Guidance for Coronavirus Clinical Care in Corrections

As of the start of this week (beginning 3/9/2020), there is sustained local transmission in only a few metropolitan areas, and the risk of patients and healthcare workers acquiring the new coronavirus and developing the associated disease (known as COVID-19) is low. Nonetheless, here are some general interim guidelines.

Upon Arrival:
It is vital for everyone’s safety – patients and staff – that we quickly identify and isolate patients who could have this new infection. Do not have them wait in the general waiting area. Ideally, the patient will be placed in an exam room immediately.
If a patient:
- Presents with fever and/or cough, please give the patient a surgical mask.
- Has symptoms and has traveled to an area of concern or been exposed to a known case in the last 21 days, clinical staff should perform a prompt assessment.
- Has NOT traveled/been exposed but has a fever or cough, they can stay masked, be cared for as usual.
Regarding the use of masks, healthcare workers should only wear masks during direct patient encounters. Clean your hands after discarding your mask. Furthermore, N95 mask use should be restricted to personnel caring for patients at high risk.

Elements of the Clinical Encounter: Remember the basics—vital signs, chief complaint. History, physical.
For respiratory symptoms, what was onset of upper respiratory symptoms, such as rhinorrhea and cough? Is cough productive? Is there fever, subjective or was it measured? Is there shortness of breath? Any diarrhea? Any other symptoms, including ones not typical for COVID-19?
Exam—Symptom directed. Wash hands before and after patient contact, warm water and soap, x 20 seconds.
Asymptomatic patients: Wear gloves. Discard after each patient encounter.
If symptomatic: For upper respiratory symptoms—keep patient masked before/after examining nose and mouth.
Use gloves, N95 mask. Depending on symptoms: also use gown/eye shield.

When suspicion of COVID-19 is high: If patient is unstable (e.g., cyanotic, hypotensive, etc.), plan transfer to a local ED; call ahead before the patient arrives.

Disposition: Stable patients with mild influenza-like illness may be sent back to cell separate from general population (either room with door, or when capacity for private infirmary rooms exceeded, dedicated cell block.) They should not be given details putting them in contact with other incarcerated persons.

ICD-10-CM Coding: Coronavirus infection, unspecified—B34.2—covers classic and novel coronavirus.

Other considerations: Have a low threshold for calling Board of Health/Health Department for test kits and general up-to-date advice. Note, currently test kits are in short supply: use wisely. Do not forget influenza is currently more common in US than coronavirus. Until this year’s flu season ends, vaccinate those who have not been vaccinated. Test for flu as appropriate. Remember influenza is treatable.