

# INS DETENTION STANDARD

## ENVIRONMENTAL HEALTH AND SAFETY

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### I. POLICY

Each facility will establish a hazardous materials program for the control, handling, storage, and use of flammable, toxic, and caustic materials. This will protect detainees, staff, and visitors, preventing breaches in safety and security. Among other things, the facility will include the identification and labeling of hazardous materials in accordance with applicable regulations, standards and codes (Occupational Safety and Health Administration (OSHA), National Fire Protection Association, etc.); will provide warnings of incompatible materials, etc.

### II. APPLICABILITY

The standards provided in this Detention Standard will apply to the following facilities housing INS detainees:

1. Service Processing Centers (SPCs);
2. Contract Detention Facilities (CDFs); and
3. State or local government facilities used by INS through Intergovernmental Service Agreements (IGSAs) to hold detainees for more than 72 hours; referred to as "IGSA facilities."

Within the document additional implementing procedures are identified for SPCs and CDFs. Those procedures appear in italics. IGSA facilities may find such procedures useful as guidelines. IGSAs may adopt, adapt or establish alternatives to, the procedures specified for SPCs/CDFs, provided they meet or exceed the objective represented by each standard.

See the separate "Definitions" Standard for the meaning of certain terms used in this document.

### III. STANDARDS AND PROCEDURES

Every facility will establish a system for storing, issuing, and maintaining inventories of and accountability for hazardous materials. Adopting such a system may require changes in facility storage methods, inventory maintenance, and recordkeeping. The system's effectiveness will depend on staff and detainees following instructions precisely and taking prescribed precautions, including using safety equipment.

#### A. Inventories

Every area will maintain a running inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area. Inventory records will be maintained separately for

each substance, with entries for each logged on a separate card (or equivalent). That is, the account keeping will not be chronological, but filed alphabetically, by substance (dates, quantities, etc.).

**B. Material Safety Data Sheets (MSDSs); Files**

Every area using hazardous substances will maintain a self-contained file of the corresponding Material Safety Data Sheets (MSDSs). The MSDSs provide vital information on individual hazardous substances, including instructions on safe handling, storage, and disposal, prohibited interactions, etc. Staff and detainees will have ready and continuous access to the MSDSs for the substances with which they are working while in the work area.

Because changes in MSDSs occur often and without broad notice, staff must review the latest issuance from the manufacturers of the relevant substances, updating the MSDS files as necessary.

The MSDS file in each area should include a list of all areas where hazardous substances are stored, along with a plant diagram and legend. Staff will provide a copy of this information and all MSDSs contained in the file, forwarding updates upon receipt, to the Maintenance Supervisor or designate.

**C. Master Index**

The Maintenance Supervisor or designate will compile a master index of all hazardous substances in the facility, including locations, along with a master file of MSDSs. He/she will maintain this information in the safety office (or equivalent), with a copy to the local fire department. Documentation of the semi-annual reviews will be maintained in the MSDS master file.

The master index will also include a comprehensive, up-to-date list of emergency phone numbers (fire department, poison control center, etc.).

**D. Personal Responsibility**

Every individual using a hazardous substance in the facility must be familiar with and follow all prescribed precautions, wear personal protective equipment when necessary, and report hazards or spills to the designated authority.

**E. General Guidelines**

1. Issuance: Flammable, caustic, and toxic substances (hazardous substances) will be issued (i.e., drawn from supply points to canisters or dispensed) only under the supervision of the designated officer.
2. Amounts: A hazardous substances will be issued in single-day increments, i.e., the amount needed for one day's work.

3. Supervision: Qualified staff will closely monitor detainees working with hazardous substances.
4. Accountability: Inventory records for a hazardous substance must be kept current before, during, and after each use.

**F. Specific Guidelines for Storage, Use, and Disposal of Flammable and Combustible Liquids**

1. Any liquid or aerosol labeled “Flammable” or “Combustible” must be stored and used as prescribed on the label, in accordance with the Federal Hazardous Substances Labeling Act, to protect both life and property.
2. Lighting fixtures and electrical equipment installed in flammable-liquid storage rooms must meet National Electrical Code requirements for same in hazardous locations.
3. Every hazardous-material storage room will:
  - a. Be of fire-resistant construction and properly secured;
  - b. Have self-closing fire doors at each opening;
  - c. Be constructed with either a four-inch sill or a four-inch depressed floor; and
  - d. Have a ventilation system (mechanical or gravity flow) within 12 inches of the floor, which provides at least six air changes per hour.
4. Every storage cabinet will:
  - a. Be constructed according to code and securely locked at all times;
  - b. Stand clear of open passageways, stairways, and other emergency exit areas;
  - c. Be conspicuously labeled: “Flammable–Keep Fire Away”; and
  - d. Contain either 60 gallons, maximum, of Class I and/or Class II liquids or 120 gallons, maximum, of Class III liquids.
5. Storage rooms and cabinets cannot be entered except under secure conditions, under the supervision of authorized staff.
6. A portable container that is not the original shipping containers must be an approved safety can, listed or labeled by a nationally recognized testing laboratory. Each will bear a legible label that identifies its contents.
7. Excess liquids will remain in original containers, tightly closed, in the storage room or cabinet.

8. The MSDS will govern use of a particular flammable or combustible liquid.
9. Only authorized staff will dispense flammable and combustible liquids dispensed only by an authorized staff member, using acceptable methods for drawing from or transferring these liquids.

