5-11/020.00 Sanitation

Each facility shall have a written housekeeping, sanitation, and inspection plan. Each facility shall provide supplies and equipment necessary for the continuous maintenance of highly sanitary conditions.

- Floors shall be swept and mopped daily
- Bars shall be washed frequently
- Walls shall be washed frequently (with a commitment to regularly remove graffiti)
- Unless protected by trash can liners, garbage and trash receptacles shall be emptied and sanitized frequently
- Windows shall be washed frequently, and screens (where applicable) shall be kept clean at all times
- Toilets, urinals, sinks, showers, and basins shall be cleaned daily
- Trash shall be removed from all housing, shower, and medical areas daily
- Clinic areas shall be cleaned and sanitized daily – according to acceptable healthcare standards.

In addition, each facility shall develop specific procedures to provide for cleanliness of problem areas which are unique to that facility.

Module/dorm officers shall visually inspect their assigned inmate housing areas and document the cleanliness in the electronic Uniform Daily Activity Log (e-UDAL) for each shift. Areas which require cleaning shall be cleaned and documented in the e-UDAL accordingly. A supervisor shall inspect each module/dorm for cleanliness at least once per day and document that inspection in the e-UDAL.

If custody personnel or healthcare personnel conclude that unsanitary conditions in a cell pose a health risk to the inmate housed in the cell, custody personnel shall request the cell to be cleaned as soon as reasonably practical. Unit commanders shall ensure unit orders address the process by which personnel may request the cleaning of cells, and designate duties, as appropriate, according to the specific needs of the facility.

Note: If custody personnel observe that significant food/fluids that have not been consumed by an inmate, which may indicate abnormal eating and/or drinking patterns, custody personnel shall immediately notify healthcare personnel via the facility-specific "Food Intake Monitoring" email group. The facility access to care lieutenant shall also be notified via email. Refer to Custody Division Manual (CDM) section 5-15/000.00, "Inmate's Refusal to Eat and/or Drink."

UNSANITARY CONDITIONS AND UNCOOPERATIVE INMATES

In instances where inmates may become uncooperative with custody personnel's efforts to properly clean a cell and/or refuse to be removed from their cell in order for it to be properly cleaned, custody personnel shall make every effort to gain an inmate's cooperation. If a cell is unable to be properly cleaned due to an inmate's refusal, custody personnel shall notify the floor sergeant, who shall respond to the location and attempt to gain the inmate's compliance.

Should the inmate continue to refuse, the sergeant shall contact the on-duty watch commander. The watch commander shall respond to the inmate's location and attempt to gain the inmate's compliance. If the inmate continues to refuse, the watch commander shall inform healthcare personnel the inmate may be extracted and discuss any viable alternatives. If, after conferring with mental health personnel, the watch commander

determines the inmate must be removed from a cell, custody personnel shall follow the procedures set forth in CDM section 7-01/050.05, “Inmate Extraction Procedures” to facilitate the cleaning of the cell. Custody staff will consult with the nursing supervisor and mental health staff prior to extraction, pursuant to the procedures outlined in the above referenced CDM section. Once the inmate is removed from a cell containing unsanitary conditions, the cell shall be properly cleaned and all items creating unsanitary conditions shall be properly disposed.

HANDLING OF INFECTIOUS WASTE

Unsanitary conditions may include infectious waste. Infectious waste can include any used material derived from medical treatment, liquid blood, vomit, or any materials saturated in blood, vomit, or human waste.

Upon observation by custody personnel and/or healthcare personnel that an inmate’s cell has become contaminated with infectious waste, custody personnel shall attempt to gain the inmate’s cooperation in having their cell cleaned. If the inmate refuses to cooperate in allowing custody personnel to facilitate the cleaning of their cell, the floor sergeant shall be notified. The floor sergeant shall attempt to gain the inmate’s compliance in exiting the cell. Should the inmate continue to refuse, healthcare staff shall be contacted to evaluate the inmate. The inmate shall not be allowed to remain within the contaminated cell for more than 48 hours. If 48 hours has lapsed, and the inmate has continually refused to exit their cell, the on-duty watch commander shall be notified. The watch commander shall respond to the inmate’s location and make a final attempt to gain their compliance. If the watch commander is unsuccessful in obtaining the inmate’s compliance, the watch commander shall initiate the removal of the inmate from their cell, adhering to the procedures outlined in CDM section 7-01/050.05, “Inmate Extraction Procedures.”

The 48-hour refusal period in which an inmate is allowed to remain within a contaminated cell does not preclude medical and/or mental health personnel from requesting an inmate’s prompt removal from the cell. In these instances, and if deemed necessary, established procedures related to inmate extractions shall be adhered to.

Once the inmate is removed from a cell containing infectious waste, the cell shall be properly cleaned and all infectious waste shall be properly disposed. Cells containing human waste or potentially infectious materials shall be cleaned utilizing personal protective equipment which includes: gloves, masks, and gowns. Blood or items saturated with blood, shall be disposed of in biohazard containers. Vomit, urine, or feces which do not visibly contain blood, shall be disposed of in a double-bagged, standard trash bag and securely fastened. These materials may be combined with other garbage for disposal.