What is New Since the October 5, 2020 Version

All changes in this version are highlighted in **YELLOW** to facilitate recognition of What’s New.

**Element 3. Infection Prevention and Control Measures.** Plan reorganized to include discussion of cloth face coverings and face masks in this section. Use of cloth face coverings or face masks by staff and inmates is strongly recommended. Given the status of the pandemic in the United States, facilities should consider requiring face coverings or procedure masks.

**Element 12. Quarantine.** Close contact definition changed: Someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.

**Attachments 1a, 1b, 2.** Screening forms for visitors, staff, and new intakes were all changed to add a question: *Loss of taste or smell?* For the employee form the cough question was changed to: *New onset of cough or worsening chronic cough?*

**Attachment 7. Overview of COVID-19 Testing** was modified with general recommendations for PCR testing, as feasible, of intake cohorts at intake (day 0) and day 10-14; testing of quarantined inmates at time of quarantine (day 0) and again at day 10-14 prior to release from quarantine until no new cases are identified.

What was New in the October 5, 2020 Version

**Element 3. Infection Prevention and Control Measures**

- It is recommended that each facility contact their local health department and advocate that, when an FDA-approved COVID-19 vaccine becomes available for general use, that correctional facility staff and incarcerated persons be prioritized for receipt of vaccine.

**Element 4. Visitors / Volunteers / Contractors / Lawyers**

Decisions about restarting visitation should be made in consultation with local public health authorities taking into account the epidemiology of COVID-19 in the local community. Suggested protocols are included.
Plan Overview (March 16, 2020)

COVID-19 presents unique challenges for containment in the confined correctional environment. Knowledge about COVID-19 and public health guidance for responding to this Pandemic is evolving quickly. Adaptable and updatable practical tools are needed to develop infection prevention and control plans for COVID-19 across a diverse array of U.S. jails and prisons.

This COVID-19 Correctional Pandemic Response Plan provides an outline of infection prevention and control information that should be considered for correctional facilities related to a COVID-19 response. The plan outline is paired with a fillable MS WORD® Implementation Worksheet that can be easily customized to address local issues of concern for the facility and affected community.

The 1918-19 influenza pandemic provides important lessons for responding to COVID-19. During the 1918–19 influenza (“flu”) pandemic, certain cities fared better than others. Those U.S. cities that both acted promptly to control the flu and implemented multiple layers of protective measures had fewer flu cases and lower overall mortality. This VitalCore COVID-19 Correctional Response Plan includes multiple layers of protective measures to minimize the impact of the virus in the correctional environment.

The Response Plan is divided into 14 response elements. Each element is outlined in the plan with a corresponding section of the Implementation Worksheet. When completing the Worksheet, it is recommended to reference the corresponding text in the Response Plan. This worksheet can be readily adapted to meet the unique challenges of a specific facility.

This COVID-19 Correctional Response Plan is based upon current guidance from the CDC that is adapted for the correctional setting. It is anticipated that the CDC guidance will continue to change so the plan will require updating accordingly.

Effective response to the extraordinary challenge of COVID-19 is going to require that all disciplines in a correctional facility come together to develop, modify, and implement plans as information and conditions change. Swift, decisive, yet evidenced-based planning is paramount. I hope you find this document useful in advancing our collective efforts to better ensure the health and safety of our correctional workers and our incarcerated patient populations.

Viola Riggin, CEO
VitalCore Health Strategies

Approved by: Lannette Linthicum, MD, VitalCore Medical Consultant
Developed by:
Sarah Bur, MPH, RN, VitalCore Consultant
Newton E. Kendig, MD, VitalCore Consultant
Table of Contents

COVID-19 Overview ........................................................................................................................................... 4
COVID-19 Pandemic Response Plan Elements ................................................................................................. 5
1. Administration/Coordination ......................................................................................................................... 5
2. Communication ............................................................................................................................................... 10
3. Infection Prevention and Control Measures ................................................................................................ 11
4. Visitors / Volunteers / Contractors / Lawyers .............................................................................................. 15
5. Employee Screening ....................................................................................................................................... 16
6. New Intake Screening / Cohorting ................................................................................................................. 17
7. Initial Management and COVID-19 Testing ................................................................................................. 17
8. Personal Protective Equipment (PPE) and Other Supplies .......................................................................... 18
9. Transport ......................................................................................................................................................... 22
10. Medical Isolation (Symptomatic Persons) .................................................................................................. 22
11. Health Care Delivery .................................................................................................................................... 26
12. Quarantine (Asymptomatic Exposed Persons) ............................................................................................ 29
13. Data Collection, Analysis & Reporting ........................................................................................................ 30
14. Summary, Evaluation and Continuous Quality Improvement (CQI) .......................................................... 32
COVID-19 Pandemic Response Plan Implementation Worksheet ............................................................... 33
Attachment 1a. COVID-19 Visitor Screening Form ........................................................................................... 45
Attachment 1b. COVID-19 Employee Screening Form ..................................................................................... 46
Attachment 2. COVID-19 New Intake Screening Form .................................................................................... 47
Attachment 3. COVID-19 Isolation Room Sign .................................................................................................. 48
Attachment 4. Quarantine Room Sign ................................................................................................................ 50
Attachment 5a. “I protect you. You protect me.” ............................................................................................. 52
Attachment 5b. How to Wear (and Not Wear) a Face Mask ............................................................................ 54
Attachment 6. Control Strategies for Aerosol Generating Procedures ........................................................... 56
Attachment 7. Overview of COVID-19 Testing ................................................................................................. 57

TABLE 3b. COVID-19 Personal Protective Equipment Recommendations.................................19
COVID-19 Overview

This guidance provides general information regarding the COVID-19 pandemic and will be updated regularly.

What is Coronavirus Disease 2019 (COVID-19)?
Coronavirus Disease 2019 (COVID-19) is a respiratory illness that can spread from person-to-person. The virus that causes COVID-19 is SARS-CoV-2 that was first identified during an investigation into an outbreak in Wuhan, China and is now causing an International Pandemic.

How is SARS-CoV2, the virus causing COVID-19, transmitted?
The virus is thought to spread mainly between people who are in close contact with one another (within approximately 6 feet) through respiratory droplets produced when an infected person coughs or sneezes. It also may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes.

What are the symptoms of COVID-19?
People with COVID-19 have had a wide range of symptoms – ranging from mild to severe illness, including:
- Fever
- Chills
- Cough
- Shortness of breath/difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Complications of COVID-19 can include pneumonia, multi-organ failure, and in some cases death.

How can I help protect myself?
People can help protect themselves from respiratory illness with everyday preventive actions.
- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.
- Wear a cloth face mask or procedure mask

How long does it take for symptoms to develop?
The estimated incubation period (the time between being exposed and becoming ill) averages 4-5 days after exposure with a range of 1-14 days.

Is there a vaccine?
There is currently no vaccine to protect against COVID-19. The best way to prevent infection is to take everyday preventive actions, like avoiding close contact with people who are sick and washing your hands often.

Is there a treatment?
There is no specific outpatient antiviral treatment for COVID-19 for persons early in the stage of illness. People with COVID-19 should seek medical care to help relieve symptoms. Hospital care for persons severely ill with COVID-19 can decrease the risk of mortality.
COVID-19 Pandemic Response Plan Elements

1. Administration/Coordination

This section on Administration/Coordination is designed for use by Chief Executive Officers to provide a broad overview of the plan. The subsequent elements provide detailed information about how to implement the plan. This section is divided into two phases:

**PHASE I. PREPARATION STEPS for COVID-19** summarizes activities that all correctional facilities should be engaged in while preparing for the possibility of COVID-19 in the facility. These steps can be used as an outline for daily meetings about COVID-19 to quickly review the status of plan implementation.

**PHASE II. RESPONSE STEPS for MANAGING COVID-19** summarizes activities that should be implemented after case(s) of suspected or confirmed COVID-19 have been identified in the facility in either a staff person or incarcerated person.

**PHASE I. PREPARATION STEPS for COVID-19**

a) Coordination of Facility Response

- It is critically important that correctional and health care leadership meet regularly to review the current status of COVID-19, review updated guidance from the Centers for Disease Control and Prevention (CDC) and VitalCore, and flexibly respond to changes in current conditions.
- Regular meetings should be held, roles and responsibilities for various aspects of the local response determined, and evidence-based plans developed and rapidly implemented.
- Consideration should be given to activating the Incident Command System within the facility to coordinate response to the crisis.
- Responsibility should be assigned for tracking national and local COVID-19 updates.

b) Coordination with local law enforcement and court officials to minimize crowding.

- Explore alternatives to in-person court appearances.
- Maximize use of existing policies for alternatives to incarceration.
- Expedite implementation of compassionate release policies.
- Explore strategies with local law enforcement to reduce new intakes to the correctional facility.

c) Review Personnel Policies and Practices

- **Review the sick leave policies** of each employer in the facility to determine which officials will have authority to send symptomatic staff home.
- **Review/revise/devise telework policies.**
- **Review contingency plans for reduced staffing.**
COVID-19 Pandemic Response Plan
November 24, 2020

- Consider offering alternative duties to staff at higher risk of severe illness with COVID-19.
- Remind staff to stay at home if they are sick.
- Institute employee screening of all employees (see Element #5).
- Send staff home if they are identified with identified symptoms (fever, cough or shortness of breath) and advise to follow CDC recommended steps for persons with COVID-19 symptoms.
- The CDC criteria for discontinuation of medical isolation and return to work is provided in Section 10. Medical Isolation.
- Identify staff with COVID-19 Exposures (see definition of close contact in Element #12).
  - If a staff member has a confirmed COVID-19 infection, inform other staff about possible exposure to COVID-19 (maintaining confidentiality per the Americans with Disabilities Act).
  - Staff identified as close contacts of someone with COVID-19 should be tested for SARS-CoV-2 and self-quarantine at home for 14 days, unless a shortage of critical staff precludes quarantine of those who are asymptomatic. CDC has issued guidelines indicating that critical infrastructure workers may be permitted to continue work following potential exposure to COVID-19 if they remain asymptomatic and additional precautions are implemented to protect them and the community.

  - Pre-Screen: Employers should measure the employee’s temperature and assess symptoms prior to starting work each day.
  - Regular monitoring: Employees should self-monitor for the development of a temperature or symptoms and if these occur, report to supervisor.
  - Wear a mask: The employee should always wear a face mask while in the workplace for 14 days after last exposure.
  - Social distance: The employee should maintain 6 feet and practice social distancing as work duties permit.
  - Disinfect and clean workspaces: Further emphasize cleaning and disinfection of frequently touched surfaces and objects, including office, bathrooms, common areas, and shared electronic equipment.


d) Communication (Element #2):

- Initiate and maintain ongoing communication with local public health authorities.
- Communicate with community hospital about procedures for transferring severely ill incarcerated persons.
- Develop and implement ongoing communication plans for staff, incarcerated persons, and families. See Element #2 for specific educational messages for each group.

e) Implement General Prevention Measures (Element #3)

- Promote good health habits among employees (Table 1)
COVID-19 Pandemic Response Plan
November 24, 2020

- Review current policy regarding alcohol-based hand sanitizer and consider relaxing restrictions to allow more staff to carry individual-sized bottles for hand hygiene.

- **Conduct frequent environmental cleaning of high touch surfaces.** Increase number of inmate workers assigned to this duty.

- **Institute social distancing measures to prevent spread of germs.** Review list of possible measures listed in [Element #3](#) and develop plans for your facility.
  - **Make decisions about movement**
    - Minimize movement both within the facility and between facilities
    - Consider restricting transfers of incarcerated persons to and from other jurisdictions unless necessary for medical evaluation, medical isolation/quarantine, clinical care, extenuating security concerns, or to prevent overcrowding.

- Postpone non-urgent outside medical visits

- Consideration should be given to housing all incarcerated persons from the same work detail in the same housing unit to minimize mixing of incarcerated persons from multiple housing units. This would minimize spread of COVID-19 to a single housing unit if a person on a work detail develops COVID-19.

- **Employees stay at home if sick.** Review communications with employees about this.

- **If influenza vaccination is still in stock, offer to unvaccinated staff (higher priority) and incarcerated persons.**

- **Implement infection prevention control guidance for staff doing screening** (of visitors, employee, new intakes) ([Element #3](#))

f) **Make decisions about access for visitors, volunteers, contractors, and lawyers** ([Element #4](#))

  - Communicate with potential visitors
  - Institute screening of visitors for symptoms and temperature ([Attachment #1a](#))

  g) **Institute Employee Screening** ([Element #5](#)) ([Attachment #1b](#))

  h) **Institute New Intake Screening** ([Element #6](#)) ([Attachment #2](#)).

i) ** Appropriately manage and test symptomatic incarcerated persons** ([Element #7](#))

  - Suspend co-pays for incarcerated persons seeking medical evaluation for respiratory symptoms.

j) **Attempt to acquire needed personal protective equipment (PPE) and other supplies** ([Element #8](#))

  - Ensure that sufficient stocks of hygiene supplies, cleaning supplies, personal protective equipment (PPE), and medical supplies are available and there is a plan in place for re-stocking.

  - Review [Table 3](#). COVID-19 Personal Protective Equipment Recommendations and post as
needed in facility.