Drawing from or transferring any of these liquids into containers indoors is prohibited unless:

- a. Through a closed piping system;
- b. From a safety can;
- c. By a device drawing through the top; or
- d. By gravity, through an approved self-closing system.

An approved grounding and bonding system must be used when liquids are dispensed from drums.

10. Without exception, cleaning liquids must have a flash point at or above 100° F (e.g., Stoddard solvents, kerosene). Cleaning operations must be in an approved parts-cleaner or dip tank fitted with a fusible link lid with a 160° F melting-temperature link.
11. Staff will follow MSDS directions in disposing of excess flammable or combustible liquids.
12. Likewise, staff will follow the method provided in the MSDS in case of a chemical spill.

#### **G. Toxic and Caustic Substances**

1. All toxic and caustic materials must be stored in secure areas, in their original containers, with the manufacturer's label intact on each container.
2. Authorized staff only will draw/dispense these substances, in accordance with the applicable Material Safety Data Sheet(s).
3. Staff will either return unused amounts to the original container(s) or, under certain circumstances, to another suitable, clearly labeled container in the storage area..
4. MSDS directions will determine the disposal and spill procedures for toxic and caustic materials used in the facility.

#### **H. Poisonous Substances**

1. Poisonous substances or chemicals pose a very high (Class I) caustic hazard due to their toxicity, e.g., methyl alcohol, sulfuric acid, muriatic acid, caustic soda, tannic acid, etc.

2. Methyl alcohol, variously referred to as wood alcohol and methanol, is commonly found in industrial applications (e.g., shellac thinner, paint solvent, duplicating fluid, solvents for leather cements and dyes, flushing fluid for hydraulic brake systems). If ingested, methyl alcohol can cause permanent blindness or death.
3. Staff must directly supervise the use of any product containing methyl alcohol. Products containing methyl alcohol in a diluted state, such as shoe dye, may be issued to detainees, but only in the smallest workable quantities.
4. Immediate medical attention is vital any time methyl alcohol poisoning is suspected.

#### **I. Other Toxic Substances**

1. Permanent antifreeze containing ethylene glycol will be stored in a locked area and dispensed only by authorized staff.
2. Typewriter cleaner containing carbon tetrachloride or trichloroethane will be dispensed in small quantities and used under direct supervision by staff.
3. Cleaning fluids containing carbon tetrachloride or trichloroethylene must be strictly controlled.
4. Glues of every type may contain hazardous chemicals. When use of a nontoxic product is not possible, staff must closely supervise all stages of handling. The toxic glues must be stored in a locked location.
5. The use of dyes and cements for leather requires close supervision. Nonflammable types will be used whenever possible.
6. Ethyl alcohol, isopropyl alcohol, and other antiseptic products will be stored and used in the medical department only, under close supervision. To the extent practicable, such chemicals will be diluted and issued only in small quantities so as to prevent any injuries or lethal accumulation.
7. Pesticides not currently approved by the Environmental Protection Agency, such as DDT and 1080 (sodium fluoracetate), are prohibited. The Maintenance Supervisor or designate is responsible for purchasing, storing (in a locked area), and dispensing all the pesticides used in the facility.
8. The Maintenance Supervisor or designate or other staff member responsible for herbicides must hold a current state license as a Certified Private Applicator. Persons applying herbicides must wear proper clothing and protective gear.
9. Lyes may be used only in dye solutions and only under the direct supervision of staff.

## **J. Labeling of Chemicals, Solvents, and Other Hazardous Materials**

The OIC will individually assign the following responsibilities associated with the labeling procedure:

1. Identifying the hazardous nature of materials adopted for use;
2. Requiring use of properly labeled containers for hazardous materials, including any and all miscellaneous containers into which employees might transfer the material;
3. Teaching staff the meaning of the classification code and the MSDS, including the safe handling procedures for each material,; and impressing on staff the need to ensure containers are properly labeled; and
4. Placing correct labels on all smaller containers when only the larger shipping container bears the manufacturer-affixed label;

## **K. Controlled Hazardous Materials**

Certain substances require special treatment, including careful planning before use, which goes beyond attention to the warning label. These controlled materials are classified according to the type of hazard and the nature of the restrictions imposed for their safe use, as specified in OSHA regulations.

**Class I: Industrial Solvents.** Includes industrial solvents and chemicals used as paint thinners, degreasers, and cleaning agents that may have toxic properties and low flash points, making them dangerous fire hazards.

**Class II: Restricted Materials.** Beryllium, its alloys and compounds, and silver solder containing cadmium pose a danger to workers, for whom special precautions must be taken.

**Class III: Recognized Carcinogens.** OSHA-listed carcinogens are governed by the OSHA regulations provided in 29 CFR 1910.1000. Although asbestos appears on the OSHA list, it is exempt from the regulation under the following circumstances: (i) when no asbestos fibers will be released into the air during handling and use; and (ii) when the asbestos in question consists of firmly bound asbestos fibers contained in a product, e.g., a transit pipe, wallboard, or tile, except when being sawed or otherwise handled in a way that releases fibers into the air.

**Class IV: Suspected Carcinogenic, Teratogenic, and Mutagenic Materials:** Chemical agents, substances, mixtures, and exposures listed in the biennial *Report on Carcinogens* issued by the U.S. Public Health Service, in accordance with the Public Health Service Act; the Maintenance Supervisor or designate will ensure the facility has and complies with the provisions of the latest edition.

