

**RESTRICTED ACCESS**

**West Virginia Division of Corrections & Rehabilitation**

**Bureau of Community Corrections**

**PROTOCOL**

**NUMBER: BCC – 108**

**EFFECTIVE DATE: 12 June 2023**

**SUBJECT: COVID-19 PREVENTION ACTIONS**

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**PURPOSE:**

To provide current COVID-19 prevention actions for facilities within the Bureau of Community Corrections (BCC).

**REFERENCE:**

Centers for Disease Control and Prevention (CDC) Guidance on Management of COVID-19 in Homeless Service Sites and in Correctional and Detention Facilities updated 11 May 2023 (after expiration of public health emergency declaration).

**RESPONSIBILITY:**

Superintendents are responsible for ensuring additional guidelines (as needed) are provided to their respective facilities.

**CANCELLATION:**

Any previous written instructions on this subject including BCC Protocol 108, dated 01 February 2023.

**DEFINITIONS:**

**Viral Tests:** Look for a current infection with the virus that causes COVID-19, by testing specimens from your nose or mouth. There are two main types of viral tests:

- Polymerase Chain Reaction (PCR) Tests - PCR tests are the “gold standard” for COVID-19 tests. They are a type of nucleic acid amplification test (NAAT), which is more likely to detect the virus than antigen tests. Your sample will usually be taken by a healthcare provider and transported to a laboratory for testing. It may take up to 3 days to receive results.

- Antigen Tests - Antigen tests are rapid tests that usually produce results in 15-30 minutes. Positive results are very accurate and reliable. However, in general, antigen tests are less likely to detect the virus than PCR tests, especially when symptoms are not present. Therefore, a single negative antigen test cannot rule out infection. To be confident you do not have COVID-19, FDA recommends 2 negative antigen tests for individuals with symptoms or 3 antigen tests for those without symptoms, performed 48 hours apart. A single PCR test can be used to confirm an antigen test result.

### **APPLICABILITY:**

All facilities within the Bureau of Community Corrections (BCC). This Protocol is **Restricted Access** and not available for offender review.

### **PROTOCOL:**

- I. Although the public health emergency declaration has expired, because of the congregate living arrangements in correctional and detention facilities, the risk of COVID-19 transmission is still higher compared to the general population. In addition, there is a high prevalence of certain medical conditions among people who are incarcerated, increasing the risk for severe outcomes from COVID-19 in these populations.
- II. The CDC recommends a combination of **COVID-19 hospital admission levels** and **facility-specific risks** to guide decisions about when to apply specific COVID-19 prevention actions.
  - A. Due to a change in the availability of data, **COVID-19 hospital admission levels** (low, medium, and high) have replaced community levels and are listed by county on the CDC website and updated weekly.
  - B. Assessing the following factors can help decide if additional layers of protection are needed because of **facility-specific risks**:
    1. Facility structural and operational characteristics (e.g., facilities may have higher risk of transmission if they have frequent offender or staff turnover, a high volume of outside visitors, poor ventilation, or areas where many people sleep close together).
    2. Risk of severe health outcomes (e.g., assess what portion of people in the facility are more likely to get very sick from COVID-19 due to underlying health conditions).
    3. COVID-19 transmission in the facility (e.g., assess transmission rate in facility through diagnostic testing of people with COVID-19 symptoms and their close contacts).
- III. The following **prevention strategies for everyday operations** shall be in place at all times, even if COVID-19 hospital admission level is low or medium.