- Implement staff training on donning and doffing PPE.
- Set up donning and doffing stations outside of isolation rooms (see Element #8).
- CDC is recommending universal mask use by all correctional staff and incarcerated persons. Decide about universal mask use by staff and incarcerated persons. Identify types of masks that will be used and provide them free of charge.

k) Assure that transport officers have received training on safe transport utilizing PPE (Element #9).

- Identify staff who will provide transport of persons in medical isolation or quarantine. Assure that they have been fit-tested for respirator use if using an N95 respirator (fit-testing not needed with a KN95 respirator).

l) Identify rooms to be used for medical isolation (Element #10) and quarantine (Element #12).

- NOTE: CDC strongly recommends single rooms for persons isolated and quarantined. Cohorting of groups of persons should be done as a last resort.
- Print out color isolation and quarantine signs for future use (Attachment #3 & Attachment #4).
- Discuss how custody staff will be assigned to work in medical isolation/quarantine rooms.
- Appropriately train staff and incarcerated workers who work in laundry and food service.
- Train staff and incarcerated workers on how to clean spaces where COVID-19 workers spent time.

m) Health services should review procedures for caring for the sick (Element #11)

- Maintain communication with public health authorities to determine how COVID-19 testing will be performed and recommended criteria for testing.
- Explore options for expanding telehealth capabilities.
- Implement routine prevention and control measures in health services (Element #8 and Element #11).

PHASE II. RESPONSE STEPS for MANAGING COVID-19

n) Implement alternative work arrangements, as deemed feasible.

- Determine if any staff can exercise telework options or other alternative work arrangements.
- Make decisions about where incarcerated persons should be allowed to work depending on exposure history.

o) Suspend all transfers of incarcerated persons to and from other jurisdiction and facilities unless necessary for medical evaluation, medical isolation/quarantine, extenuating security concerns, or to prevent over-crowding.
p) When possible, arrange for lawful alternatives to in-person court appearances.

q) **Consider cohorting of all new intakes for 14 days** before they enter the facility’s general population, if feasible. Those in this category will be referred to as “intake cohorts”, not “quarantined” because these intakes are not known to be exposed.

r) **Incorporate screening for COVID-19 symptoms and a temperature check into release planning.** Provide incarcerated persons who are under medical isolation or quarantine who are releasing with education about recommended follow-up.

s) **Coordinate with local public health authority** regarding persons being isolated/quarantined with COVID-19.
   - In the event of a COVID-19 outbreak consult with public health authorities regarding recommended viral PCR testing strategy for incarcerated persons and staff. Prior to conducting widespread testing, it is critically important that a plan be developed on how test result data will be used to make housing and movement decisions, i.e., where to house those with positive tests results, those with negative test results with known exposure, and those with negative test results with no known exposure, and those who refuse testing (see Attachment 7).

t) **Communicate with community hospital** regarding potential need to transfer severely ill incarcerated persons.

u) **Hygiene:**
   - Continue to ensure that hand hygiene supplies are well-stocked in all areas of the facility.
   - Continue to emphasize practicing good hand hygiene and cough etiquette.

v) **Environmental Cleaning:**
   - Continue emphasis on cleaning and disinfection especially on frequently touched surfaces.
   - Reference specific cleaning and disinfection procedures for areas where a COVID-19 case spent time (Element #10)

w) **Implement medical isolation of confirmed or suspected COVID-19 cases** (see Element #10).
   - Assess adequacy of PPE for staff working in medical isolation rooms (see Element #8)
   - Implement telehealth modalities as much as possible.
   - When there are space constraints related to isolating and quarantining incarcerated persons consult with the HCP and the local health department regarding decisions about placement.
   - Staff assignments to isolation rooms should remain as consistent as possible, and these staff should limit their movements to other parts of the facility as much as possible.
x) Implement quarantine of close contacts of COVID-19 cases (see Element #12).

- Assess adequacy of PPE for staff working in quarantine rooms (see Element #8);
- Require that all incarcerated persons where masks while in quarantine except when eating and drinking.

y) Implement system for tracking information about incarcerated persons and staff with suspected/confirmed COVID-19 and quarantined persons (Element #13).

z) If COVID-19 has been identified in a facility it is recommended that there be daily rounds on all housing units providing education about symptoms and encouraging incarcerated persons to come forward for further assessment if they have symptoms.

### 2. Communication

- The importance of regular communication with staff, the incarcerated population, and their families cannot be over-emphasized. You cannot communicate too much.
- Specific methods of communication for all groups should be established. Staff should be assigned to be responsible for crafting and disseminating regular updates.
- **Post signage** throughout the facility communicating the following:
  - For all: symptoms of COVID-19 and hand hygiene instructions
  - For all: Universal correct use of cloth or procedure face masks (Attachment 5a & 5b)
  - For incarcerated/detained persons: report symptoms to staff
  - For staff: stay at home when sick; if symptoms develop while on duty, leave the facility as soon as possible and follow CDC-recommended steps for persons who are ill with COVID-19 symptoms.
  - Ensure that signage is understandable for non-English speaking persons and those with low literacy
- During COVID-19, group educational sessions should be avoided and instead, communicate with electronic and paper methods of communication.

- **Key communication messages for employees include:**
  - Symptoms of COVID-19 and its health risks
  - Reminders about good health habits to protect themselves, emphasizing hand hygiene.
  - The importance of staying home if signs and symptoms of fever, cough, or shortness of breath or if known close contact with a person with COVID-19.
  - Review of sick leave policy
  - If staff develop fever, cough, or shortness of breath at work: immediately put on a face mask, inform supervisor, and leave facility, and follow CDC recommended steps for persons who are ill with COVID-19 symptoms.
  - Elements of the facility COVID-19 Response Plan to keep employees safe, including social distancing.
  - Facility policy regarding routine use of cloth or procedure face masks
  - Staff should change clothes and wash hands before interacting with household members after they return home after work.
COVID-19 Pandemic Response Plan
November 24, 2020

- **Key communication messages for incarcerated persons:**
  - The importance of reporting fever and/or cough or shortness of breath (and reporting if another incarcerated person is coughing to protect themselves). Indicate how these reports should be made.
  - Reminders about good health habits to protect themselves, emphasizing hand hygiene.
  - Communicate that sharing drugs and drug preparation equipment can spread COVID-19.
  - Plans to support communication with family members (if visits are curtailed).
  - Plans to keep incarcerated persons safe, including social distancing.
  - Facility policy regarding routine use of cloth or procedure face masks

- **Key communication messages for families:**
  - Information about visiting. If visiting is curtailed, information about alternatives to in-person visits.
  - What the facility is doing to keep incarcerated persons safe.

- **Local public health authorities:** Contact should be made and maintained with local public health authorities to get local guidance, especially regarding managing and COVID-19 testing of persons with respiratory illness.

- **Local hospital:** Communication should also be established with your local community hospital to discuss referral mechanisms for seriously ill incarcerated persons.

### 3. Infection Prevention and Control Measures

Throughout the duration of the COVID-19 pandemic the following general prevention measures should be implemented to interrupt viral infection transmission. These are listed in *Table 1* below.

<table>
<thead>
<tr>
<th>Table 1. General Prevention Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a. Promote good health habits</strong> among employees and incarcerated individuals:</td>
</tr>
<tr>
<td>1) Avoid close contact with persons who are sick.</td>
</tr>
<tr>
<td>2) Avoid touching your eyes, nose, or mouth.</td>
</tr>
<tr>
<td>3) Wash your hands often with soap and water for at least 20 seconds.</td>
</tr>
<tr>
<td>4) Cover your sneeze or cough with a tissue (or into a sleeve). Then throw the tissue in the trash.</td>
</tr>
<tr>
<td>5) Avoid non-essential physical contact. Avoid handshakes, “high-fives”</td>
</tr>
<tr>
<td><strong>b. Universal mask use – staff and incarcerated persons</strong></td>
</tr>
<tr>
<td><strong>c. Conduct frequent environmental cleaning of “high touch” surfaces.</strong></td>
</tr>
<tr>
<td><strong>d. Institute social distancing measures to prevent spread of germs.</strong></td>
</tr>
<tr>
<td><strong>e. Employees stay at home if they are sick.</strong></td>
</tr>
<tr>
<td><strong>f. Influenza (flu) vaccine is recommended for persons not previously vaccinated.</strong></td>
</tr>
<tr>
<td><strong>g. Prepare for an FDA-approved COVID-19 vaccine.</strong></td>
</tr>
</tbody>
</table>

- **a. Good Health Habits**
  - Good health habits should be promoted in various ways, i.e., educational programs, posters, campaigns, assessing adherence with hand hygiene, etc.
  - This [CDC website](https://www.cdc.gov) has helpful educational posters.
Each facility should assure that adequate supplies and facilities are available for hand washing for both incarcerated individuals and employees, including soap, running water, hand drying machines or disposable paper towels.

- Provide tissues and no-touch trash receptacles for disposal.
- With approval of the Chief Executive Officer (CEO), health care workers should have access to alcohol-based hand rub.
- Provisions should be made for employees and visitors and new intakes to wash their hands when they enter the facility.

b. Universal Mask Use – Correctional Staff and Incarcerated Persons

There is a growing body of evidence that wearing cloth face coverings or face masks can significantly reduce transmission of the SARS-CoV-2. A significant percentage of persons with COVID-19 are either asymptomatic (never develop symptoms) or pre-symptomatic (will ultimately develop symptoms) and can still spread the virus.

It is strongly recommended that all correctional staff and incarcerated persons routinely wear a cloth face mask or procedure mask (depending on what types of masks are available). It is recommended that masks should be provided to staff and incarcerated persons free of charge. Facilities should consider requiring the use of cloth face coverings or procedure masks.

It is thought that the most important role that face masks play in reducing COVID-19 transmission is to protect other people. Mask use prevents the spread of the virus to others by persons with asymptomatic or pre-symptomatic COVID-19. With universal mask use “I protect you. You protect me.”

- CDC emphasizes that masks with exhalation valves or vents should NOT be worn to help prevent the person wearing the mask from spreading COVID-19 to others (source control).

It is recommended that staff wear a cloth face covering or face mask at all times except in circumstances when social distancing, e.g., in an office alone, in a vehicle alone, in a break-room eating 6 feet apart.

Anyone who has trouble breathing or who is unable to remove a mask without assistance should not wear a cloth face covering or face mask.

The key to successful implementation of universal mask use is that it be strongly embraced by correctional and health care leadership with correct mask use demonstrated by example.

Cloth face masks, while offering some protection, are not considered to be PPE. Health care workers should always wear a procedure face mask when caring for patients. Persons in close contact with persons with known or suspected COVID-19 should wear appropriate PPE (see Table 3b).

Attachment 5a. “I protect you. You protect me” is a poster that can be used to promote wearing face masks. It is important to reinforce correct wearing of face masks by correctional staff and incarcerated persons. Attachment 5b illustrates correct and incorrect ways to wear a face mask.
c. Environmental Cleaning

- The frequency of routine cleaning of surfaces that are frequently touched should be increased. These can include doorknobs, keys, handrails, telephones, computer keyboards, elevator buttons, cell bars, etc. One strategy is to increase the number of incarcerated individuals who are assigned to this duty.

- Develop plan for disinfection of shared staff equipment each shift, e.g., keys, radios, service weapons, hand cuffs.

- Hard Surfaces:
  - If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
  - For disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered household disinfectants should be effective.
    - Diluted, unexpired household bleach can be used if appropriate for the surface. Never mix household bleach with ammonia or any other cleanser.
    - Prepare bleach solution by mixing:
      - 5 tablespoons (1/3 cup) bleach per gallon of water or
      - 4 teaspoons of bleach per quart of water

- Soft (porous) surfaces, i.e., carpeted floor, rugs, drapes
  - Remove visible contamination and clean with appropriate cleaners for these surfaces
  - If washable, launder in hottest water setting for the item and dry completely
  - Otherwise, use products with EPA-approved viral pathogens claims

- Electronics cleaning and disinfection
  - For electronics such as tablets, touch screens, keyboards, and remote controls, remove visible contamination if present.
  - Follow the manufacturer’s instructions for all cleaning and disinfection products.
  - Consider use of wipeable covers for electronics.
  - If no manufacturer guidance is available, consider the use of alcohol-based wipes or spray containing at least 70% alcohol to disinfect touch screens and other surfaces. Dry surfaces thoroughly to avoid pooling of liquids.

d. Social Distancing Measures

Strategies for social distancing are myriad and markedly dependent on local factors. Various administrative measures should be implemented to reduce contact between people and reduce chance of spreading viruses. It is recommended that an interdepartmental brainstorming meeting be held to discuss what would work in your facility.