## **L. FIRE PREVENTION AND CONTROL**

### **1. Fire Safety Codes**

Every facility will comply with standards and regulations issued by the Environmental Protection Agency (EPA) and OSHA, the American Correctional Association's "mandatory" standards, local and national fire safety codes, and the applicable standards of the American Society for Testing and Materials, American National Standards Institute, and Underwriters' Laboratories or Factory Mutual Engineering Corporation.

New construction, alterations, and renovations, will comply with the latest revision or update of the BOCA National Building Code (issued by Building Officials and Code Administrators International); the Uniform Building Code, or the Standard Building Code, in accordance with 40 USC Title 619 and local law. If the local government does not mandate adherence to a particular code, the construction must conform to the BOCA National Building Code.

In addition, the construction will comply with the latest edition of the National Fire Protection Association's *NFPA 101, Life Safety Code* and *National Fire Codes*. If the fire protection and life safety requirements of a building code differ from the *NFPA 101* or the *National Fire Codes*, the requirements of *NFPA 101* and the *NFCs* will take precedence, recognized as equivalent to the specifications of any local building code.

### **2. Inspections**

A qualified departmental staff member will conduct weekly fire and safety inspections; the maintenance (safety) staff will conduct monthly inspections. Written reports of the inspections will be forwarded to the OIC for review and, if necessary, corrective action determinations. The Maintenance Supervisor or designate will maintain inspection reports and records of corrective action in the safety office.

### **3. Fire Prevention, Control, and Evacuation Plan**

Every institution will develop a fire prevention, control, and evacuation plan to include, among other thing, the following:

- a. Control of ignition sources;
- b. Control of combustible and flammable fuel load sources;
- c. Provisions for occupant protection from fire and smoke;
- d. Inspection, testing, and maintenance of fire protection equipment, in accordance with NFPA codes, etc.;

- e. Monthly fire inspections;
- f. Installing fire protection equipment throughout the facility, in accordance with *NFPA 10, Standard for Portable Fire Extinguishers*;
- g. Accessible, current floor plans (buildings and rooms); prominently posted evacuation maps/plans; exit signs and directional arrows for traffic flow; with a copy of each revision filed with the local fire department;
- h. Conspicuously posted exit diagram conspicuously posted for and in each area.

#### **4. Fire Drills**

Monthly fire drills will be conducted and documented separately in each department.

- a. Fire drills in housing units, medical clinics, and other areas occupied or staffed during non-working hours will be timed so that employees on each shift participate in an annual drill.
- b. Detainees will be evacuated during fire drills, except in areas where security would be jeopardized or in medical areas where patient health could be jeopardized or, in individual cases when evacuation of patients is logistically not feasible. Staff- simulated drills will take place instead in the areas where detainees are not evacuated.
- c. Emergency-key drills will be included in each fire drill, and timed. Emergency keys will be drawn and used by the appropriate staff to unlock one set of emergency exit doors not in daily use. NFPA recommends a limit of four and one-half minutes for drawing keys and unlocking emergency doors.

#### **5. Exit Diagram**

In addition to a general area diagram, the following information must be provided on existing signs:

- a. English and Spanish instructions;
- b. "You Are Here" markers;
- c. Emergency equipment locations.

New signs and sign replacements will also identify and explain "Areas of Safe Refuge."

**M. Pests and Vermin**

The OIC will contract with licensed pest-control professionals to perform monthly inspections. During these routine inspections, they will identify and eradicate rodents, insects, and vermin. The contract will include a preventative spraying program for indigenous insects.

**N. Certification of Facility Water Supply**

A state laboratory will test samples of drinking and wastewater to ensure compliance with applicable standards.

**O. Emergency Electrical Power Generator**

Power generators will be tested at least every two weeks. Other emergency equipment and systems will undergo quarterly testing, with follow-up repairs or replacement as necessary.

The biweekly test of the emergency electrical generator will last one hour. During that time, the oil, water, hoses and belts will be inspected for mechanical readiness to perform in an emergency situation. The emergency generator will also receive quarterly testing and servicing from an external generator-service company. Among other things, the technicians will check starting battery voltage, generator voltage and amperage output.

**P. Guidelines for Specific Areas of the Facility; Barber Operations**

Sanitation of barber operations is of the utmost concern because of the possible transfer of diseases through direct contact or by towels, combs and clippers. Towels must not be reused after use on one person. Instruments such as combs and clippers will not be used successively on detainees without proper cleaning and disinfecting. The following standards will be adhered to:

1. The operation will be located in a separate room not used for any other purpose. The floor will be smooth, nonabsorbent and easily cleaned. Walls and ceiling will be in good repair and painted a light color. Artificial lighting of at least 50-foot candles will be provided. Mechanical ventilation of 5 air changes per hour will be provided if there are no operable windows to provide fresh air. At least one lavatory will be provided. Both hot and cold water will be available, and the hot water will be capable of maintaining a constant flow of water between 105 degrees and 120 degrees.
2. Each barbershop will be provided with all equipment and facilities necessary for maintaining sanitary procedures of hair care. Each shop will be provided with appropriate cabinets, covered metal containers for waste, disinfectants, dispensable headrest covers, laundered towels and haircloths.

