are painful and cause blisters. Severe reactions to fire ant bites (chest pain, nausea, sweating, loss of breath, serious swelling or slurred speech) require immediate medical attention.

PROTECTION AGAINST RODENTS AND WILD OR STRAY ANIMALS

- Dead and live animals can spread diseases such as Rat Bite Fever and rabies.
- Avoid contact with wild or stray animals.
- Avoid contact with rats or rat-infested buildings. If you cannot avoid contact, wear protective gloves and wash your hands regularly.
- Get rid of dead animals as soon as possible.
- If bitten or scratched, get medical attention immediately.

PROTECTION AGAINST SNAKES



HURRICANES - AFTER THE STORM

- Snakes may be swimming in flood waters or hiding in debris. Watch where you place your hands and feet when removing debris. If possible, do not place your fingers under debris you are moving.
- Wear heavy gloves and boots that are at least 10" high.
- Watch for snakes on fallen trees, limbs, or other debris.
- **Be cautious.** If you see a snake, back away from it slowly. Do not touch the snake or try to trap it. Remember, a snake's striking distance is about half the total length of the snake.
- Do not guess whether it is poisonous or not. Consider them all a hazard. Even a nonvenomous snakebite needs proper wound care.

If someone is bitten:

- Try to remember the color and shape of the snake. This is useful information when treatment is found in a medical facility.
- Keep the victim calm and still to slow down the spread of venom if the snake is poisonous (and even if you do not know, follow these guidelines).
- Apply first aid if you cannot get emergency medical services immediately.
- Have the victim lie down with the bite area below the level of the heart.
- Remove rings or other jewelry or clothing that might cut off blood flow if the bite area swells.
- Wash the wound with large amounts of soap and water, if available.
- Cover the bite with a clean, dry bandage or cloth.
- Apply a splint if the bite is on an arm or leg. Something sturdy will immobilize the limb and keep the victim from using the limb and the venom from being absorbed.
- Seek medical care, even if the victim seems not to have symptoms, pain or problems. Some reactions can be delayed.

What **not** to do:

- Do not try to capture the snake.
- Do not apply a tourniquet or slash the wound with a knife or suck out the venom.
- Do not apply ice or immerse the wound in water.
- Do not allow the victim to drink caffeinated beverages.

TREE AND LIMB REMOVAL

- When floods occur, debris and downed trees can block public roads and damage power lines. When removing trees and clearing debris, there are potential hazards of electrocution from contact with downed power lines or tree limbs in contact with power lines, falls from heights, and being stuck or crushed by falling tree limbs.
- Proper protective equipment, including gloves, chaps, foot protection, eye protection, fall protection, hearing protection, and head protection should be used.



HURRICANES - AFTER THE STORM

- Only appropriate power equipment that is built to be used outdoors and in wet conditions should be used.

CLEANING MOLD

- Mold can often be recognized by sight or smell. It may appear as colored woolly mats, or it may produce a foul, musty, earthy smell. Mold exposure can cause sneezing, runny nose, eye irritation, cough and congestion, aggravation of asthma, and dermatitis (skin rash). Individuals with allergies, asthma, sinusitis, or other lung diseases and individuals with weakened immune systems are at the greatest risk of health effects from exposure to mold.
- Identify and correct moisture problems.
- Make sure that work areas are well ventilated.
- Use hand, eye, and respiratory protection. A N-95 respirator is recommended.
- Discard mold damaged materials in plastic bags.
- Clean wet items and surfaces with detergent and water.
- Disinfect cleaned surfaces with 1/4 to 1 1/2 cup household bleach in 1 gallon of water. CAUTION: Do not mix bleach with other cleaning products that contain ammonia.

TO SAFELY CLEAN HOUSEHOLD ITEMS

- Remove and discard items that cannot be washed and disinfected (e.g., mattresses, carpeting, carpet padding, rugs, upholstered furniture, cosmetics, stuffed animals, baby toys, pillows, foam-rubber items, books, wall coverings, paper products).
- Remove and discard drywall and insulation that has been contaminated with sewage or flood waters.
- Thoroughly clean all hard surfaces (e.g., flooring, concrete, molding, wood, and metal furniture, countertops, appliances, sinks, other plumbing fixtures) with hot water and laundry or dish detergent.

Do you have any questions or comments?

Sources:

American Red Cross, US Department of Health and Human Services, US Department of Agriculture, Centers for Disease Control and Prevention, eMedicineHealth.com
www.health-eheadlines.com, a special report for subscribers to the Health-e headlines Consumer Health News; compiled from news sources, used with Permission
<https://www.osha.gov/dts/weather/flood/response.html#animals>