Examples of such measures include:

- Common areas
  - Enforce increased space between individuals in holding cells, as well as in lines and waiting areas such as intake (e.g., remove every other chair in a waiting area).
COVID-19 Pandemic Response Plan
November 24, 2020

▪ Recreation
  o Choose recreation spaces where individuals can spread out
  o Stagger time in recreation spaces
  o Restrict recreation space usage to a single housing unit (where feasible)
  o Disinfection between individual use of equipment and between groups
  o Eliminate close-contact sports, i.e., basketball, soccer
  o Emphasize individual activities, i.e., running, walking, jumping jacks
  o Stop the use of equipment that multiple people will touch

▪ Meals
  o Stagger meals
  o Rearrange seating in dining hall to increase space between individuals, e.g., remove every other chair and use only one side of a table
  o Eliminate self-serve foods, e.g., eliminate salad bars
  o Provide meals inside housing units or cells

▪ Group activities
  o Limit size of group activities
  o Increase space between individuals during group activities
  o Consider alternatives to existing group activities, in outdoor areas or other areas where individuals can spread out
  o Suspend group programs*
  *Note: With discontinuation of group activities, it is vitally important to creatively identify and provide alternative forms of activity to support the mental health of incarcerated individuals during the pandemic.

▪ Education
  o Convert curriculum to self-study
  o Provide education through use of video modalities

▪ Housing
  o Arrange bunks so that individuals sleep head to foot
  o Rearrange scheduled movements to minimize mixing of individuals from different housing units
  o Ensure thorough cleaning/disinfection of space when incarcerated persons leave
  o If space allows, reassign bunks to provide more space between individuals (ideally 6 feet or more in all directions
  o Consider housing all persons from one work detail together to minimize exposure between housing units

▪ Medical
  o Leverage telehealth modalities, e.g., tele-video and provide-to-provider consultation
  o If possible, designate a room near each housing unit to evaluate individuals with COVID-19 symptoms
  o Designate a room near intake area to evaluate new intakes with identified COVID-19 symptoms or exposure risk before they move to other parts of facility
  o Discontinue pill-lines and administer medication on units
  o Assure that incarcerated persons who come to sick call with respiratory symptoms are immediately placed in separate room with mask on and perform hand hygiene.

▪ Minimize movement
  o Minimize transferring of incarcerated persons between units
COVID-19 Pandemic Response Plan
November 24, 2020

- Stop movement in and/or out
- Suspend work release programs
- Provide virtual visits

**e. Sick/exposed employees remain home**

- COVID-19 can gain entrance to a facility via infected employees. Staff should be educated to stay home if they have fever and respiratory symptoms.
- If employees become sick with fever (temperature greater than or equal to 100.0°F) at work, they should be advised to promptly report this to their supervisor and go home.
- Employees should be advised to consult their health care provider by telephone.
- Employees who are sick should be advised to follow CDC guidance on [What to do if you are sick?](#)
- Determine employee policy regarding quarantine, i.e., exposed employees self-quarantine for 14 days or come to work wearing a facemask and frequent hand hygiene. Exposed staff should promptly report symptoms if they occur.

**f. Influenza vaccination**

- During the 2020-2021 influenza season, flu vaccination is critically important given the similarity of COVID-19 and flu symptoms. Incarcerated persons who present with flu-like symptoms will have to be worked up for both COVID-19 and flu, necessitating medical isolation and follow-up. Therefore, vaccination of staff and incarcerated persons should be strongly encouraged.

**g. Prepare for an FDA-approved COVID-19 vaccine.**

- It is recommended that each facility contact their local health department and advocate that, when an FDA-approved COVID-19 vaccine becomes available for general use, that correctional facility staff and incarcerated persons be prioritized for receipt of vaccine. Vaccine should be prioritized for these groups because of the high risk for transmission within correctional facilities and the subsequent risk of spread from correctional facilities to local communities by staff and incarcerated persons who are released.

## 4. Visitors / Volunteers / Contractors / Lawyers

- Consideration should be given to begin limiting access to the facility by visitors and volunteers and non-essential contractors.
  - Arrangements should be made to increase options for incarcerated persons to communicate with their families via telephone or tele-video.
- If possible, legal visits should occur remotely.
- Decisions about restarting visitation should be made in consultation with local public health authorities taking into account the epidemiology of COVID-19 in the local community. If visits are being held it is recommended that the following protocols be followed:
All visits will be non-contact and social distancing between inmates and visitors will be enforced, either via the use of plexiglass, or similar barriers, or physical distancing (i.e., 6 feet apart).

Inmates in quarantine or isolation will not participate in social visiting.

The number of visitors allowed in the visiting room will be based on available space when utilizing social distancing.

Visitors will be symptom screened and temperature checked; visitors who are sick or symptomatic will not be allowed to visit (see Attachment 1a). Follow infection control procedures outlined below in Section 5. Employee Screening.

Both inmates and visitors must wear appropriate face coverings (e.g. no bandanas) at all times covering both the nose and the mouth.

Visitors will perform hand hygiene just before and after the visit.

Tables, chairs, and other high-touch surfaces will be disinfected between visitation groups; all areas, to include lobbies, will be cleaned following the completion of visiting each day.

### 5. Employee Screening

- Employees should be screened upon arrival each day with a temperature and asked questions about respiratory symptoms and if they have had contact with a known COVID-19 patient (Attachment 1b). This form can be laminated for employees to review the questions for individuals to verbally respond to them.

- The following is a protocol to safely check an individual’s temperature:
  - Perform hand hygiene
  - Put on a face mask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face) and a single pair of disposable gloves*
  - Check individual’s temperature
    - Non-contact or disposable thermometers are preferred over reusable oral thermometers.
    - If disposable or non-contact thermometers are used and the screener did not have physical contact with an individual, gloves do not need to be changed before the next check. If non-contact thermometers are used, they should be cleaned routinely as recommended by CDC for infection control.
    - If performing oral temperature check on multiple individuals, ensure that a clean pair of gloves is used for each individual and that the thermometer has been thoroughly disinfected in between each check.
  - Remove and discard PPE
  - Perform hand hygiene

* Note: CDC recommends wearing a gown for this process. Given the current shortage of gowns in many facilities, this is not routinely recommended in this plan.

- A temperature should also be taken ideally with a no-touch infra-red thermometer.

- Employee screenings do not require documentation unless the person responds “YES” to any question or has a temperature of 100.0°F or greater.
Screening can be performed by any staff person with training.

Employees who screen positive for a temperature of 100.0°F or greater should be sent home and advised to consult their healthcare provider. Employees with mild cough and/or runny nose can continue working wearing a face mask. Employees with health concerns should consult their healthcare provider.

Employees who have had close contact with a COVID-19 case should self-monitor for symptoms (i.e., fever, cough, or shortness of breath) and, if feasible given staffing constraints, be under self-quarantine for 14 days. If due to staffing constraints, self-quarantine is not feasible, asymptomatic exposed staff should come to work and wear a face mask (cloth or disposable) while working, with frequent hand hygiene.

6. New Intake Screening / Cohorting

New intakes should be screened per usual protocols. Consider conducting this screening outdoors or in a covered area (weather and logistics permitting).

Temperature should be taken, ideally with an infra-red no-touch thermometer with staff wearing PPE as described in Table 3b.

Additional questions should be asked regarding symptoms and exposure to COVID-19 (Attachment 2).

New arrivals should be segregated from other incarcerated individuals until the screening process has been completed.

If new intakes are identified with symptoms then immediately place a face mask on the person, have the person perform hand hygiene, and place them in a separate room with a toilet while determining next steps. Staff entering the room shall wear personal protective equipment (PPE) in accordance with guidance in Element #8.

Identify incarcerated persons who were transferred with the symptomatic new intake for need for quarantine (see Element #12).

If new intakes report history of exposure to COVID-19 then they should be placed in quarantine (see Element #12).

Consider cohorting of all new intakes for 14 days before they enter the facility’s general population, if feasible. Those in this category will be referred to as “intake cohorts”, not “quarantined” because these intakes are not known to be exposed.

Staff supervising asymptomatic incarcerated/detained persons under routine intake cohorting (with no known exposure to someone with COVID-19) do not need to wear PPE but should still wear a cloth face covering or face mask as source control.

7. Initial Management and COVID-19 Testing

Initial Management

Source control (placing a mask on a potentially infectious person) is critically important. If individuals are identified with symptoms, then immediately place a face mask on the patient and have them perform hand hygiene.
▪ Place them in a separate room with a toilet and sink while determining next steps. If the facility has an airborne infection isolation room this could be used for this purpose. Staff in the same room shall wear personal protective equipment (PPE) as outlined in Element #8.

**COVID-19 Testing**

▪ An overview of COVID-19 testing is provided in Attachment 7. It is recommended that this guidance be reviewed with correctional and VitalCore leadership and public health authorities prior to instituting widespread testing. Testing is recommended for persons with COVID-19 symptoms. Testing of asymptomatic persons is based on an assessment of the unique situation in each facility.

▪ *Nasopharyngeal swabbing should only be performed by staff with demonstrated competency.* See instructional video at: https://www.youtube.com/watch?v=DVJNWefmHjE

### 8. Personal Protective Equipment (PPE) and Other Supplies

#### a. Personal Protective Equipment

<table>
<thead>
<tr>
<th>Table 2. Definitions of “Face Masks” and “Respirators”</th>
</tr>
</thead>
</table>

**Face Masks**: Disposable FDA-approved masks, which come in various shapes and types (e.g., flat with nose bridge and ties, duck billed, flat and pleated, pre-molded with elastic bands). These are also referred to as “procedure masks.”

**Respirators**: N-95 or higher filtering, face-piece respirators that are certified by CDC/NIOSH.

**PPE for Routine Health Care Delivery**

- **N95 Respirators**: should be worn for all aerosol generating procedures (whether or not COVID-19 is suspected), e.g., nebulizer, high flow oxygen, CPR, etc. KN95 respirators can be used for aerosolizing procedures if N95 respirators are unavailable.
  - **Key point**: *Respirators with exhalation valves should not be worn to help prevent the person wearing the mask from spreading COVID-19 to others (source control).*

- **Face masks**: Universal use of FDA approved face masks is recommended by CDC for all health care workers as both PPE and source control (protection of patients and co-workers).
  - Use of an FDA-approved facemask, instead of a cloth face covering, is recommended because a facemask offers both protection from exposure to splashes and sprays of infectious material from others and provides for source control.
  - N95 or KN95 respirators should be used for this purpose only if FDA-approved face masks are unavailable.
    - **Rationale**: Face masks are recommended, instead of N95 respirators, to conserve the supply of N95/KN95 respirators for use with suspected COVID-19 patients.

- **Gloves**: should be worn routinely for patient care. Remove gloves and perform hand hygiene between patients.

- **Gowns and eye protection** (face shields and goggles): should only be worn if anticipated direct or close contact with ill offenders, e.g., temperature checks.
COVID-19 Pandemic Response Plan
November 24, 2020

▪ PPE for Contact with Persons with Suspected/Confirmed COVID-19
  ▪ N95 or KN95 Respirators should be worn in the following situations:
    o Close contact with persons with known or suspected COVID-19
    o Medical Isolation rooms for persons with known or suspected COVID-19
    o Transport of persons with known or suspected COVID-19

NOTE: N95 respirators should not be worn with facial hair that interferes with the respirator seal. If N95 respirators are to be used, they must be used in the context of a fit-testing program. Fit testing is specific to the brand/size of respirator to be used. Fit-testing is not needed for KN95 respirators.

Re-Use of Respirators. CDC provides the following recommendations if an administrative decision is made for N95 respirators to be re-used in times of shortage.

▪ Discard N95 respirators following use during aerosol generating procedures.
▪ Discard N95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.
▪ Discard N95 respirators following close contact with any patient co-infected with an infectious disease requiring contact precautions.
▪ Consider use of a cleanable face shield worn over an N95 respirator.
▪ Keep respirators in a clean, breathable container such as a paper bag between uses. To minimize potential cross-contamination, store respirators so that they do not touch each other and label the container with the name of the person using the respirator.
  o One effective strategy is to issue each person who may be exposed to COVID-19 patients a minimum of five respirators. Each respirator will be used on a particular day and stored in a breathable labeled paper bag until the next week. This will result in each worker requiring a minimum of five N95 respirators. The amount of time in between uses will exceed the 72-hour expected survival time for COVID-19.
▪ Clean hands with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary, for comfort or to maintain fit).
▪ Avoid touching the inside of the respirator. If inadvertent contact is made with the inside of the respirator, discard the respirator, and perform hand hygiene as described above.
▪ Use a pair of clean (non-sterile) gloves when donning a used N95 respirator and performing a user seal check. Discard gloves after the N95 respirator is donned and any adjustments are made to ensure the respirator is sitting comfortably on your face with a good seal.

▪ Gown
  ▪ If gowns are in short supply, they can be reserved for times when direct, close contact with a patient is being implemented.

▪ Gloves
▪ Eye Protection (goggles or disposable face shield that fully covers the front and sides of the face).
  ▪ This does not include personal eyeglasses.
▪ If reusable eye protection is used, it should be cleaned and disinfected in accordance with manufacturer’s instructions.