3. Between detainees, all hair care tools coming in contact with the detainees will be cleaned and effectively disinfected. Hair care tools come into intimate contact with the detainees' scalp and skin, and when reused without disinfection, provide excellent means for transfer of ringworm or other skin and scalp diseases. Clippers may be treated for pathogenic organisms and fungi by an approved bactericidal and fungicidal process. Ultraviolet lights may only be used for maintaining tools after sterilization.
4. Each barbershop will have detailed hair care sanitation regulations posted in a conspicuous location for the use of all hair care personnel and detainees
  - a. All scissors, combs or other tools (except clippers) will be thoroughly washed with soap and hot water to remove film and debris and effectively disinfected immediately after use on each detainee and before being used for the service of any other detainee.
  - b. After cleaning, the clipper blades will be immersed in the disinfectant solution and agitated for a period of not less than 15 seconds before use on any other detainee. The solution will be replaced as often as necessary.
  - c. No hair care specialist will use for the service of a detainee any headrest cover, neck strap, towel, or washcloth that has been used for any other detainee, unless the same will have been properly laundered since its last use.
  - d. Clean hair cloths may be reused; however, when a hair cloth is used in servicing a detainee, a neck strip, a freshly laundered towel, or other suitable protection will be placed between the hair cloth and the neck of the detainee. Soiled or unclean hair clothes may not be used.
  - e. Cotton pads, absorbent cotton and other single or dispensable toilette articles may not be reused, and will be placed in a proper waste receptacle immediately after use.
  - f. The common use of brushes, neck duster, shaving mugs and shaving brushes will be prohibited.
  - g. The making of shaving lather in a wash basin or lavatory for use in serving a detainee is prohibited.
  - h. The use of powder puffs, sponges, lump alum, styptic pencils, and similar items is prohibited.
  - I. The removal or treatment of blackheads, carbuncles, infected hairs, or any sores or lesions is prohibited.

- j. The pulling of hair from ears, nostrils, eyebrows, and moustaches is prohibited.
- k. No barber or beautician will serve any detainee when the skin of the detainee's face, neck, or scalp is inflamed, scaling, contains pus, or is erupted, unless service of such detainee is performed in accordance with the specific authorization of the Chief Medical Officer.
- i. No person will be served when infested with head lice.

**Q. Guidelines for Specific Areas of the Facility, Medical Operations**

An established uniform procedure will be provided for the safe handling and disposal of used needles and other potentially sharp objects to prevent both mechanical injury and the percutaneous transmission of infectious disease organisms, especially the hepatitis B virus (HBV) and the human immunodeficiency virus (HIV).

A uniform procedure for used needles and other disposable sharps is necessary to reduce the number of such injuries by preventing the secondary handling of needles and other dangerous sharp objects used in the delivery of medical care. Accidental injuries from sharp objects (sharps) are common in health care programs, mostly from needle sticks caused by attempting to recap hypodermic needles.

Sharps will be defined as all disposable or discarded items derived from detainee care that could potentially transmit disease via direct subdermal inoculation. Items included under this policy are: hypodermic needles and syringes, scalpel blades, glass vials or ampules containing materials deemed to be infectious, burrs, glass cartridges, lancets. The following procedures will be observed when handling and disposing of needles and other hazardous sharp items.

**1. Inventory**

An inventory will be kept of those items that pose a security risk, such as sharp instruments, syringes, needles, and scissors. This inventory will be checked weekly by an individual designated by the medical facility Health Service Administrator (HSA) or equivalent.

**2. Handling**

Without removing the needles or replacing the needle covers, staff will place used (disposable) syringes in a plastic disposal box or container.

**a. Disposal Containers**

Use only commercially available, biohazardous-waste sharps containers approved by the National Institute of Safety and Health. An example of an approved brand is "Winfield Sharps Container." Do not use milk cartons or plastic milk jugs as they have been found to puncture easily.

Likewise do not use other plastic containers of similar thickness.

Containers will be of approximately two-gallon capacity in order to be of sufficient size to receive various types of sharps. Under no circumstances will an item be removed from the container.

**b. Location**

Containers will be located on top of counters or, if on the wall, at least five feet above ground. Containers will not sit on the floor.

**c. Disposal**

When the disposal box is ½ to 2/3 full, the lid will be closed and locked, tape will be placed over the top of the lid to indicate that it is ready for disposal. The container will be labeled with the words "infectious waste" or with the universal biohazard symbol, and placed in the proper area for removal and disposal. Sharps will be considered as infectious waste and final disposal of the container and contents will be through a commercial contractor that handles disposal of infectious waste in accordance with all local and federal regulations.

The HSA will make arrangements for disposal with an approved contractor and is responsible for validating that the contractor's disposal methods are in accordance with all infectious and hazardous waste disposal laws and regulations. Arrangements will be made with local hospitals, if possible, for disposal with the hospitals' own infectious waste.

**3. Accidental Needle Sticks**

Should an individual receive a needle stick or be cut while handling potentially contaminated sharps, the individual will be counseled regarding baseline testing for HBV and HIV and referred to their usual source of health care. If the injury also involves a person who is a known source of possible infection, that person will also be tested for HBV and HIV. The incident will be reported as an occupational injury and documented in accordance with applicable regulations for commissioned officers and civil service employees, respectively.

The leading health service provider's exposure-control plan will be followed in the event of a needle stick.

## **R. General Environmental Health Guidelines**

1. Environmental health conditions will be maintained at a level that meets recognized standards of hygiene. The standards include those from the American Correctional Association, the Occupational Safety and Health Administration, the Environmental Protection Agency, the Food and Drug Administration, the National Fire Protection Association's Life Safety Code, and the National Center for Disease Control and Prevention.

The INS HSD or IGSA equivalent activities are designed to assist in the identification and correction of conditions that could adversely impact the health of detainees, employees, and visitors. The INS sanitarian consultant is responsible for developing and implementing policies, procedures, and guidelines pertaining to activities of the environmental health program. These elements are intended to evaluate, and eliminate or control as necessary, both sources and modes of transmission of agents or vectors of communicable disease and of injuries.