- A. Encourage and enable staff and offenders stay up to date with COVID-19 vaccines.
- B. Ensure HVAC systems operate properly and provide acceptable indoor air quality.
- C. Test offenders and staff who have been exposed or who are symptomatic. **Note:** Routine screening testing of staff and/or offenders who are asymptomatic (no symptoms) and have not been exposed is no longer recommended or required during everyday operations.
- D. Maintain a stock of personal protective equipment (PPE); offer masks to all offenders and staff.
- E. Conduct standard infection control cleaning, and disinfection at all times. Each housing unit will be offered cleaning supplies, including disinfectants, and hygiene supplies at a minimum of once per day, and this will be logged.
- F. Test offenders who have been exposed at least 5 full days after exposure (or sooner if they develop symptoms) and require them to wear a mask while indoors for 10 full days after exposure, regardless of vaccination status.
- G. Medically **isolate** offenders who test positive for COVID-19 away from other offenders, for 10 days since symptoms first appeared or from the date of testing with positive results (if asymptomatic). Offenders in medical isolation should wear a mask anytime they are in direct contact with individuals who are not positive for COVID-19.
  - 1. If multiple offenders have tested positive, they can isolate together in the same area. However, people with confirmed and suspected COVID-19 should not be housed together.
  - 2. If the individual has a negative viral test, isolation can be shortened to 7 days, as long as symptoms are improving and the individual has been fever-free for 24 hours, was not hospitalized, does not have a weakened immune system. If using a NAAT (molecular) a single test must be obtained within 48 hours prior to ending isolation. If using an antigen test, 2 negative tests must be obtained, one no sooner than day 5 and the second 48 hours later. If shortened to 7 days, offender should continue to wear a mask through day 10.
- H. Support timely treatment for those eligible; effective treatments must be started within a few days after symptoms develop to be effective.
- I. Quarantine (separating and restricting movement of people who were exposed to contagious disease) is no longer recommended for the general public. In correctional and detention facilities, quarantine can limit access to programming, recreation, in-person visitation, in-person education and other services. However, because of the potential for rapid widespread transmission, some facilities may prefer to continue

quarantine procedures based on their risk tolerance, including factors such as the health of their staff and offenders, the impact of quarantine on mental health and staffing coverage. Regardless of quarantine procedures, offenders who have been exposed should wear a mask for 10 days.

- IV. **Enhanced prevention strategies** should be added when the COVID-19 hospital admission level is high, any time there has been transmission within the facility itself, or based on the assessment of other facility-specific factors that increase risk. Enhanced strategies can then be removed gradually when the risk decreases. These include:
- A. Consider holding group activities outdoors; increase and improve ventilation.
  - B. Consult with agency health authorities about whether to implement screening testing of offenders and/or staff.
  - C. Require indoor masking.
  - D. Enhanced cleaning and disinfecting.
  - E. Create physical distance in congregate areas where possible; reduce movement and contact between different parts of the facility and between the facility and the community.
  - F. Test all new offenders upon intake **OR** implement a routine observation period at intake, during which offenders are housed separately from the rest of the facility's population. The duration of the observation period should be at least 5 days if offenders test negative at the end of the observation period, or 7 days (minimum) to 10 days (optimum) if offenders are not tested. Individual housing is preferred under this strategy. If cohorting is necessary, house offenders who arrived within the same 24-hour period together. **NOTE:** Intake testing/routine observation period have shifted from an everyday strategy to an enhanced strategy.
  - G. Test offenders during transfer and/or release procedures. Routine observation periods can also be added during movement procedures.
- V. Prevent COVID-19 introduction from staff, visitors, vendors, and volunteers.
- A. Visitors, vendors, and volunteers with COVID-19 symptoms should be denied entry and encouraged to seek testing.
  - B. Staff members with a known exposure to COVID-19 are permitted to work as long as they remain asymptomatic, wear a mask at all times and are tested 5 days after exposure.
  - C. Staff members that test positive will be excluded from work for 7 days as long as symptoms are improving and they have been fever-free for 24 hours, were not hospitalized, and do not have a weakened immune system. If using a NAAT

(molecular) a single test must be obtained within 48 hours prior to returning to work. If using an antigen test, 2 negative antigen tests must be obtained, one no sooner than day 5 and the second 48 hours later.



ATTACHMENT(S):

None.

APPROVED SIGNATURE:

A handwritten signature in cursive script, appearing to read "Anne Thomas".

Anne Thomas,  
Assistant Commissioner

June 6, 2023  
Date