▪ **General PPE Recommendations**
  ▪ It is strongly emphasized that hand hygiene be performed before and after donning and doffing PPE.
  ▪ Staff who are wearing PPE should be trained on its use. See [CDC instructions](https://www.cdc.gov) on donning and doffing PPE. CDC also provides instructional videos on [donning](https://www.cdc.gov) and [doffing](https://www.cdc.gov) PPE.
  ▪ **Donning/Doffing Stations** should be set up outside all rooms where PPE will be used. These stations should include:
    ▪ A dedicated trash can for disposal of used PPE.
    ▪ A hand washing station or access to alcohol-based hand sanitizer.
    ▪ A [poster](https://www.cdc.gov) demonstrating correct PPE donning and doffing procedure.
  ▪ PPE should be safely removed outside the room where its use is required, and hand hygiene performed. Staff should not move throughout the facility wearing PPE (e.g., respirators, gloves, gown, eye protection).
  ▪ Inventory current supplies of PPE.
  ▪ CDC (3/17/20) has published [new recommendations](https://www.cdc.gov) on strategies to use in the absence of available PPE.
  ▪ Criteria for using various types of PPE based upon the situation is outlined in [Table 3](#) (next page).
  ▪ Make contingency plans for PPE shortages during the COVID-19 pandemic (see CDC guidance on [optimizing PPE supplies](https://www.cdc.gov)).

b. **Other Supplies**

▪ Other supplies that should be obtained and inventory tracked include:
  ▪ Standard medical supplies and pharmaceuticals for daily clinic needs
  ▪ Tissues
  ▪ Liquid soap
  ▪ Bar soap
  ▪ Hand drying supplies
  ▪ Alcohol-based hand sanitizer containing at least 60% alcohol (where permissible based on security restrictions)
  ▪ Cleaning supplies, including EPA-registered disinfectants effective against the SARS-CoV-2 virus
  ▪ Sterile viral transport media and sterile swabs to collect specimens
Table 3b. COVID-19 Personal Protective Equipment Recommendations

<table>
<thead>
<tr>
<th>Situation</th>
<th>N95(^1) respirator</th>
<th>KN95(^1) respirator</th>
<th>Face mask</th>
<th>Eye protection</th>
<th>Gloves</th>
<th>Gown/coveralls</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STAFF</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routine health services (COVID not suspected)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff performing temperature checks on: staff, visitors, or incarcerated/detained persons</td>
<td></td>
<td></td>
<td>X</td>
<td>X(^2)</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Staff present for aerosolizing procedures including nebulizer, CPR (even if COVID-19 is not suspected)</td>
<td>Only if facemask unavailable</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff performing nasopharyngeal swabs</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Isolation: Staff providing medical care for suspected/confirmed COVID-19 cases</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Isolation: Correctional staff entering room</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff handling laundry (from COVID-19 case or contact)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Staff handling used food service items (from a COVID-19 case or case contact)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff cleaning an area (where a COVID-19 case has spent time)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transport of persons with suspected/confirmed COVID-19 or in quarantine</td>
<td>Only if N95 or KN95 unavailable</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prior to &amp; following transport (if close contact)</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quarantine: No direct contact with asymptomatic persons who are close contacts to COVID-19</td>
<td></td>
<td></td>
<td>Only if facemask unavailable</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Quarantine: Direct contact with asymptomatic persons (including medical care/temperature checks)</td>
<td></td>
<td></td>
<td>Only if facemask unavailable</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>INCARCERATED/DETAINED PERSONS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confirmed or suspected COVID-19 cases, or showing symptoms of COVID-19 when staff entering room</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laundry worker (handling items from COVID-19 case or case contact)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Food service worker (handling items from COVID-19 case or case contact)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worker performing cleaning (in areas where COVID-19 case has spent time)</td>
<td>Additional PPE may be needed based on the disinfectant label.</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quarantine: Asymptomatic COVID-19 close contacts</td>
<td>Apply cloth face masks or procedure masks</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. N95 respirators should only be used in context of a respirator fit-testing program. Facial hair cannot interfere with the respirator fit. KN95 respirators do not require fit-testing.
2. Wear gloves for patient care (with gloves changed and hand hygiene performed between patients). Gowns and eye protection (face shields and goggles) should only be worn if anticipated direct or very close contact with ill offenders (e.g., temperature checks).
3. CDC recommends wearing a gown for this process. Given shortage of gowns in many facilities this is not routinely recommended in this plan.

9. Transport

The following guidance should be followed when transporting persons with suspected or confirmed COVID-19 or those exposed persons who are in quarantine.

- Notify the receiving health care facility of the pending transport of a potentially infectious patient.
- Patient wears a face mask and performs hand hygiene.
- Correctional officer wears an N95 or KN95 respirator (face mask if respirator unavailable). Wear gloves, gown, and eye protection if in close contact with inmate prior to transport.
- Prior to transporting, all PPE (except for respirator/face mask) is removed and hand hygiene is performed. This is to prevent contaminating the driving compartment.
- Ventilation system should bring in as much outdoor air as possible. Set fan to high.
- DO NOT place air on recirculation mode.
- Weather permitting, drive with the windows down.
- Following the transport, if close contact with the patient is anticipated, put on new set of PPE.
- Perform hand hygiene after PPE is removed.
- After transporting a patient, air out the vehicle for one hour before using it without a face mask or respirator.
- When cleaning the vehicle, wear a disposable gown and gloves. A face shield or face mask and goggles should be worn if splashes or sprays during cleaning are anticipated.
- Clean and disinfect the vehicle after the transport utilizing instructions in Element #3b.

10. Medical Isolation

Table 4. Definitions of “Medical Isolation” and “Quarantine”

<table>
<thead>
<tr>
<th>Medical Isolation:</th>
<th>Confining individuals who are sick or test positive either to single rooms or by cohorting them with patients.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarantine:</td>
<td>Confining asymptomatic persons who are contacts to COVID-19 while they are in the incubation period (up to 14 days).</td>
</tr>
</tbody>
</table>

- Medical Isolation Defined: A critical infection control measure for COVID-19 is to promptly separate incarcerated individuals who are either sick with fever or respiratory symptoms or test positive for COVID-19 away from other incarcerated individuals in the general population. Ideally, isolation will occur in a private room with a bathroom attached. If not, incarcerated individuals will have to wear a face mask to go to the bathroom outside the room. When a dedicated bathroom is not feasible, do not reduce access to restrooms or showers as a result. Clean and disinfect areas used by infected individuals.
  - Medical isolation for COVID-19 should be distinct in name and practice from placement of incarcerated persons alone in restrictive housing for disciplinary or administrative reasons. Limited housing availability may require the isolation of potentially contagious persons in cells normally used for restrictive housing. To avoid being placed in these conditions, incarcerated individuals may be hesitant to report COVID-19 symptoms, leading to continued transmission within shared housing.
spaces and, potentially adverse health outcomes for infected individuals who delay reporting symptoms. Ensure that medical isolation is operationally distinct with different conditions of confinement compared to restrictive housing, even if the same cells are used for both. For example:

- Ensure that individuals under medical isolation receive regular visits from medical staff and have access to mental health services.
- Make efforts to provide similar access to radio, TV, reading materials, personal property, and commissary as would be available in individuals’ regular housing units.
- Consider allowing increased telephone privileges without a cost barrier to maintain mental health and connection with others while isolated.

**Cohorting:** As a last resort option, persons with diagnosed COVID-19 can be cohorted together.

- **Important Note:** Cohorting individuals with suspected (but not lab confirmed) COVID-19 is not recommended due to high risk of transmission from infected to uninfected individuals.
- If the facility is housing individuals with confirmed COVID-19 as a cohort, use a well-ventilated room with solid walls and a solid door that closes fully.
- Ensure that cohorted groups of people with confirmed COVID-19 wear cloth face coverings whenever staff enter the isolation space.
- Use one large space for cohorted medical isolation rather than several smaller spaces. This practice will conserve PPE and reduce the chance of cross-contamination across different parts of the facility.

**Clinical Assessment:**

- **Symptomatic Persons:** The patient will be assessed twice daily for temperature, pulse, respiratory rate, oxygen saturation by pulse oximeter, and asked if cough and shortness of breath has improved. Screening should be documented on the VitalCore COVID-19 MEDICAL ISOLATION – SYMPTOMATIC SUSPECT/CONFIRMED FLOW SHEET. A provider will be notified for any of the following: temperature above 101°F, pulse greater than 100, respiratory rate greater than 22 per minute, SpO2 less than 94%, or if the patient reports worsening cough or SOB.
- **Asymptomatic Persons:** The patient will have a temperature taken and be screened for COVID-19 symptoms listed on the VitalCore COVID-19 MEDICAL ISOLATION – ASYMPTOMATIC FLOW SHEET. If temperature is greater than 100°F or YES to any of the symptoms, notify a provider for additional screening.

Patients should be assessed for the following emergency warning signs for COVID-19:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

If any of the above signs or symptoms occur the patient should be transported immediately to the hospital.
The CDC guidelines describe the order of preference of rooms for isolating incarcerated persons.

Rooms where incarcerated individuals with respiratory illness are either housed alone or cohorted should be identified and designated “COVID-19 Isolation Room”. No special air handling is needed. The door to the medical isolation room should remain closed.

- **Note:** The PPE requirements for COVID-19 do not fall into any one of the usual categories for the CDC transmission-based precautions, i.e., droplet, airborne, or contact. For the purposes of this document we have labeled the precaution sign “COVID-19 Isolation Room”.

**Signage:** A sign should be placed on the door of the room indicating that it is a COVID-19 Isolation Room that lists recommended personal protective equipment (PPE) (see Attachment 3) described in Element #8.

**Face Masks:** Persons who are isolated or cohorted should wear a face mask whenever staff persons enter the COVID-19 Isolation Room.

**Bunk beds:** Depending on how ill the incarcerated individuals are, bunk beds may or may not be suitable.

**Assignment of custody staff:** Staff assignments to isolation rooms should remain as consistent as possible, and these staff should limit their movements to other parts of the facility as much as possible.

**Provide individuals in isolation with tissues,** and if permissible and available, a lined no-touch trash receptacle.

**Dedicated medical equipment,** i.e., blood pressure cuffs, should be left in room (ideally) or decontaminated in accordance with manufacturer’s instructions.

**Masks outside of room:** If individuals who are isolated must be taken out of the medical isolation room, they should wear a cloth mask or procedure mask and perform hand hygiene before leaving the room.

**Aerosol generating procedures:** If a patient who is in isolation must undergo a procedure that is likely to generate aerosols (e.g., suctioning, administering nebulized medications, testing for COVID-19) they should be placed in a separate room. An N-95 respirator (not a face mask), gloves, gown, and face protection should be used by staff.

**Laundry:**
- Laundry from a COVID-19 cases can be washed with other individuals’ laundry.
- Individuals handling laundry from COVID-19 cases should wear disposable gloves, discard after each use, and perform hand hygiene.
- Do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air.
- Launder items using the hottest appropriate water setting, and dry items completely.
- Clean and disinfect clothes hampers according to guidance above for surfaces. If permissible, consider using a bag liner that is either disposable or can be laundered.

**Food service items.** Cases under medical isolation should throw disposable food service items in regular trash in their medical isolation room. Non-disposable food service items should be handled with gloves and washed with hot water or in a dishwasher. Individuals handling used food service items should clean their hands after removing gloves.
Criteria for discontinuing medical isolation.

Except for rare situations, **CDC is no longer recommending a test-based strategy** to determine when to discontinue medical isolation. The modified CDC criteria is below.

1) **Symptomatic patients with mild to moderate illness\(^{1}\) who are not severely immunocompromised:**
   - At least 10 *days* have passed since the first symptoms appeared; AND
   - At least 24 *hours* have passed since last fever (without the use of fever-reducing medications); AND
   - Symptoms (e.g., cough shortness of breath) have improved

2) **Patients who test positive, never develop symptoms and who are not severely immunocompromised:**
   - At least 10 *days* have passed since the date of the first positive COVID-19 test

3) **Symptomatic patients with severe to critical illness\(^{1}\) or who are severely immunocompromised\(^{2}\):**
   - At least 20 *days* have passed since symptoms first appeared; AND
   - At least 24 *hours* have passed since last fever (without the use of fever-reducing medications); AND
   - Symptoms (e.g., cough shortness of breath) have improved

Note: A test-based strategy could be considered for severely immunocompromised patients in consultation with local infectious diseases experts, if concerns exist for the patient being infectious for more than 20 days.

4) **Patients who test positive, never develop symptoms and who are severely immunocompromised\(^{2}\):**
   - At least 20 *days* have passed since the date of the person’s first positive COVID-19 test

---

### Definitions

<table>
<thead>
<tr>
<th>COVID-19 Illness Severity Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mild Illness</strong>: Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.</td>
</tr>
<tr>
<td><strong>Moderate Illness</strong>: Individuals who have evidence of lower respiratory disease by clinical assessment or imaging, and a saturation of oxygen (SpO2) ≥94% on room air at sea level.</td>
</tr>
<tr>
<td><strong>Severe Illness</strong>: Individuals who have respiratory frequency &gt;30 breaths per minute, SpO2 &lt;94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of &gt;3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO2/FiO2) &lt;300 mmHg, or lung infiltrates &gt;50%.</td>
</tr>
<tr>
<td><strong>Critical Illness</strong>: Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.</td>
</tr>
</tbody>
</table>

### CDC definition of severely immunocompromised:
- Conditions such as being on chemotherapy for cancer, untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, and receipt of prednisone >20mg/day for more than 14 days

New optional VitalCore forms are available for discontinuing medical isolation.
▪ Cleaning spaces where COVID-19 cases spent time
  o Close off areas used by infected individual. If possible, open outside doors and windows to increase air circulation in the area.
  o Wait as long as practical, up to 24 hours under the poorest air exchange conditions before beginning to clean and disinfect.
  o Ensure that persons performing cleaning wear recommended PPE for medical isolation rooms (See Table 3).
  o Thoroughly clean and disinfect utilizing instructions in Element #3b with an emphasis on frequently touched surfaces.