The sanitation consultant will conduct special investigations and comprehensive surveys of environmental health conditions. Advisory, consultative, inspection and training services regarding environmental health conditions will also be provided through the sanitarian consultant.

The medical facility HSA is responsible for implementing a program that will assist in maintaining a high level of environmental sanitation. In consultation with the sanitarian consultant, they will provide recommendations to the INS OIC concerning environmental health conditions.

### **2. Housekeeping**

The key to the prevention and control of nosocomial infections due to contaminated environmental surfaces is environmental cleanliness. Responsibility for ensuring the cleanliness of the medical facility lies with the HSA or with an individual designated by the HSA or other health care provider utilized. The HSA or designee will make a daily visual inspection of the medical facility noting the condition of floors, walls, windows, horizontal surfaces, and equipment.

Methods of cleaning; cleaning equipment; cleansers; disinfectants and detergents to be used; plus, the frequency of cleaning and inspections will be established using an acceptable health agency standard as the model.

Proper housekeeping procedures include the cleaning of surfaces touched by detainees or staff with fresh solutions of appropriate disinfectant products, applied with clean cloths, mops, or wipes. Cleaned surfaces need not be monitored microbiologically since the results of such tests have been shown not to correlate with infection risk. Floors, walls, beds, tables, and other surfaces that usually come in contact with intact skin require low-level disinfection.

Since these surfaces are rarely associated with the transmission of infections to patients or personnel, extraordinary attempts to disinfect or sterilize these surfaces are not indicated.

Horizontal surfaces in detainee care areas are cleaned on a regular basis, when soiling or spills occur and in short-stay units when a detainee is discharged. Cleaning of walls, blinds, or curtains is indicated only when visibly soiled. The Chief Nurse is responsible for training all staff and detainees in using proper housekeeping procedures and proper handling of hazardous materials and chemicals.

**a. General Cleaning Procedures**

1. All horizontal surfaces will be damp-dusted daily with an approved germicidal solution.
2. Windows, window frames, and windowsills will be cleaned on a regular schedule, but do not require daily cleaning.
3. Furniture and fixtures will be cleaned daily.
4. Floors will be mopped daily and when soiled using the double-bucket mopping technique, and with a hospital disinfectant-detergent solution mixed according to the manufacturers directions. A clean mop head will be used each time the floors are mopped.
5. Waste containers will be lined with plastic bags and the liner will be changed daily. The container itself will be washed at least weekly, or as needed when it becomes soiled.
6. Cubicle curtains will be laundered monthly or during terminal cleaning following treatment of an infectious patient.

**b. Procedures for Isolation Cleaning**

1. An approved germicidal detergent solution will be freshly prepared in accordance with the manufacturer's specifications for each cleaning.
2. After cleaning the isolation room, mops and cleaning cloths will be laundered before being reused.
3. Dirty water and used disinfecting solutions will be discarded and the buckets and basins disinfected before being refilled. Items used in cleaning an isolation (contaminated) room will never be taken into another area.

4. Linens will be carefully removed from the bed and double bagged for transport.
5. All waste materials will be double bagged and disposed of as contaminated waste.

**c. Procedures for Terminal Cleaning**

1. Every item in the room must be cleaned with an approved hospital germicidal solution.
2. When applicable, linen will be stripped from the bed, with care taken not to shake linen. Linen will be folded away from the person and folded inward into a bundle, then removed with minimal agitation.
3. When applicable, all reusable receptacles such as drainage bottles, urinals, bedpans, water pitchers will be emptied and rinsed with germicidal solutions.
4. All equipment that is not to be discarded, such as IV poles, respirators and suction machines, will be washed with an approved germicidal solution following manufacturer's guidelines for cleaning the specific piece of equipment.
5. When applicable, mattresses and pillows covered with durable plastic covers will be thoroughly washed with the approved germicidal solution.
6. When applicable, beds will be washed thoroughly using a small brush soaked in the germicidal solution to gain access to small holes and crevices, to areas between the springs, and the casters.
7. All furniture will be washed with a germicidal detergent solution. Use a small brush if necessary. Outside and underside as well as legs and casters must also be washed.
8. Wastebaskets will be thoroughly washed with a germicidal solution after trash has been removed.
9. Telephones will be thoroughly cleaned with a clean cloth soaked in the germicidal solution. The earpiece and mouthpiece will be unscrewed, scrubbed, dried and replaced.
10. Walls and ceilings need not be washed entirely, but areas that are obviously soiled will be washed with germicidal solution.

d. **Choice of Disinfecting Materials**

Hospital grade disinfectant-detergent formulations registered by the Environmental Protection Agency may be used for environmental surface cleaning, but the physical removal of microorganisms by scrubbing is probably as important as any antimicrobial effect of the cleaning agent used.

Therefore cost, safety, and acceptance by staff can be the criteria for selecting any such registered agent. *The manufacturer's instructions for use will be followed exactly.*

3. **Blood and Body Fluid Clean-up**

Spills of blood and body fluids will be cleaned up and the surface decontaminated in such a manner as to minimize the possibility of workers becoming exposed to infectious organisms, including HIV and HBV. A suitable cleanup kit will be maintained for use in cases of spills of blood and body fluids. Cleanup kits may be obtained from commercial sources, or kits may be put together by INS HSD staff or leading health care provider.

a. **Making a Clean-up Kit**

To prepare a cleanup kit for blood and body fluid spills, package the following materials in a 12" x 15" clear" Ziplock" bag.