11. Health Care Delivery

a. Routine Health Care Services

The initial versions of this pandemic plan indicated that "when there is known COVID-19 transmission within a facility it is recommended that health care services be limited to urgent health care needs and that routine services be postponed.” This recommendation was made early in the pandemic when it was presumed that COVID-19 outbreak response would be short-lived. Given that COVID-19 is likely to remain a challenge for months to come, it is neither safe nor realistic to postpone routine health care delivery when there are only a few positive COVID-19 cases or persons in quarantine.

▪ Routine health care services should only be postponed if a major outbreak of COVID-19 occurs. VitalCore HSAs at each facility should regularly assess the health care needs in their facility, and, identify and implement priority services by coordinating care with their site healthcare team and custody administration. Intake health assessments must continue. Chronic care clinics, dental care, and outside clinic visits should continue with modifications based upon the assessment of health care priorities and in accordance with infection prevention and control guidance in this plan. Options for expanding telehealth should be explored and implemented to minimize the need for outside trips. CDC has published guidance on telehealth: "Using Telehealth to Expand Access to Essential Health Services during the COVID-19 Pandemic”.

▪ Suspend co-pays for incarcerated persons seeking medical evaluation for complaints of fever or respiratory symptoms.

▪ Recommendations for PPE to be used when delivering routine health care (when COVID-19 is not suspected): are outlined in Section 8. Personal Protective Equipment and in Table 3.

▪ COVID-19 testing of staff: Make decisions about testing indications for health care staff based upon local epidemiology of COVID-19 in the community and the correctional facility as well as other relevant factors (see Attachment 7).

▪ Cloth or procedure face masks for incarcerated persons: All incarcerated persons in the health services unit should always wear a cloth or procedure face mask except when physical examination requires access to the mouth/nose.

▪ Triage: Upon arrival to the health services unit a temperature should be taken and the person screened for COVID-19 symptoms. Consideration can be given to performing this screen on the housing unit before the person leaves for health services.

▪ Separate ill from the well: Persons with COVID-19 symptoms should be physically separated from those without symptoms.
Waiting area: Chairs should be at least 6 feet apart.

Hand hygiene: Emphasize for health care providers and incarcerated persons.

Stagger appointments: Limit the number of persons in health services to promote social distancing. Consider grouping persons who are being evaluated by housing unit.

Signage: Post signage within health services to emphasize social restrictions (distancing, respiratory etiquette, wearing of mouth and nose coverings, hand hygiene). Signs are available from CDC.

Increase frequency of cleaning and disinfection on the health services unit: with a posted schedule.

Outside medical trips: Take a temperature and perform a symptom screen prior to departing on medical trips. All persons who are transporting/being transported should wear a mask at all times. If the incarcerated person has COVID-19 symptoms or has tested positive for COVID-19 follow guidance under Section 9. Transport.

Control strategies for aerosol generating procedures: Attachment 6. Control Strategies for Aerosol Generating Procedures provides recommendations regarding measures to be taken related to aerosol generating procedures including diagnostic testing, emergency dental procedures, CPAP/BiPAP, pulmonary function tests/peak flow tests, nebulizer treatment, and CPR. PPE guidance for aerosol generating procedures is in Table 3.

If COVID-19 has been identified in a facility it is recommended that there be daily rounds on all housing units providing education about symptoms and encouraging incarcerated persons to come forward for further assessment if they have symptoms.

b. Dental Services

Make decisions about resuming routine dental care based on Framework for Healthcare Systems Providing Non-COVID-19 Clinical Care During the COVID-19 Pandemic.

For all persons entering the dental clinic screen for temperature and symptoms of COVID-19. Defer care for persons with temperature 100.0°F or greater and/or symptoms and refer immediately to Health Services for follow-up.

Assure that all persons entering dental clinic are wearing a face covering when not receiving dental care.


Ensure an adequate supply of PPE to provide dental care with appropriate protection.

c. Management of Suspected/Confirmed COVID-19 Cases

There are no specific outpatient antiviral treatments for COVID-19 illness. Care is supportive.

Identify if ill persons have risk factors for COVID-19 complications. Those with increased risk should be monitored more closely.

Treatment consists of assuring hydration and comfort measures. The recipe for oral rehydration solution is in Table 5 below.
Table 5. Oral Rehydration Solution Recipe

<table>
<thead>
<tr>
<th>1-gallon clean water</th>
<th>10-tablespoons of sugar</th>
<th>4-teaspoons salt</th>
</tr>
</thead>
</table>

**Directions:** Stir up. Do not boil. Can add sugar-free drink mix to flavor. Use within 24 hours.

- Acetaminophen is the preferred antipyretic for treating fever in most patients with COVID-19 considering its efficacy and safety profile. Ibuprofen is an alternative, antipyretic choice; however, it can cause kidney damage and other adverse effects in some patients.
- **Clinical Assessment** (see above in Section 10. Medical Isolation for guidance on routine assessments)
- Implement telemedicine or provider-to-provider consultations for management of COVID-19 patients.
- Patients diagnosed with COVID-19 should be evaluated and managed in chronic care clinic and not discharged until they are feeling well and without symptoms for two weeks. Patients should be instructed to notify their health care provider with any relapse of COVID-19 symptoms. Monitoring guidance of COVID-19 patients will be updated as we gain a better understanding of the potential sequelae of acute COVID-19 disease.
- **Reentry:** Incarcerated persons who are released while isolated should be provided education about:
  - Steps to help prevent the spread of COVID-19 if you are sick (CDC handout)
  - Symptoms of coronavirus disease 2019 (CDC handout)
  - Seek medical assistance if develop shortness of breath, persistent pain or pressure in the chest, new confusion, or inability to arouse, bluish lips or face.

Develop an individualized reentry plan based on where the person with COVID-19 will be going after release.

The following are mental health resources that can be accessed for those releasing.

### Table 6. Mental Health Resources

<table>
<thead>
<tr>
<th>National Safety Hotlines:</th>
<th>Testing Support Lines</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Suicide Prevention Lifeline: 1-800-273-8255</td>
<td>Crisis Support Text Line: Text “HOME” to 741-741</td>
</tr>
<tr>
<td>Spanish: Nacional de Prevección del Suicidio: 1-888-628-9454</td>
<td>Veterans Crisis Text Line: Text 838255</td>
</tr>
<tr>
<td>Hearing Impaired: 1-800-799-4889</td>
<td>Disaster Distress Text Helpline: Text “TalkWithUs” to 66746</td>
</tr>
<tr>
<td>Veterans Crisis Line: 1-800-273-8255</td>
<td>12-Step and Recovery</td>
</tr>
<tr>
<td>Disaster Distress Helpline: 1-800-985-5990</td>
<td>Substance Abuse/Mental Health (SAMHSA) 1-800-662-4357</td>
</tr>
<tr>
<td>National Alliance on Mental Illness (NAMI) 1-800-950-6264</td>
<td>Alcoholics Anonymous: <a href="https://www.aa.org/">https://www.aa.org/</a></td>
</tr>
<tr>
<td></td>
<td>Narcotics Anonymous: <a href="https://na.org/">https://na.org/</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Websites:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Find a Therapist or other resources: <a href="https://www.psychologytoday.com">www.psychologytoday.com</a></td>
</tr>
<tr>
<td>Psych Central for Mental Health resources and online support: <a href="https://www.psychcentral.com">www.psychcentral.com</a></td>
</tr>
<tr>
<td>Suicide Prevention: <a href="https://suicidepreventionlifeline.org/talk-to-someone-now/">https://suicidepreventionlifeline.org/talk-to-someone-now/</a></td>
</tr>
<tr>
<td>National Alliance on Mental Illness (NAMI) listings:</td>
</tr>
<tr>
<td>-- Free online text chat for emotional support/counseling also offered in Spanish: <a href="https://www.7cups.com/">https://www.7cups.com/</a></td>
</tr>
<tr>
<td>-- Emotions Anonymous: <a href="https://www.emotionsanonymous.org">www.emotionsanonymous.org</a></td>
</tr>
<tr>
<td>-- Virtual Support Groups: <a href="https://www.supportgroupcentral.com">www.supportgroupcentral.com</a></td>
</tr>
<tr>
<td>-- Free online peer support groups: <a href="https://www.support.therapytribe.com">www.support.therapytribe.com</a> Support groups include Addiction, Anxiety, Depression, HIV/AIDS, LGBT, Marriage/Family, Obsessive-Compulsive Disorder and Teens.</td>
</tr>
</tbody>
</table>
12. Quarantine (Asymptomatic Exposed Persons)

- **The purpose of quarantine** is to ensure that incarcerated individuals who are known to have been exposed to the virus are kept separate from other incarcerated individuals to assess whether they develop viral infection symptoms. If cases of COVID-19 are identified, it may be appropriate to identify close contacts and quarantine them in a separate room or unit.

- **Close contact defined:** An individual is considered a close contact as follows:
  
  Someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.

  **Note:** The definition of close contact does not change if the infected individual was wearing a mask or cloth face covering.

- **Identification of Quarantine Rooms:** Facilities should make every effort to quarantine close contacts of COVID-19 cases individually. Cohorting multiple quarantined close contacts could result in transmission of COVID-19 to persons who are uninfected. Cohorting should only be practiced if there are no other available options.
  
  - If an entire housing unit is under quarantine due to contact with a case from the same housing unit, the entire housing unit may need to be treated as a cohort and quarantine in place.
  
  - Ideally do not cohort individuals who are at higher risk of severe illness from COVID-19.
  
  - **CDC guidelines** describe the order of preference for housing of incarcerated persons in quarantine.

- **Signage:** The door to the Quarantine Room should remain closed. A sign should be placed on the door of the room indicating that it is a Quarantine Room which lists recommended personal protective equipment (PPE) (see Attachment 4). PPE includes face mask, eye protection, gloves, and a gown, if close contact with a quarantined person is anticipated.

- **Face masks:** To minimize the likelihood of disease transmission to persons cohorted in quarantine, quarantined persons should always be required to wear a cloth face mask or procedure mask. Face masks should be replaced as needed. Incarcerated persons leaving the quarantine room should wear a face mask.

- As feasible, the beds/cots of quarantined incarcerated individuals should be placed at least 6 feet apart.

- **No Movement:** Quarantined incarcerated individuals should be restricted from being transferred, having visits, or mixing with the general population.

- **PPE:** A face mask, eye protection and gloves are recommended for staff who are in direct, close contact (within 6 feet) of asymptomatic quarantined incarcerated individuals.

- **Clinical Assessment:** Incarcerated persons in quarantine should be screened once daily with a temperature taken and be screened for COVID-19 symptoms listed on the VitalCore COVID-19 QUARANTINE FLOW SHEET. If temperature is greater than 100°F or YES to any of the symptoms, notify a provider for additional screening.

- **Laundry:**
  
  - Laundry from quarantined persons can be washed with other individuals’ laundry.
COVID-19 Pandemic Response Plan

November 24, 2020

- Individuals handling laundry from quarantined persons should wear disposable gloves, discard after each use, and clean their hands after.
  
- Do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air.
  
- Launder items using the hottest appropriate water setting, and dry items completely.
  
- Clean and disinfect clothes hampers according to guidance above for surfaces. If permissible, consider using a bag liner that is either disposable or can be laundered.

- **Meals** should be provided to quarantined individuals in their quarantine spaces. Disposable food service items can be disposed of in regular trash. Individuals handling used food service items should wear gloves and dishes washed in hot water. Wash hands after removing gloves.

- **The duration of quarantine** for COVID-19 is the 14-day incubation period. If a new case is identified in the quarantine unit, then the 14-day quarantine period starts again.
  
  - Do not add more individuals to an existing quarantine cohort after the 14-day quarantine clock has started.
  
  - If an individual who is part of a quarantined cohort becomes symptomatic:
    
    - *If the individual is tested for SARS-CoV-2 and tests positive:* the 14-day quarantine clock for the remainder of the cohort must be reset to 0.
    
    - *If the individual is tested for SARS-CoV-2 and tests negative:* the 14-day quarantine clock for this individual and the remainder of the cohort does not need to be reset. This individual can return from medical isolation to the quarantined cohort for the remainder of the quarantine period as their symptoms and diagnosis allow.
    
    - *If the individual is not tested for SARS-CoV-2:* the 14-day quarantine clock for the remainder of the cohort must be reset to 0.

  CDC provides some helpful examples of how to calculate the duration of quarantine based upon the circumstances of the exposure.

- **Discontinuation:** A new optional VitalCore form is available for discontinuation of quarantine.

- **Reentry:** Incarcerated persons who are in quarantine and who are released should be educated about the following:
  
  - Need to self-quarantine for 14 days after last exposure. Stay home!
  
  - Check temperature twice a day and watch for symptoms.
  
  - Stay away from people, especially those who are high risk for getting very sick from COVID-19.

  Develop individualized reentry plan based on where the releasing person under quarantine will be going after release.