Gloves, rubber or vinyl, household type, (2 pair)

Clean absorbent rags (4)

Absorbent paper towels (15)

Disposable bag marked "Contaminated" size 23"x10"x39", minimum thickness 1.5 mils.

Clear plastic bag 13"x10"x39", minimum thickness 1.5 mils.

Bottle of "hospital disinfectant" (containing quaternary ammonium chlorides in at least 0.8% dilution), or a bottle of household bleach such as "Clorox" or "Purex" (5.25 % sodium hypochlorite).

b. **Selection of Disinfectants**

Quaternary disinfectants are less effective against Hepatitis B, while dilute solutions of sodium hypochlorite are reported extremely effective against both HIV and the Hepatitis B virus, and therefore have been recommended for use in environmental decontamination procedures rather than quaternary

ammonium compounds. Chlorine in solution inactivates virus quickly and efficiently, but must reach the virus particles to do so. Proteinaceous materials may interfere with the ability of the appropriate disinfectant solution to reach the virus particles. Since quaternary disinfecting compounds may act as a detergent as well as a disinfectant, their use may help in the cleaning and removal of proteinaceous materials from surfaces. A facility may wish to use one of these compounds to help clean the surface, then follow with the use of chlorine solution for final disinfection. Using one disinfectant compound rather than two would keep the procedure as simple as possible. By following the mechanical procedure listed in the article, most blood or fluids would be removed from the surface before application of the disinfectant, so the use of sodium hypochlorite solution will be sufficient.

**c. Selection of Gloves**

Household or industrial rubber gloves have been recommended for use rather than surgical rubber gloves. Surgical gloves are somewhat porous and are less resistant to mechanical damage and punctures during cleanup procedures.

**d. Use of Detainees as Housekeeping Workers**

Detainee workers may be used to assist in cleaning the medical facility. Detainees will be allowed to clean floors, walls, and to remove trash, but will not be allowed to clean medical equipment.

**4. Instructions for Use of Clean-Up Kit**

- a. Obtain a Cleanup Kit.
- b. Open the bag.
- c. Remove supplies.
- d. Depending on the type of disinfectant you have included in your kit, take out bottle of "hospital disinfectant", or prepare a dilute solution of sodium hypochlorite. To prepare a 1:10 dilution of 5.25% sodium hypochlorite, mix 1 part of 5.25 % sodium hypochlorite (common household bleach) with 10 parts water.
- e. Open the large clear plastic bag and the large bag marked "Contaminated". Place them next to each other.
- f. Put on one pair of gloves.
- g. Use paper towels to absorb as much of the fluid as possible; then place paper towels in the large clear plastic bag.
- h. Pour solution carefully onto the spill area. Dispose of the empty bottle in the large, clear plastic bag. Leave disinfectant in place for 15 minutes.
- I. Use the rags to clean the area. Place rags in the large clear plastic bag.
- j. Tie off the clear plastic bag and place inside the large plastic bag marked "Contaminated".
- k. Remove gloves carefully and place in the plastic bag marked "Contaminated".

- l. Put on the second pair of gloves and tie the "Contaminated" trash bag closed.
- m. Dispose of the "Contaminated" trash bag properly in a contaminated-waste receptacle.
- n. Dispose of the second pair of gloves in the contaminated-waste receptacle.
- o. Wash your hands.
- p. Prepare a new clean-up kit.

NOTE: Do not place linen or non-disposable articles in the "Contaminated" trash bag.

## **5. Hazardous and Infectious Waste Disposal**

Infectious and hazardous waste generated at a medical facility will be stored and disposed of safely and in accordance with all applicable federal and state regulations.

For identified wastes that represent sufficient risk of causing infection or injury during handling and disposal some special precautions appear prudent.

### **a. Definitions**

Hazardous or infectious waste is defined as: microbiology laboratory waste; human blood and blood products; sharps (all discarded items derived from patient care in medical facilities which could potentially transmit disease via direct subdermal inoculation or present a risk of injury & skin penetration); laboratory and other chemicals; certain drugs such as neoplastic.

Miscellaneous biomedical waste is defined as waste materials that are not specifically defined as infectious waste. Such waste includes bandages, dressings, casts, catheters, and disposable pads.

Waste from detainees in isolation is not considered to be infectious waste unless it falls within the specific definition of infectious waste as stated above.

### **b. Collection and Storage**

Infectious waste must be separated from the general waste stream and clearly labeled as infectious. Infectious waste will be double-bagged and tied and marked with a label reading "Infectious Waste". The bags must be impermeable, commercially supplied red bags, sold specifically for biohazardous waste storage. Miscellaneous biomedical waste will be double-bagged and tied, but need not be labeled as infectious.

c. **Treatment and Disposal**

Blood products and designated body fluids will be poured slowly and carefully down the toilet to prevent splash. Compacting of untreated infectious waste is prohibited. The waste disposal contractor must meet all state or and local requirements for transportation and disposal.