13. Data Collection, Analysis & Reporting
Implement systems for tracking information about incarcerated persons and staff with suspected/confirmed COVID-19

- **Ill/Exposed Staff Persons**: The following basic information should be tracked on a line list
  - Symptomatic Y/N
  - Date of symptom onset
  - Exposed? Y/N
  - Date of exposure
  - Current status (will change over time)
    - Exposed – Working
    - Exposed – Self-Quarantine
    - Person Under Investigation (PUI)- testing pending
    - PUI, test result pending
    - PUI, tested negative
    - Laboratory confirmed case
  - Date left work
  - Date returned to work

- **Incarcerated Persons - Symptomatic**: The following basic information should be tracked on a line-list:
  - Date of symptom onset
  - Reported symptoms (fever, cough, shortness of breath)
  - Date isolated
  - Influenza tested? Y/N
  - Influenza result
  - Date COVID-19 tested
  - Date COVID-19 test result
  - Result
  - Current status (will change over time)
    - Person Under Investigation (PUI)- testing pending
    - PUI, test result pending
    - PUI, tested negative
    - Laboratory confirmed case
  - Current housing: Medical Isolation
  - Date isolation discontinued
  - Hospitalized Y/N
  - Hospitalization Date
  - Deceased Y/N

**NOTE**: Incarcerated persons who are identified with suspected/confirmed COVID-19 must be reported to public health authorities. You will be asking questions about cases found on this [CDC COVID-19 reporting form](https://www.cdc.gov).
Current Housing
- Quarantined – alone
- Quarantined – cohort
- Date quarantine discontinued
- Developed signs and symptoms of COVID-19? Y/N
- Date Isolated

14. Summary, Evaluation and Continuous Quality Improvement (CQI)

Periodically and at the conclusion of the outbreak, review the implementation of the COVID-19 Pandemic Response Plan and identify what has worked well and what has not worked well, and total numbers of cases and contacts treated/evaluated. Engage the CQI committee in evaluating the facility pandemic response. Identify areas for improvement and report these recommendations to the leadership team.
COVID-19 Pandemic Response Plan Implementation Worksheet

This MS Word® template worksheet is designed for facilities to operationalize the guidance in this COVID-19 Response Plan. It should be adapted to the unique needs of your facility.

<table>
<thead>
<tr>
<th>Date Updated:</th>
<th>Completed by:</th>
</tr>
</thead>
</table>

### 1. Administration/Coordination

#### Coordination of Response

Identify members of the facility leadership team responsible for COVID-19 response planning and implementation:

Will the facility utilize the Incident Command System? YES/NO

If not, how will COVID-19 response plans be developed and implemented?

Schedule regular meetings to review implementation of all elements listed in the Administration/Coordination section of the document.

Who is responsible for monitoring COVID-19 updates from CDC and State Health Department?


**State of _________**  
**Website:**________________________________________________________

Coordinate response with local law enforcement and court officials.

- Explore alternatives to in-person court appearances:
- Maximize use of existing policies for alternatives to incarceration:
- Expedite implementation of compassionate release policies:
- Explore strategies to reduce new intakes to the correctional facility:
- Explore strategies for releasing incarcerated persons at low risk for violent crime—particularly those with risk factors for severe COVID-19:

<table>
<thead>
<tr>
<th>Personnel Policies and Practices.</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Review the sick leave policies of each employer that operates in the facility.</td>
</tr>
<tr>
<td>- Do policies actively encourage staff to stay home when sick? YES NO. If no, how will staff be encouraged to stay home if sick?</td>
</tr>
<tr>
<td>- What officials will have the authority to send symptomatic staff home?</td>
</tr>
<tr>
<td>- Identify staff whose duties would allow them to work from home and review/revise telework policies.</td>
</tr>
<tr>
<td>- What/where are contingency plans for reduced staffing?</td>
</tr>
<tr>
<td>- Will your facility offer revised duties to staff who are at higher risk of severe illness with COVID-19? YES/NO</td>
</tr>
<tr>
<td>- What mechanisms are in place to remind staff to stay at home if they are sick?</td>
</tr>
<tr>
<td>- When will you institute employee screening of all employees (see Element #5) (even if you are not in a community with sustained community transmission)?</td>
</tr>
<tr>
<td>- Review and incorporate into your plans the criteria for staff to return to work with COVID-19 symptoms:</td>
</tr>
<tr>
<td>- Review guidelines regarding COVID-19 Exposures/Quarantine. What is the policy in your facility regarding staff related to self-quarantine vs continue working with face mask?</td>
</tr>
</tbody>
</table>

- The plan suggests considering relaxing restrictions on allowing alcohol-based hand sanitizer. In this facility, the following categories of staff can carry alcohol-based hand sanitizer:
- How will the administration acknowledge stress for employees related to COVID-19 and provide support?
  - Will you distribute CDC guidance for Employees: How to Cope with Job Stress and Build Resilience During the COVID-19 Pandemic?
### Movement

**How will movement be minimized within the facility?**

**How will movement be minimized between facilities?**

**Will non-urgent medical visits be postponed?** YES/NO

**Will inmates from the same work details be housed in the same housing unit?** YES NO

**Will copays for incarcerated persons seeking medical evaluation for respiratory symptoms be waived?** YES/NO

### 2. Communication

The mechanisms for regular updates (paper/electronic/telephonic) will be as follows:

-----Staff:

-----Incarcerated persons:

-----Families of incarcerated persons:

The following staff person(s) are responsible for assuring regular communication with stakeholders:

c. Local Public Health Agency:
   - Contact person(s) for COVID-19:
     - Phone:
     - Email:

d. Communicate with your local health department and discuss guidance on management and COVID-19 testing of persons with respiratory illness.

Document date of communication and the plans discussed: ___/___/___
e. Local community referral hospital: ________________________________  
   Contact person(s) for COVID-19:  
   Phone:  
   Email:  

3. Infection Prevention and Control Measures

a. Good Health Habits: How will good health habits be promoted with your staff (e.g., posters, leadership emphasizing hand hygiene, email messages to staff)?

1) Are there facilities for employees and visitors to wash hands when entering and leaving the facility? YES/NO If no, what are plans to address this issue?

2) Are there facilities for incarcerated individuals to wash hands at intake? YES/NO If no, what are plans to address this issue?

3) Are soap dispensers or hand soap available in all employee and incarcerated person restrooms? YES/NO What is the plan to ensure that soap dispensers are refilled regularly?

4) What is the plan to assure incarcerated individuals have an adequate supply of bar soap?

5) Is signage for hand hygiene and cough etiquette at entry, in public and visible areas?

6) Are tissues available? YES/NO If so, where?

7) Are no-touch trash receptacles available? YES/NO If so, where?

b. Environmental Cleaning:
   Review updated CDC recommendations regarding environmental cleaning – noting that common EPA-registered household disinfectants are considered effective.
   What disinfectants will you use in your facility?

(If deemed necessary) purchase EPA hospital-grade disinfectants from Schedule N:  
(Recommended products are both a surface cleaner and disinfectant with a 3-minute wet time or less.)

Identify “high-touch” surfaces in this facility (i.e., doorknobs, keys, telephones):
The following plan will be implemented to increase frequency and the extent of cleaning and disinfection of high-touch surfaces in this facility:

What is your plan for disinfection of shared staff equipment each shift, e.g., keys, radios, service weapons, hand cuffs?

c. Social Distancing Measures: What administrative measures is your facility going to institute to increase social distancing within your facility (Review across all departments in the facility)?

REVIEW additional suggested measures in the plan. It is recommended that an interdepartmental group review the list and brainstorm what would work in your facility. Then add those agreed upon to the list below.

1) Measure...

The following new activities will be implemented for incarcerated persons while they are confined to a housing unit:

d. Employees Stay Home When Sick: Does communication with employees include message that they should stay home when sick or under quarantine? YES/NO

Sick employees should be advised to follow CDC guidance on What to do if you are sick?

e. Flu Vaccine: How many flu vaccine doses are available in stock?
For the 2020-2021 flu season, what are the plans for encouraging vaccination of:
Staff?
Incarcerated Persons?

f. Review and implement infection prevention and control guidance for staff screening visitors, staff, and new intakes. How will these be implemented?
   ▪ What is the plan for evaluating patients on CPAP/BiPAP for considerations about discontinuing it during COVID-19?
     Where will persons be housed (single cell with solid door recommended) if CPAP/BiPAP continued?
   ▪ Have pulmonary function/peak flow tests been postponed?
   ▪ Has the use of nebulizer treatments been reevaluated with consideration to using metered dose inhalers instead? Are plans in place to safely perform nebulizer treatments?
   ▪ Have staff been trained in appropriate use of PPE and procedures for CPR during COVID-19?
   ▪ Are there other health care procedures that may generate aerosols that warrant infection prevention and control measures at the facility? YES NO. If yes, indicate procedure and control measures.

4. Visitors / Volunteers / Contractors / Lawyers

What changes in procedures / policies are being instituted in response to COVID-19 for?
   a. Visitors:
   b. Volunteers:
   c. Non-Essential Contractors:
   d. Lawyers:

What signage/communication is being used to communicate with visitors?

Is screening for visitors for symptoms and temperature being implemented? YES/NO
If yes, who will be conducting this screening?

5. Employee Screening

Is sustained community-transmission occurring in your community? YES/NO
If yes, screening of employees upon arrival to work is recommended.

Do you have an infrared no-touch thermometer for this purpose? YES/NO If no, what are your plans for acquiring them?

What are your plans for employee screening?
The following system will be utilized for employees to report illness/exposures and to track this information:

6. New Intake Screening

*It is recommended that new arrivals be isolated from the rest of population until screening is performed. New intakes should be screened with temperature and questionnaire.*

Where will screening occur?
Who will conduct screening?
What other screening logistics are being considered?

7. Initial Management and COVID-19 Testing

*It is recommended that individuals with symptoms be immediately issued a face mask and be placed in a separate room with a toilet and sink.*

What separate room will be used for this purpose?

Do you have capacity in this facility to perform rapid flu tests? YES/NO
If yes, what are plans to ensure competency in nasopharyngeal swabbing?
Review Attachment 7. Overview of COVID-19 Testing to assess type of test to be used in the facility and indications for testing. What are current recommendations from your local health department regarding COVID-19 testing?

Before engaging in widespread testing describe plans for performing testing and acting upon results (see Attachment 7).

Review CDC recommendation for clinical specimens? Do you have needed supplies for testing? YES/NO If no, what are your plans to obtain them?
8. Personal Protective Equipment and Other Supplies

<table>
<thead>
<tr>
<th>Date: <strong>/</strong>/__</th>
<th>What is the current inventory of the following PPE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face Masks:</td>
<td></td>
</tr>
<tr>
<td>N-95 respirators:</td>
<td></td>
</tr>
<tr>
<td>Gowns (disposable):</td>
<td></td>
</tr>
<tr>
<td>Gowns (washable):</td>
<td></td>
</tr>
<tr>
<td>Eye Protection - Goggles:</td>
<td></td>
</tr>
<tr>
<td>Eye Protection—Disposable face shields:</td>
<td></td>
</tr>
</tbody>
</table>

What is your plan for securing and maintaining an adequate supply of PPE?

If N95 respirators are available, what activities will they be prioritized for?

If N95 respirators to be used what is your plan for fit-testing correctional officers?

If N95 respirators to be used what is your plan for fit-testing health care workers?

What are your plans for training regarding donning & doffing of PPE?

Correctional Officers? Who? When?

Health Care Workers?

What is your plan for setting up donning and doffing stations outside rooms where PPE will be used?

If staff are observed wearing PPE in other parts of the facility how will this be handled?

Review recommendations for PPE in Health Services when delivering routine health care. What changes need to be made in your clinic to follow these updated guidelines?

Review updated Table 3. COVID-19 Personal Protective Equipment Recommendations. What are your plans for posting this chart throughout the facility?

Will your facility distribute cloth face coverings or face masks to staff and incarcerated persons? If YES, how will this be implemented? How will this be promoted for staff and incarcerated persons?

Has poster on correct mask (Appendix 5) use been posted in various locations in facility?
If so, where?

Review supply list in plan and determine current stock. What are your strategies for acquiring more supplies during this time of shortage?

- Standard medical supplies for daily clinic needs
- Tissues
- Liquid soap
- Bar soap
- Hand drying supplies
- Alcohol-based hand sanitizer containing at least 60% alcohol (where permissible based on security restrictions)
- Cleaning supplies, including EPA-registered disinfectants effective against the virus that causes COVID-19
- Sterile viral transport media and sterile swabs to collect nasopharyngeal specimens if COVID-19 testing is indicated

9. Transport

What categories of staff will be responsible for transport of ill persons?

What is your plan for training transport officers on procedures for transport?

10. Medical Isolation / Cohorting (Symptomatic Persons)

Review [CDC guidelines](https://www.cdc.gov/coronavirus/2019-ncov/hcp/medical-isolation.html) regarding the order of preference of rooms for isolating incarcerated persons. Are there any changes to your responses below based upon this? *(On right-hand ribbon go to “Management” and scroll down to “Medical Isolation...”)*

What is your capacity for isolating ill incarcerated persons in single rooms with a toilet?

Detail available rooms:

What is your capacity for cohorting incarcerated persons together in a room with toilets/sinks?

Detail available rooms or unit:

How is medical isolation distinct in name and practice from placement of persons in restrictive housing for disciplinary or administrative reasons?

What is your plan for designating and training officers assigned to medical isolation rooms on isolation room procedures?
Is it feasible to designate specific custody staff to only monitor isolated individual to minimize exposures? YES/NO

If yes, how will staff be selected for this duty?

Review recommendations for laundry and food service items? What are your plans for educating staff and incarcerated workers regarding these recommendations?

Review recommendations for cleaning spaces where COVID-19 cases spent time. What are your plans for training staff and incarcerated workers regarding these recommendations?

Consult with HCP and local health department if there are space limitations related to isolating/cohorting?

<table>
<thead>
<tr>
<th>11. Health Care Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Health Services Delivery</td>
</tr>
<tr>
<td>How will health care services be prioritized during the COVID-19 pandemic?</td>
</tr>
<tr>
<td>What are plans to expand use of telehealth in this facility?</td>
</tr>
</tbody>
</table>

In this facility the following steps will be taken when delivering routine health services regarding:
- Testing of health care workers:
- Cloth face masks/procedure masks for incarcerated persons:
- Triage:
- Separating ill from the well:
- Waiting area:
- Hand hygiene:
- Staggering appointments:
- Signage on social distancing:
- Increase frequency of cleaning and disinfection:
- Outside medical trips:

b. Dental Services
- Does facility provide dental services on site? YES NO. If No delete rest of this section.
- Review CDC Framework for Healthcare Systems Providing Non-COVID-19 Clinical Care During the COVID-19 Pandemic. Based assessment of the current degree of community transmission will your facility be resuming regular dental care with additional CDC precautions? YES NO
- Have you implemented screening for all persons entering the dental clinic screen for
temperature and symptoms of COVID-19?

- Are all persons entering dental clinic are wearing a face covering when not receiving dental care?
- Review [CDC dental guidelines](https://www.cdc.gov/dentalhealth/pdf/dental-guidelines.pdf) related to Facility Considerations, Equipment Considerations, Administrative Controls and Work Practices, Engineering Controls, Hygiene, Universal Source Control, and Personal Protective equipment. What steps is the facility taking to implement these guidelines?
- Is there an adequate supply of PPE to provide dental care with appropriate protection (including N95 respirators for aerosol generating procedures)?

c. Management Of Suspected/Confirmed COVID-19 Cases

Do you have an adequate supply of Tylenol and other medications for supportive care of a respiratory illness?

How will you identify if ill persons have [risk factors for COVID-19 complications](https://www.cdc.gov/coronavirus/2019-ncov/your-health/chronic-health-conditions.html) who are in need of closer monitoring?

What plan will you have for monitoring ill incarcerated persons?

Who is responsible for release planning for isolated or quarantined persons?

12. Quarantine

Review [CDC guidelines](https://www.cdc.gov/dpcww/hci/covid-19-quarantine-isolation.html) regarding the order of preference of rooms for isolating incarcerated persons. Are there any changes to your responses below based upon this? (On right-hand ribbon go to “Management” and look for “Quadrating Close Contacts…”)

What rooms could be used for individual quarantine?

What rooms could be used for charted (group quarantine)?

How do you plan to monitor persons under quarantine?

What is your plan for supplying face masks needed for an entire housing unit of incarcerated persons for a period of 14 days?

What is you plan/ability to provide single rooms for exposed persons who have risks for complications, e.g., over age 60 or with medical risk factors?

*Note that the [BLUE Quarantine sign has been changed as of 3/26/20. Destroy these signs if you have printed them and print the [RED Quarantine sign](https://www.cdc.gov/dpcww/hci/covid-19-quarantine-isolation.html), which includes wearing gowns if close contact with quarantined persons.]*

Consult with HCP and local health department if there are space limitations related to quarantine?
## 12. Data Collection, Analysis, and Reporting

What is your plan for ongoing collection of data on staff and incarcerated persons with suspected/confirmed for COVID-19 or history of exposure?

Who is responsible for data collection, and analysis?

This person should be prepared to provide updated numbers at each of the regularly scheduled planning meetings.

## 14. Summary, Evaluation and Continuous Quality Improvement (CQI)

Who is responsible for ongoing evaluation of the pandemic response?

How will these evaluations be incorporated into local planning meetings?
Attachment 1a. COVID-19 Visitor Screening Form (revised 11/24/20)

- It is suggested that this be form be laminated. Upon arrival to the facility, visitors are to be asked to respond verbally to these questions and a temperature taken.
- Screening can be conducted by any staff person.
- If an answer to one of the questions is YES or a temperature exceeds 100.0°F, then ask the visitor to leave immediately. Advise them to communicate with their doctor by telephone.

<table>
<thead>
<tr>
<th>YES</th>
<th>In the past 14 days, have you had contact with a person known to be infected with COVID-19 (corona virus)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YES</th>
<th>Today or in the past 24 hours, have you had any of the following symptoms?</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YES</th>
<th>Fever, felt feverish, or had chills?</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YES</th>
<th>Cough?</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YES</th>
<th>Difficulty Breathing?</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YES</th>
<th>Loss of taste or smell</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YES</th>
<th>Temperature</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>
Attachment 1b. COVID-19 Employee Screening Form (revised 11/24/20)

- It is suggested that this form be laminated. Upon arrival to the facility, the employees are to be asked to respond verbally to these questions and a temperature taken.
- Screening can be conducted by any staff person.
- If temperature is 100.0°F or greater or the answer is YES to any of the screening questions, give the employee a mask to wear and send them home and recommend that they call their supervisor and consult their doctor.
- A written copy of this form is only required for employees that answer YES to any of the screening questions or have a temperature exceeding 100.0°F.

<table>
<thead>
<tr>
<th>YES</th>
<th>In the past 14 days, have you had contact with a person known to be infected with COVID-19 (corona virus)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

**Today or in the past 24 hours, have you had any of the following symptoms?**

<table>
<thead>
<tr>
<th>YES</th>
<th>Fever, felt feverish, or had chills?</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YES</th>
<th>New onset of cough or worsening chronic cough?</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YES</th>
<th>Difficulty Breathing?</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YES</th>
<th>Loss of Taste or Smell?</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Temperature</th>
</tr>
</thead>
</table>

Screening Date: ____/____/____

Employee Name (Last/First): _____________________________

Phone Number: _____________________________

Screening Employee Name: ___________________________ Signature: ___________________________
## 1. Assess the Risk of Exposure

**Have you**

<table>
<thead>
<tr>
<th>□ Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the past 14 days, have you had contact with a person known to be infected with COVID-19 (corona virus)?</td>
<td></td>
</tr>
</tbody>
</table>

## 2. Assess for Signs or Symptoms of Illness

- Persons with symptoms of illness or cough should be masked immediately and separated from others.

**Do you have a:**

<table>
<thead>
<tr>
<th>□ Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever, felt feverish, or had chills? Record temperature:</td>
<td></td>
</tr>
<tr>
<td>Cough?</td>
<td></td>
</tr>
<tr>
<td>Difficulty Breathing?</td>
<td></td>
</tr>
<tr>
<td>Loss of Taste or Smell</td>
<td></td>
</tr>
</tbody>
</table>

**Date of Onset:**

## 3. If *YES* to SYMPTOM questions or temperature >100.0°F, place mask on person and have them perform hand hygiene and evaluate in accordance with instructions in **Element 7**.

## 4. If *YES* to ANY RISK questions, but *NO*, to all SIGNS or SYMPTOMS, place person in **QUARANTINE**.

---

Inmate Name: _________________________________/Number: _____________________

Employee Name: ________________________________/Date: ___/___/___

Employee Signature: _________________________________
Attachment 3. COVID-19 Isolation Room Sign

On the following page is a COVID-19 Isolation Room sign for posting on the doors of isolation rooms or units. Note that this sign was modified on August 3, 2020 to reflect recommendation that N95 or KN95 respirators be used (facemask if respirators are unavailable).
## COVID-19 Isolation Room Precautions

**PRECAUCIONES de sala de aislamiento de infección respiratoria**

TO PREVENT THE SPREAD OF INFECTION,
**ANYONE ENTERING THIS ROOM SHOULD USE:**

*Para prevenir el esparcimiento de infecciones,*
*todas las personas que entren a esta habitación tienen que:*

<table>
<thead>
<tr>
<th></th>
<th><strong>HAND HYGIENE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Hygiene De Las Manos</strong></td>
</tr>
<tr>
<td></td>
<td><strong>N95/KN95 Respirator</strong> <em>(Face mask if unavailable)</em></td>
</tr>
<tr>
<td></td>
<td><strong>Respirador N95/KN95</strong> <em>(Mascarilla si no está disponible)</em></td>
</tr>
<tr>
<td></td>
<td><strong>Gloves</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Guantes</strong></td>
</tr>
<tr>
<td></td>
<td><strong>GOWN</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Bata</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Eye Protection</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Protección para los ojos</strong></td>
</tr>
</tbody>
</table>

**NOTICE**
*KEEP THIS DOOR CLOSED*

Ensure that the door to this room remains closed at all times.
*Asegúrese de mantener la puerta de esta habitación cerrada todo el tiempo.*
Attachment 4. Quarantine Room Sign

On the following page is a Quarantine Room Sign for posting on the doors of housing units being used for quarantine.
## Quarantine Room Precautions

**PRECAUCIONES de sala de Cuarentena**

To prevent the spread of infection, **Anyone entering this room should use:**

*Para prevenir el esparcimiento de infecciones, todas las personas que entren e esta habitación tienen que:

<table>
<thead>
<tr>
<th></th>
<th><strong>Hand Hygiene</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><em>Hygiene De Las Manos</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th><strong>Face Mask or N-95 Respirator</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><em>Mascara Facial o Respirador N95</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th><strong>Gloves</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><em>Guantes</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th><strong>Gown</strong> — only if close contact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><em>Bata-solo si hay contacto cercano</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th><strong>Eye Protection</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><em>Protección para los ojos</em></td>
</tr>
</tbody>
</table>

Ensure that the door to this room remains closed at all times.

*Asegúrese de mantener la puerta de esta habitación cerrada todo el tiempo.*
Attachment 5a. “I protect you. You protect me.”

On the following page is a poster to be placed in facilities illustrating that when everyone wears a facemask “I protect you. You protect me.”
"I protect you. You protect me."

Everyone Wears Masks!
Attachment 5b. How to Wear (and Not Wear) a Face Mask

On the following page is a poster to be placed in facilities illustrating how to wear and not wear a face mask.
How to Wear (and Not Wear!) a Face Mask

When removing a mask...
Do not touch your eyes, nose or mouth and afterwards wash your hands!
Attachment 6. Control Strategies for Aerosol Generating Procedures

General Strategies to Reduce Risk with Aerosol Generating Procedures:
1. Examine whether the procedure is medically necessary, identify viable effective alternatives, and consider temporarily discontinuing non-essential use during the COVID-19 pandemic.
2. If aerosol generating procedures are deemed medically necessary, minimize the risk by:
   a. Limiting staff involved in the procedure
   b. Recommended PPE: N95 respirator (KN95 respirator if unavailable), face shield, gloves, and gown.
   c. Perform in airborne infection isolation (AII) room or single room with solid walls and doors.
   d. Thoroughly disinfect the room after use.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostics (e.g., COVID-19, Influenza)</td>
<td>Nasopharyngeal and oropharyngeal swabs should be performed in a room with a door that closes. PPE: N95 or KN95 respirator, gown, gloves, eye protection</td>
</tr>
<tr>
<td>CPAP/BiPAP</td>
<td>Providers review patients with sleep apnea on CPAP/BiPAP:</td>
</tr>
<tr>
<td></td>
<td>▪ For most patients on CPAP the short-term discontinuation of CPAP is less risky than the potential for aerosolized virus spread with CPAP use during pandemic</td>
</tr>
<tr>
<td></td>
<td>▪ For patients on BiPAP/CPAP with severe sleep apnea and comorbidities (such as significant cardiomyopathy with history of arrhythmias) for whom short-term discontinuation of BiPAP/CPAP is not considered safe, single cell housing (with solid door) should be sought.</td>
</tr>
<tr>
<td></td>
<td>▪ COVID-19 can live on surfaces so frequent cleaning of CPAP equipment being used is encouraged during the pandemic</td>
</tr>
<tr>
<td>PFTs/Peak Flow Meters</td>
<td>It is recommended that pulmonary function tests and peak flow measurements be postponed due to COVID-19 pandemic.</td>
</tr>
<tr>
<td>Nebulizer Treatments</td>
<td>Avoid nebulizer use by converting to metered dose inhaler (MDI) if possible</td>
</tr>
<tr>
<td></td>
<td>▪ Use MDI with spacer, if possible</td>
</tr>
<tr>
<td></td>
<td>▪ Consider increasing puffs per sitting and more frequent use, if clinically indicated</td>
</tr>
<tr>
<td></td>
<td>▪ Some medications are available as dry powder inhaler</td>
</tr>
<tr>
<td></td>
<td>▪ National supply issues have been reported for some MDIs; consult with pharmacist as needed</td>
</tr>
<tr>
<td></td>
<td>If must use nebulizer:</td>
</tr>
<tr>
<td></td>
<td>▪ Use in single room with closed door</td>
</tr>
<tr>
<td></td>
<td>▪ Limit staff and staff present use N95 respirator, gown, gloves, eye protection</td>
</tr>
<tr>
<td></td>
<td>▪ Disinfect room and equipment after treatment</td>
</tr>
<tr>
<td>CPR</td>
<td>CPR is performed in accordance with American Heart Association guidelines.</td>
</tr>
<tr>
<td></td>
<td>Modifications include:</td>
</tr>
<tr>
<td></td>
<td>▪ Limit number of people in room to essential (no more than 3)</td>
</tr>
<tr>
<td></td>
<td>▪ Put on appropriate PPE before entering the scene: N95 respirator, gown, gloves, eye protection</td>
</tr>
<tr>
<td></td>
<td>▪ Use of bag-mask ventilation over mouth-mask/face shield preferred</td>
</tr>
</tbody>
</table>

Adapted from: California Department of Corrections Division of Health Care Services Memorandum: Aerosol Generating Procedures, April 8, 2020.
Attachment 7. Overview of COVID-19 Testing

COVID-19 testing is useful for a variety of purposes including clinical testing of symptomatic patients, testing in response to an identified COVID cases or an outbreak, routine testing of asymptomatic patients at risk of acquiring or spreading infection, testing as part of inter-facility and healthcare-related transfers, and public health surveillance testing.