S. **Universal Precautions**

1. Staff will routinely take precautions to prevent contact with blood or other body fluids, using these guidelines:
  - a. Gloves will be worn for touching blood and body fluids, mucous membranes, or non-intact skin of all patients, for handling items or surfaces soiled with blood or body fluids, and for performing venipuncture and other vascular access procedures. Gloves will be changed after contact with each detainee.
  - b. Masks and protective eye wear or face shields will be worn during procedures that are likely to generate droplets of blood or other body fluids, to prevent exposure of mucous membranes of the mouth nose or eyes.
  - c. Gowns or aprons will be worn during procedures that are likely to generate splashes of blood or other body fluids.
  - d. Hands and other skin surfaces will be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands will be washed immediately after gloves are removed.
  - e. All health-care workers will take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures; when cleaning used instruments; during disposal of used needles; and when handling sharp instruments after procedures.
  - f. To prevent needle stick injuries, needles will not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. After use, disposable syringes and needles, scalpel blades, and other sharp items will be placed in puncture-resistant containers for disposal.
  - g. Large-bore reusable needles will be placed in a puncture resistant container for transport to the reprocessing area.
  - h. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags or other ventilation devices will be available for use in areas in which the need for resuscitation is predictable.

- I. Health-care workers who have exudative lesions or weeping dermatitis will refrain from all direct patient care and from handling patient-care equipment until the condition resolves.
- j. Pregnant health-care workers are not known to be at greater risk of contracting HIV infection than health-care workers who are not pregnant; however, if a health care worker develops HIV infection during pregnancy, the infant is at risk of infection from perinatal transmission. Because of this risk, pregnant health care workers will be especially familiar with and strictly adhere to precautions to minimize the risk of HIV transmission.
- k. Implementation of universal blood and body fluid precautions for all detainees eliminates the need for the use of isolation category of "Blood and Body Fluid Precautions" previously recommended by the Centers for Disease Control for individuals known or suspected to be infected with blood-borne pathogens. Isolation precautions will be used as necessary if associated conditions, such as infectious diarrhea or tuberculosis, are diagnosed or suspected.

**T. Protective Equipment**

- 1. Protective eye and face equipment will be required where there is a reasonable probability of injury that can be prevented by such equipment. These areas of the facility will be conspicuously marked with eye hazard warning signs.
- 2. OSHA-approved eyewash stations will be installed in designated areas throughout the facility. All employees and detainees in those areas will be instructed in their use.

**U. Garbage and Refuse**

- 1. Refuse includes all garbage, rubbish, and other putrescible and non-putrescible solid waste, except the solid and liquid waste discharged into the sanitary sewer system of the facility.
- 2. Garbage and refuse will be collected and removed as often as necessary to maintain sanitary conditions and to avoid creating health hazards.
- 3. Methods for handling and disposing of refuse affects the local environment, compliance with the requirements of local and federal agencies is essential.

**IV. AMERICAN CORRECTIONAL ASSOCIATION STANDARDS REFERENCED**

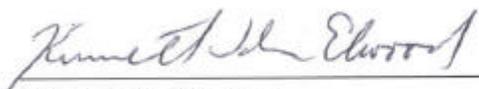
American Correctional Association 3rd Edition, Standards for Adult Detention Facilities:  
3-ALDF-3B-01, 3B-02, 3B-05, 3B-10, 3B-11, 3B-12.4D-01, 4D-03, 4D-13

**Approval of Standard**

  
\_\_\_\_\_  
**Michael D. Cronin**  
**Acting Executive Associate Commissioner**  
**Office of Programs**

SEP 20 2000

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**Date**

  
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**Michael A. Pearson**  
**Executive Associate Commissioner**  
**Office of Field Operations**

SEP 20 2000

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**Date**

**TABLE A**  
**Common Flammable, Toxic, and Caustic Substances**

**Class I Liquids**

Gasoline  
Benzine (Petroleum ether)  
Acetone  
Hexane  
Lacquer  
Lacquer thinner  
Denatured alcohol  
Ethyl alcohol  
Xylene (Xylol)  
Contact cement (flammable)  
Toluene (Toluene)  
Methyl ethyl ether  
Methyl ethyl ketone  
Naphtha Y, M, and P

**Toxic Substances**

Ammonia  
Chlorine  
Antifreeze  
Duplicating fluid  
Methyl alcohol  
Defoliants  
Herbicides  
Pesticides

**Class II Liquids**

Diesel fuel  
Motor fuel  
Kerosene  
Cleaning solvents  
Mineral spirits  
Acetone

**Caustic Substances**

Lye  
Muriatic acid  
Caustic soda  
Sulfuric acid  
Tannic acid

**Class III Liquids**

Paint (oil base)  
Linseed oil  
Mineral oil  
Neatsfoot oil  
Sunray conditioner  
Guardian fluid

**U.S. Immigration and Naturalization Service  
NATIONAL DETENTION STANDARDS  
MONITORING INSTRUMENT**

**Policy:** Every facility will control flammable, toxic, and caustic materials through a hazardous materials program. The program will include, among other things, the identification and labeling of hazardous materials in accordance with applicable standards (e.g., National Fire Protection Association [NFPA]); identification of incompatible materials, and safe-handling procedures

<b>ENVIRONMENTAL HEALTH AND SAFETY</b>			
<b>Components</b>	<b>Yes</b>	<b>No</b>	<b>Remarks</b>
1. Does the facility have a system for storing, issuing, and maintaining inventories of hazardous materials?			
2. Are constant inventories maintained for all flammable, toxic, and caustic substances used/stored in each section of the facility?			
3. Is the manufacturer's Material Safety Data Sheet (MSDS) file up-to-date for every hazardous substance used? a. Do the files list all storage areas, and include a plant diagram and legend? b. Are the MSDSs and other information in the files available to personnel managing the facility's safety program?			
4. Do all personnel using flammable, toxic, and/or caustic substances follow the prescribed procedures? Do they: a. Wear personal protective equipment? b. Report hazards and spills to the designated official?			
5. Are the MSDSs readily accessible to staff and detainees in the work areas?			
6. Are hazardous materials always issued under supervision? a. Who supervises issuance of caustic, flammable, and toxic substances? b. Are quantities limited? c. Does staff always supervise detainees using these substances?			

**ENVIRONMENTAL HEALTH AND SAFETY**

Components	Yes	No	Remarks
7. Are "flammable" and "combustible" materials (liquid and aerosol) stored and used according to label recommendations?			
8. Do lighting fixtures and electrical equipment installed in storage rooms and other hazardous areas meet National Electrical Code requirements?			
9. Do the storage rooms meet the security and structural requirements specified in the standard? a. Do storage cabinets meet the physical requirements specified in the standard?			
10. Are all toxic and caustic materials stored in their original containers? a. In a secure area?			
11. Are excess flammables, combustibles, and toxic liquids disposed of properly? a. Are they disposed only in accordance with MSDSs?			
12. Does staff directly supervise and account for products with methyl alcohol? a. Does staff receive a list of products containing diluted methyl alcohol, e.g., shoe dye? b. Are such products clearly labeled as such? c. Does "accountability" include issuing such products to detainees in the smallest workable quantities?			
13. Does every employee and detainee using flammable, toxic, or caustic materials receive advance training in their use, storage, and disposal?			
14. Does the facility comply with the most current edition of applicable codes, standards, and regulations of the National Fire Protection Association and the Occupational Safety and Health Administration (OSHA)?			

**ENVIRONMENTAL HEALTH AND SAFETY**

Components	Yes	No	Remarks
15. Does a technically qualified officer conduct the fire and safety inspections? a. Weekly? b. Monthly? c. Is every written inspection report forwarded to the OIC?			
16. Does the Safety Office maintain files of inspection reports? a. Do files record corrective actions taken?			
17. Does the facility have a fire prevention, control, and evacuation plan? a. Reviewed and approved by the fire marshal?			
18. Does the plan require: a. Monthly fire inspections? b. Fire protection equipment strategically located throughout the facility? c. Public posting of emergency plan with accessible building/room floor plans? d. Exit signs and directional arrows? e. An area-specific exit diagram conspicuously posted in the diagrammed area?			
19. Are fire drills conducted monthly? a. Who conducts and documents?			
20. Does a sanitation program cover barbering operations?			
21. Does the barbershop have the facilities and equipment necessary to meet sanitation requirements?			
22. Are the sanitation standards conspicuously posted in the barbershop?			
23. Do written procedures regulate the handling and disposal of used needles and other sharp objects?			
24. Are all items representing potential safety or security risks inventoried? a. Does a designated individual check this inventory weekly?			

**ENVIRONMENTAL HEALTH AND SAFETY**

Components	Yes	No	Remarks
25. Has the Health Services Administrator (HSA) implemented a program supporting a high level of environmental sanitation?			
26. Does the HSA conduct medical-facility inspections every day? a. Does each inspection include noting the condition of floors, walls, windows, horizontal surfaces, and equipment?			
27. Do standard cleaning practices include: a. Using specified equipment; cleansers; disinfectants and detergents? b. An established schedule of cleaning and follow-up inspections?			
28. Does the Chief Nurse teach staff and detainees proper "housekeeping" procedures, including the safe-handling of hazardous materials/chemicals?			
29. Does the facility follow standard cleaning procedures? a. List discrepancies between INS standard and facility procedures. b. Have isolation-cleaning procedures been implemented as required?			
30. Are spill kits readily available?			
31. Does a licensed medical waste contractor dispose of infectious/bio-hazardous waste?			
32. Is staff trained to prevent contact with blood and other body fluids? a. Are written procedures followed?			
33. Do the methods for handling/disposing of refuse meet all regulatory requirements?			
34. Does a licensed pest-control professional inspect for rodents, insects, and vermin? a. At least monthly? b. Does the pest-control program include preventive spraying for indigenous insects?			

**ENVIRONMENTAL HEALTH AND SAFETY**

<b>Components</b>	<b>Yes</b>	<b>No</b>	<b>Remarks</b>
35. Are drinking water and wastewater routinely tested? a. According to a fixed schedule? b. How often? c. By whom?			
36. Are emergency power generators tested at least every two weeks? a. Do other emergency systems and equipment receive testing at least quarterly? b. Followed-up with timely corrective actions (repairs and replacements)?			

**U.S. Immigration and Naturalization Service  
NATIONAL DETENTION STANDARDS  
MONITORING INSTRUMENT**

**ENVIRONMENTAL HEALTH AND SAFETY**

**Verification Sources:**

The following may serve as sources of information for auditors verifying the facility's compliance with this detention standard:

SOURCE	TIME	DATE	LOCATION
A. Observe maintenance crews			
B. Observe detainee work crews			
C. Inspect storage facilities			
D. Facility's written policy and procedures			
E. Inspect inspection reports			
F. Inspect medical facilities			
G. Review waste removal contracts			
H. Review evacuation routes/maps			
I. Detainee and staff interviews			

Facilities must complete the attached Plan of Action for bringing operations into compliance. For each element found out of compliance, the plan of action will specify remedial action and the estimated timetable for compliance.

**Remarks:** *(Record significant facts, observations, other sources used, etc.)*

\_\_\_\_\_  
Auditors Signature

\_\_\_\_\_  
Date