Below is a concise overview of testing for SARS-CoV-2, the virus that causes COVID-19. Before testing it is critically important to be clear about the following:

- The type of test being used
- The reason testing is being performed
- A plan of action based upon test results, e.g., housing, transfer, and containment decisions

A. Types of Tests

The FDA has granted Emergency Use Authorizations (EUAs) for myriad diagnostic tests for COVID-19. Manufacturers are required to provide updated data to the FDA as their tests are further evaluated, including information on test sensitivity and specificity. Based on these data, the FDA will periodically recommend against the use of certain tests. The lists of recommended and disapproved tests for COVID-19 are updated regularly on the FDA Fact Sheet website: https://www.fda.gov/medical-devices/emergency-situations-medical-devices/faqs-testing-sars-cov-2

<table>
<thead>
<tr>
<th>Test Type</th>
<th>Description</th>
<th>Considerations</th>
<th>Potential Uses</th>
</tr>
</thead>
</table>
| Viral Test: Nucleic Acid      | Nucleic acid tests for genetic material of virus usually from nasopharyngeal, nasal, or oral swabs depending upon type of test*. Most frequently used test type for COVID-19. | ▪ A positive test is reliable.  
▪ **A negative test does not rule out COVID-19.**  
▪ Both lab-based and point of care molecular tests are available. | Commonly used for testing both symptomatic and asymptomatic persons                                               |
| Viral Test: Antigen           | Rapid test for viral proteins collected with nasopharyngeal or nasal swabs. | ▪ A positive test is reliable.  
▪ **A negative test does not rule out COVID-19.**  
▪ Point of care test  
▪ Less sensitive than the PCR tests → **increased likelihood of a false-negative test** | Can be used for testing both symptomatic and asymptomatic persons                                               |
| Antibody (Serology) Test      | Blood tests for an immune response to COVID-19                               | Potential for detecting persons immune to SARS-Cov-2 infections; however, antibody protection has not been well characterized.  
**CDC**: “Serologic testing should not be used to determine immune status in individuals until the presence, durability, and duration of immunity is established.”  
**CDC**: “Antibody test results should not be used to group people together in...criminal facilities.” | Not recommended for use at this time.                                                                           |

* Testing options and collections methods are evolving rapidly. Consult package insert and local health department for options.
Viral tests (nucleic acid or antigen) are recommended to diagnose acute infection. Some tests are point-of-care tests, meaning results may be available at the testing site in less than an hour. Other tests must be sent to a laboratory to analyze, a process that may take 1-2 days once received by the lab. Selection of the viral tests to be used should be made in consultation with your state/local health department. Testing the same individual more than once in a 24-hour period is not recommended.

For more information on diagnostic testing for COVID-19 see the Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens.

B. Testing of Symptomatic Persons

In general, viral testing should be prioritized for symptomatic patients who are at the highest risk of severe disease (i.e., over age 65 or medical conditions that place them at risk for complications), those at risk of having been exposed, or those at high risk for transmission to others (e.g., incarcerated worker with multiple contacts or resident of dormitory-style housing).

See the table below for testing priorities among symptomatic patients.

<table>
<thead>
<tr>
<th>Priority*</th>
<th>Patients</th>
<th>Clinical Presentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Symptoms of COVID-19 pneumonia AND high risk for severe COVID-19</td>
<td>Fever &gt;100° F OR New/worsening cough OR New/worsening shortness of breath in a patient over age 65 or with medical risk factors that put them at risk for severe disease and death.</td>
</tr>
<tr>
<td>2</td>
<td>Symptoms of COVID-19 pneumonia without risk factors for severe COVID-19</td>
<td>Fever &gt;100° F OR New/worsening cough OR New/worsening shortness of breath</td>
</tr>
<tr>
<td>3</td>
<td>Other common COVID-19 symptoms**</td>
<td>Fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea</td>
</tr>
</tbody>
</table>

* In general, all persons with COVID symptoms should be tested. Most systems currently have available supplies for testing symptomatic persons. Prioritize the urgency of testing based on risk for severe disease.

** From CDC COVID-19 symptoms (updated 5/13/20)

NOTE: Testing is not recommended for explained symptoms such as typical allergic symptoms in a patient with a known history or other chronic respiratory conditions without fever.

C. Testing Asymptomatic Persons

Many persons with SARS-CoV-2 infection are asymptomatic, yet contagious. Therefore, testing for infection in asymptomatic persons can greatly contribute to infection prevention and control efforts in the correctional setting. The optimal strategies for testing asymptomatic persons for a specific correctional facility or system will depend on multiple factors. Facilities are encouraged to work with their state/local health department and VitalCore leadership to help inform decision-making about broad-based testing. Before testing large numbers of asymptomatic individuals without known or suspected exposure, the facility should have a plan in place for how it will modify operations based on test results.
Consider multiple variables that affect the usefulness and feasibility of asymptomatic testing in a specific correctional facility, including:

- the availability of viral testing supplies and a lab with quick turn-around time
- the availability of health care personnel to perform the tests
- the incidence of COVID-19 in the correctional facility and surrounding community
- the dynamics of movement in and out of the correctional facility
- housing and facility-specific logistical issues
- the prevalence of incarcerated persons who are at high risk for COVID-19 complications
- applicable public health guidance or legal mandates.

Testing does not replace or preclude other infection prevention and control interventions, including case investigation, medical isolation of infected individuals, quarantine of exposed individuals, monitoring of quarantined individuals, screening of employees at start of shift for signs and symptoms of COVID-19, universal use of cloth face coverings by staff and incarcerated persons for source control, use of recommended personal protective equipment by staff working with cases, and attentive environmental cleaning and disinfection.

Consider the following before engaging in widespread testing for COVID-19.

1) Mass testing is extremely labor intensive for staff (medical and security), including labels, requisition forms, sample taking, shipping, or analyzing, signing off on test results, etc. While mass testing is taking place, other important health care activities may be curtailed or placed on hold. The cost and time associated with mass testing is significant and may divert attention away from other critically important COVID-19 prevention and control measures (see above).

2) Testing in populations with low rates of COVID-19 could result in more false positives. Even a highly specific test (one that generates few false positives) may still generate more false positive results than there are actual cases of the condition in those being tested (true positives).

3) No test is perfect and carry a risk of harm of some kind:
   - Anxiety, fear, tension of incarcerated persons and staff
   - Stigma of positive tests
   - False negatives → lose the benefits of early intervention
   - False positives → unnecessary isolation

Plan for the following before engaging in widespread testing for COVID-19:

- Consult with laboratory to assure capacity for increased testing and rapid turn-around time
- Assure sufficient supplies for testing
- Identify health care staff who will perform testing
- Educate incarcerated persons and staff about why and how testing is being done
- Determine how incarcerated persons and staff who choose not to be tested will be managed
- Determine how individual results will be provided to the incarcerated persons and staff
- Determine how data regarding test results will be tracked and managed
Determine how results will be used to guide implementation of infection control measures and management of incarcerated persons who fall into the following four groups:

1. **Positive Tests** → Isolation or cohorting of persons with positive tests
2. **Negative Tests in exposed persons** → Quarantine 14-days post-exposure
3. **Negative Tests in persons not know to be exposed** → housing decisions
4. **Test Refusals** → housing decisions and patient re-education

- Determine how results will be communicated to designated staff to ensure appropriate management of incarcerated persons pending release or transfer
- Determine if serial testing of persons who test negative will be performed, and if so, whom
- Determine how potential staffing shortages will be managed if newly identified staff with SARS-CoV-2 infection are excluded from work assignments

**Determine what groups should be tested.** (Note: Our understanding of SARS-CoV-2 transmission and containment in the correctional setting is rapidly evolving and will continue to inform optimal testing strategies in the future).

### Table 3. Indications/Considerations for Testing Selected Groups of Asymptomatic Persons

<table>
<thead>
<tr>
<th>1)</th>
<th>Response to identified cases, clusters, or outbreaks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>As soon as possible, after one or more COVID-19 positive individuals (patients or staff) are identified, outbreak response testing should be directed to those at greatest risk:</td>
</tr>
<tr>
<td></td>
<td>- Staff or other incarcerated persons identified as close contacts to a confirmed case</td>
</tr>
<tr>
<td></td>
<td>- Incarcerated persons in the housing area who are at the greatest risk of progression</td>
</tr>
<tr>
<td></td>
<td>- Incarcerated persons in the housing area who are at risk of transmitting the virus (e.g., essential workers)</td>
</tr>
<tr>
<td></td>
<td>- Incarcerated persons who are quarantined because of known exposure.</td>
</tr>
<tr>
<td></td>
<td>- Potentially exposed incarcerated persons who require transfer or release</td>
</tr>
<tr>
<td></td>
<td>As feasible, serial PCR testing of exposed, quarantined persons is recommended at time of quarantine (day 0) and again 10-14 days later (prior to release from quarantine) until no new cases are identified.</td>
</tr>
<tr>
<td></td>
<td>Retesting can be prioritized according to likelihood of contact to previous cases (for example, incarcerated persons on a housing tier where cases were previously identified).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2)</th>
<th>Intake Cohorts</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>New intakes, as feasible, should be cohort for 14 days with daily COVID-19 symptom screens. <strong>As feasible, testing of new intakes without COVID-19 symptoms is recommended at intake (Day 0) and again 10-14 days later.</strong> This should be particularly considered if there is evidence of widespread infection in the community or in the correctional facilities from which new intakes are being transferred. In many jail settings, universal intake testing is not feasible due to the high volume of intakes and the short duration of incarceration for many persons.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3)</th>
<th>Geriatric/Long Term Care Units</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CDC in conjunction with Centers for Medicaid and Medicare Services (CMS) has issued recommendations for long term care facilities (including weekly testing of staff and residents when there is one or more known case and ongoing weekly testing of staff). Implementation of the CMS guidelines for serial testing should be considered in facilities that house cohorts of geriatric or chronically ill incarcerated persons.</td>
</tr>
</tbody>
</table>
Table 3. Indications/Considerations for Testing Selected Groups of Asymptomatic Persons *(continued)*

<table>
<thead>
<tr>
<th>4)</th>
<th>Transfers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing of persons transferring to another correctional facility should be considered, particularly when there is known transmission of SARS-CoV-2 in a facility. If such testing is undertaken, it is critically important that a mechanism be established to inform correctional authorities of positive test results prior to the transfer with clear plans for how this information will be communicated and acted upon.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5)</th>
<th>Releases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing of persons scheduled for release may be considered and recommended by public health authorities, particularly if there is known transmission of SARS-CoV-2 in a facility. In many jail settings, testing of persons releasing is not feasible due to the high volume of releases and the short duration of incarceration for many persons. If such testing is undertaken, it is critically important that a mechanism be established to inform correctional and public health authorities of positive test results with clear plans for how this information will be communicated and acted upon.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6)</th>
<th>Public Health Surveillance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surveillance testing of asymptomatic incarcerated persons for SARS-CoV-2 infection may augment infection prevention and control efforts in the correctional setting. Surveillance testing can be universally implemented, randomized, or targeted to particular high-risk settings. In some jurisdictions it may be required by executive, judicial or legislative mandates. Surveillance testing is resource intensive in terms of staff time and testing resources. Consult with the local health department to determine indications and to optimize testing strategies with a follow-up plan for actions based upon test results.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7)</th>
<th>Staff Testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing asymptomatic correctional staff should be considered based on relevant factors, including, the local epidemiology of SARS-CoV-2 transmission, the occurrence of an outbreak in the correctional facility, the job assignment of the correctional worker, input from local public health authorities, and legal mandates. Potential testing strategies include: testing health care workers caring for high-risk patients (e.g., nurses caring for long-term care geriatric patients), testing staff in direct contact with incarcerated persons in isolation or quarantine, testing staff working in a housing unit or facility with an ongoing outbreak, testing staff involved in intake screening, testing staff randomly or in toto as part of a surveillance screening program.</td>
<td></td>
</tr>
</tbody>
</table>

References:
