

**RESTRICTED ACCESS**

**WEST VIRGINIA  
DIVISION OF CORRECTIONS  
& REHABILITATION**

**NUMBER: 337.00**

**DATE: 20 March 2020**

**SUBJECT: COVID-19 RESPONSE PLAN**

# **POLICY DIRECTIVE**

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**PURPOSE:**

To provide a written guidance to employees related to the possible outbreak of the Corona Virus Disease-19 (COVID-19) within the West Virginia Division of Corrections and Rehabilitation (hereinafter referred to as "Division").

**REFERENCE:**

WV Code §15A-3-4, §15A-3-5, et seq. VitalCore COVID-19 Response Plan.

**RESPONSIBILITY:**

Deputy Commissioners, Assistant Commissioners, Chiefs of Operations, Superintendents and Directors may issue written instructions on this subject as required in support of this policy.

**CANCELLATION:**

Any previous written instructions and attachments on the subject.

**APPLICABILITY:**

All facilities and work units within the Division. This policy is Restricted Access and not available for offender review.

**DEFINITIONS:**

**Offender:** any adult inmate, young adult inmate, or juvenile resident, in the legal custody of the Commissioner of the Division.

**I. Plan Overview**

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 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. Superintendents and some Directors will be provided with an electronic copy of the fillable MS WORD® Implementation Worksheet to use in developing their local operational procedure. The Chief of Staff is charged with developing the operational procedure for the Central Office. While the emphasis of this policy is upon residential facilities operated by DCR and the offenders housed in them, elements of it may be adapted for use with other categories of persons under DCR supervision.

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. The model COVID-19 Response Plan developed by VitalCore and reviewed and approved by the Office of Correctional Health, American Correctional Association includes multiple layers of protective measures to minimize the impact of the virus in the correctional environment.

The Response Plan is divided into 12 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 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.

The Division of Corrections and Rehabilitation thanks VitalCore for the development of the model policy and the Office of Correctional Health, American Correctional Association for their review and approval. DCR also thanks our colleagues at the West Virginia Bureau of Public Health for their assistance.

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#### **IV. 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 a Novel Coronavirus that was first identified during an investigation into an outbreak in Wuhan, China and is now causing an International Pandemic.

##### **How is 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?**

Patients with COVID-19 have had mild to severe respiratory illness with symptoms of:

- Fever
- Cough
- Shortness of breath

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.

**How long does it take for symptoms to develop?**

The estimated *incubation period* (the time between being exposed and becoming ill) averages 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 antiviral treatment for COVID-19. People with COVID-19 can seek medical care to help relieve symptoms.

#### **IV. COVID-19 Pandemic Response Plan Elements**

Local operating procedures issued by Superintendents and Directors shall provide supplementary instructions regarding each element contained in Section IV of this response plan policy using the template provided by the Office of the Commissioner.

##### **A. Administration/Coordination**

- It is critically important that correctional and health care leadership meet or consult regularly to review the current status of COVID-19, review updated guidance from the Centers for Disease Control and Prevention (CDC) and the West Virginia Bureau for Public Health (WVBPH), and flexibly respond to changes in current conditions.
- Regular meetings or consultations should be held, roles and responsibilities for various aspects of the local response determined, and 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. 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.
- During COVID-19 group educational sessions should be avoided and instead, communicate with electronic and paper communication.
- Key communication messages for employees include:

- Updates on the status of COVID-19.
- The importance of staying home if signs and symptoms of fever, cough, or shortness of breath or if known exposure to COVID-19.
- Reminders about good health habits to protect themselves, emphasizing hand hygiene.
- Elements of the facility COVID-19 Response Plan to keep employees safe, including social distancing.
- Key communication messages to incarcerated persons:
  - The importance of reporting fever and/or cough or shortness of breath (and reporting if another incarcerated person is coughing in order to protect themselves). Indicate how these reports should be made.
  - Reminders about good health habits to protect themselves, emphasizing hand hygiene.
  - Plans to support communication with family members (if visits are curtailed).
  - Plans to keep incarcerated persons safe, including social distancing.
- Contact should be made and maintained with local public health authorities to get local guidance, especially with regard to managing and testing of persons with respiratory illness for COVID-19.
- Communication should also be established with your local community hospital to discuss referral mechanisms for seriously ill incarcerated persons.

### C. General Prevention 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 1. General Prevention Measures**

- a. **Promote good health habits** among employees and incarcerated individuals:
  - 1) Avoid close contact with persons who are sick.
  - 2) Avoid touching your eyes, nose, or mouth.
  - 3) Wash your hands often with soap and water for at least 20 seconds.
  - 4) Cover your sneeze or cough with a tissue (or into a sleeve). Then throw the tissue in the trash.
  - 5) Stop handshakes.
- b. **Conduct frequent environmental cleaning of “high touch” surfaces.**
- c. **Institute social distancing measures to prevent spread of germs, e.g.,** minimize self-serve foods, minimize group activities.
- d. **Employees stay at home if they are sick.**
- e. **Influenza (flu) vaccine is recommended for persons not previously vaccinated.**

#### 1. 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 has helpful educational posters: <https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html>

- Each facility should assure that adequate supplies and facilities are available for hand washing for both incarcerated individuals and employees.
- With approval of the Superintendent, 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. If a hand sink is not available, other means shall be provided.

## 2. 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. **Facility Superintendents are encouraged to implement “Clean Teams” as part of their sanitation plans.**
- CDC recommends utilizing an EPA-registered, hospital-grade disinfectants from Schedule N for disinfecting high touch surfaces. See: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2> (Recommended products are both a surface cleaner and disinfectant with a 3-minute wet time or less.)

## 3. Social Distancing Measures

Various administrative measures should be implemented to reduce contact between people and reduce chance of spreading viruses. Facility Superintendents should consult with their Bureau Assistant Commissioner and the Deputy Commissioner-Field Services in determining the appropriate level and duration of social distancing measures being considered. *Examples of such measures include, but are not limited to:*

- Minimizing offender movement
- Providing virtual visits
- Temporarily modifying or discontinuing group activities
- Discontinuing pill-lines and administering medication on units
- Staggering recreation and mealtimes (with disinfection in-between groups)
- **Required action:** effective with the issuance of this policy, Superintendents shall instruct their offender population and food service personnel that self-service free-flow food bars, including salad bars shall be discontinued during the duration of the emergency period. Superintendents shall instruct their offender population and food service personnel that alternative means will be implemented as soon as possible.

## 4. Sick/exposed employees remain home

- COVID-19 could 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 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.

- If employees have been exposed to a known COVID-19 case, they should stay in home quarantine for 14 days.
- A system should be developed to collect data about employees who are sick or are in home quarantine.

### 5. Influenza vaccination

- While influenza season is still ongoing flu vaccination remains an important measure to prevent an illness that presents similarly to COVID-19.
- If there is influenza vaccine still in stock, unvaccinated staff (highest priority) and incarcerated persons should be offered the flu vaccine.

### D. Visitors / Volunteers / Contractors / Lawyers

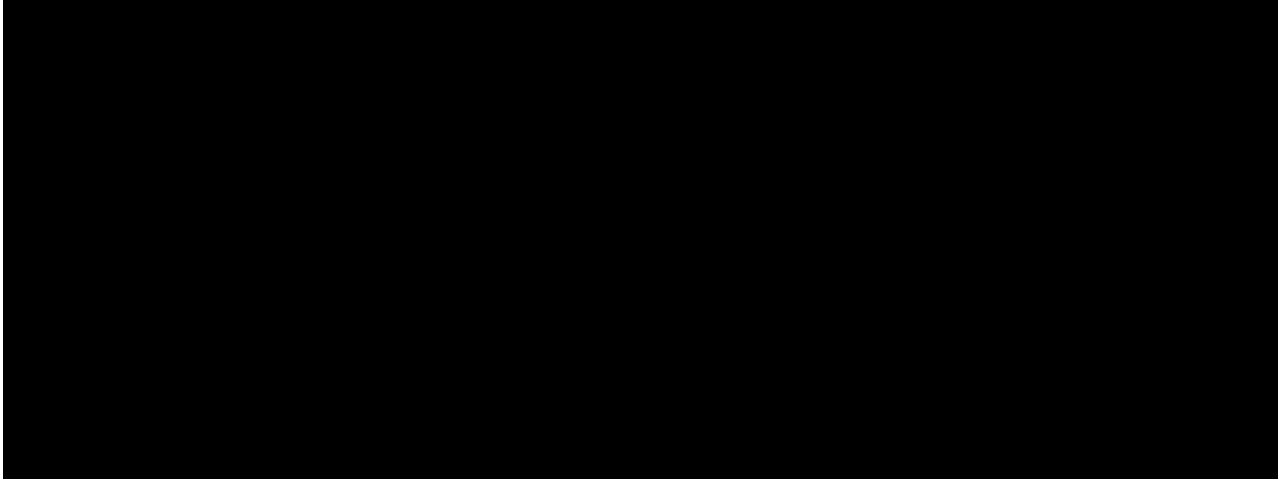
- Consideration should be given to begin limiting access to the facility by visitors and volunteers and non-essential contractors.
- Arrangements should be made to increase options for incarcerated persons to communicate with their families via telephone or tele-video.
- If possible, legal visits should occur remotely.
- The Deputy Commissioner-Field Services is delegated the authority to limit or cancel access to DCR residential facilities on a limited geographic or statewide basis as part of this response plan.

### E. Employee Screening

- Once it is confirmed that COVID-19 is occurring within the geographic confines of West Virginia, employees (including contract employees) will be screened upon arrival with a temperature, and asked questions about respiratory symptoms and if they have had contact with a known COVID-19 patient (**Attachment 1**).
- This form can be laminated for employees to review the questions for individuals to verbally respond to them.
- A temperature should also be taken ideally with an infra-red, no-touch thermometer.
- **Employee screenings do not require documentation unless the person responds “YES” to any question or has a temperature.**
- Screening is generally performed by non-health care personnel.
- Employees who screen positive for symptoms should be sent home and advised to consult their healthcare provider.
- Employees who have had known close contact with a COVID-19 patient should be on home quarantine for 14 days.

### F. Offender Screening

- **New intakes should be screened for symptoms at the same time the medical clearance occurs. Consideration may be given to conducting this screening outdoors or in a covered area (weather and logistics permitting).**



- Screening form to be completed prior to all offender transports.
- Superintendents should implement screening for inmates assigned to work in various parts of their facility. Areas of special concern would be offenders with work assignments in the food service and medical departments.

#### **G. Initial Management and Testing of Cases of Respiratory Illness**

- **Source control (placing a mask on a potentially infectious persons) is critically important.** If individuals are identified with symptoms, then *immediately place a face mask on the patient* and have them perform hand hygiene.
- When an offender is assigned to a cell, it is acceptable to isolate them in their current cell.
- If an offender is assigned to a dormitory setting, they should be placed in a separate room with a toilet and sink while determining next steps. If this is not possible, then the offender can be maintained in the dormitory, provided a minimum separation zone of 6 feet is maintained from all others in the dormitory, provided the institutional physician approves such.
- 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 “H”.
- Decisions about how to manage and test incarcerated persons with mild respiratory illness should be made in collaboration with public health authorities. The vast majority of persons with respiratory illness will not have COVID-19, especially during seasonal flu season. It is unlikely that hospitals will have the capacity to evaluate incarcerated persons with mild respiratory illness.
- If feasible, during flu season it is recommended that rapid flu tests with nasopharyngeal swab be performed. It is important that nasopharyngeal swabs be performed correctly. See instructional video at: <https://www.youtube.com/watch?v=DVJNWefmHjE>
- It is likely that it will be necessary to isolate or cohort offenders with mild respiratory illness within the facility (see Element “J”).

#### **H. Personal Protective Equipment (PPE)**

- The CDC recommends the following PPE when a person comes into contact with a person with suspected or confirmed COVID-19.
  - Face mask or N95 respirator.

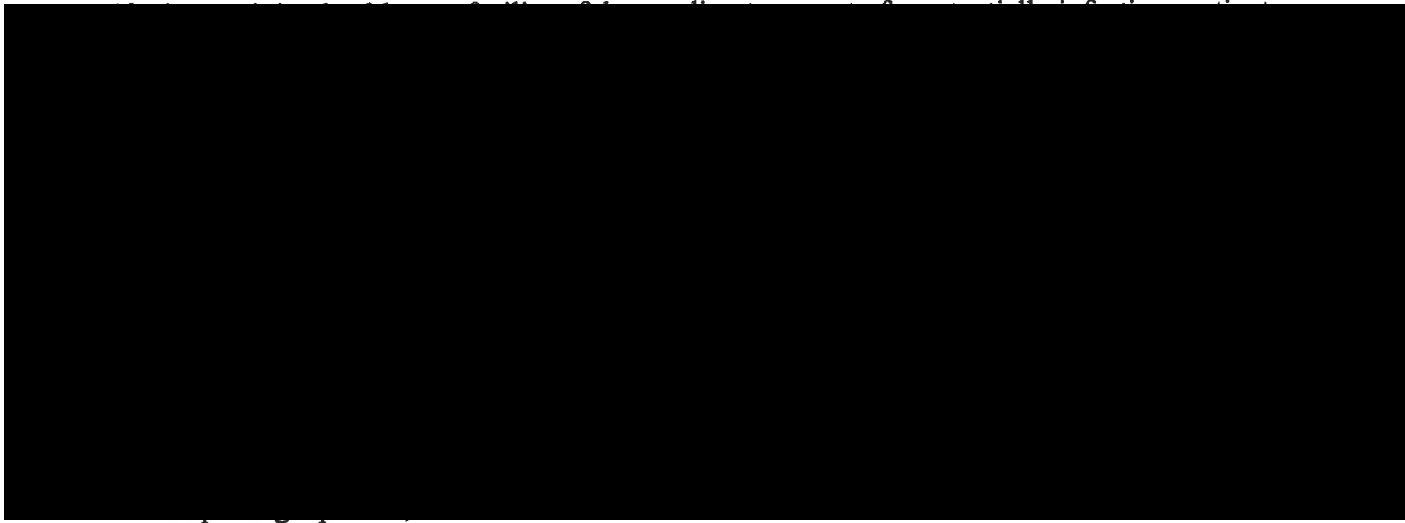


- When N95 respirators are in short supply they should be reserved for confirmed COVID-19 patients and for use when a patient is undergoing an aerosol-generating procedure including testing for COVID-19.
- N95 respirators should not be worn with facial hair that interferes with the respirator seal.
- 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.
- 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.
- 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. CDC instructions on donning and doffing PPE are available at Attachment #3, or at: <https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>.
- Inventory current supplies of PPE.

Table 2. Definitions of "Face Masks" and "Respirators"
<p><b>Face Masks:</b> 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).</p> <p><b>Respirators:</b> N-95 or higher filtering, face-piece respirators that are certified by CDC/NIOSH.</p>

**I. Transport**

If a decision is made to transport a patient with signs and symptoms of severe respiratory illness, to a health care facility the following guidance should be followed regarding transport.



- Health Services Administrators are encouraged to postpone or reschedule non-emergency trips for community-based healthcare.

**Table 3. Definitions of "Isolation" and "Quarantine"**

**Isolation:** Confining individuals who are sick either to single rooms or by cohorting them with other viral infection patients.

**Quarantine:** Confining asymptomatic persons who are contacts to COVID-19 while they are in the incubation period (up to 14 days for COVID-19).

#### **J. Isolation / Cohorting (Symptomatic Persons)**

A critical infection control measure for pandemic viral infection is to promptly separate incarcerated individuals who are sick with viral infection symptoms away from other incarcerated individuals in the general population. Incarcerated individuals can be isolated in private rooms. Alternatively, groups of sick incarcerated individuals can be cohorted together in a separate unit.

- *To minimize the likelihood of disease transmission, persons who are isolated or cohorted should wear a face mask while isolated.* Face masks should be replaced as needed.
- Rooms where incarcerated individuals with respiratory illness are either housed alone or cohorted should be identified and designated "Respiratory Infection Isolation Room". No special air handling is needed.
  - 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 "Respiratory Infection Isolation Room" since the rooms may house persons with undiagnosed respiratory infection as well as diagnosed COVID-19.
- Depending on how ill the incarcerated individuals are, bunk beds may or may not be suitable. Ideally, the unit should have a bathroom attached. If not, incarcerated individuals will have to wear a face mask to go to the bathroom outside the room.
- The door to the Respiratory Infection Isolation Room should remain closed. A sign should be placed on the door of the room indicating that it is a Respiratory Infection Isolation Room and lists recommended personal protective equipment (PPE) (see **Attachment 3**) described in Element "H".
- Dedicated medical equipment, i.e., blood pressure cuffs should be left in room (ideally) or decontaminated in accordance with manufacturer's instructions.
- If individuals with respiratory illness must be taken out of the isolation room, they should wear a

face mask and perform hand hygiene before leaving the room.

- 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.
- Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.
- In large dorm settings or camps, isolation may not be a possibility. If isolation is not feasible, attempt to place the beds of sick incarcerated individuals at a distance of at least 6 feet from other incarcerated individuals and mandate that those sick individuals wear a face mask. In this case aggressive enforcement of the requirement that patients continue wearing a mask is critical.
- Currently there are no definitive recommendations regarding duration of isolation. Consult with your local Health Department.

#### K. Care for the Sick

- There are no specific treatments for COVID-19 illness. Care is supportive. **It is emphasized that specific treatment measures fall under the authority of the responsible physician.**
- Treatment consists of assuring hydration and comfort measures. The recipe for oral rehydration solution is in Table 4 below.
- Anti-Pyretics (Ibuprofen or Tylenol) can be administered as needed for fever.
- Patients should be assessed at least twice daily for signs and symptoms of shortness of breath or decompensation.
- A low threshold should be used for making the decision to transport an offender to the hospital if they develop shortness of breath.

**Table 4. Oral Rehydration Solution Recipe**

1-gallon clean water  
10-tablespoons of sugar  
4-teaspoons salt

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

#### L. Quarantine (*Asymptomatic Exposed Persons*)

- If contacts to COVID-19 are identified, it may be appropriate to identify close contacts to suspected or confirmed COVID-19 cases and quarantine them in a separate unit.
- The purpose of quarantine is to assure 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.
- Exposure is defined as having been in a setting where there was a high likelihood of contact with

respiratory droplets and/or body fluids of a person with suspected or confirmed COVID-19.

- Examples of close contact include sharing eating or drinking utensils, riding in close proximity in the same vehicle, or any other contact between persons likely to result in exposure to respiratory droplets. Close contact typically does not include activities such as walking by an infected person or sitting across from a symptomatic patient in a waiting room or office.
- 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**).
- (*Only if there is a sufficient supply of face masks*) To minimize the likelihood of disease transmission to fellow quarantined persons, those who are placed in quarantine should be required to wear a face mask while in quarantine. Face masks should be replaced as needed.
- The mortality rates for COVID-19 increase substantially with age and for co-morbid conditions including diabetes, heart disease, and lung disease. If feasible, facilities should identify persons 60 and older or with comorbid conditions and, if possible, quarantine them in single cells.
- As feasible, the beds/cots of quarantined incarcerated individuals should be placed at least 6 feet apart.
- Quarantined incarcerated individuals should be restricted from being transferred, having visits, or mixing with the general population.
- A face mask is recommended for staff who are in direct, close contact (within 6 feet) of quarantined incarcerated individuals.
- At least daily, offenders in quarantine should be screened for symptoms including subjective fever, and a temperature. Symptomatic patients need to be isolated or cohorted.
- The duration of quarantine for COVID-19 is the 14-day incubation period.

  
\_\_\_\_\_  
Betsy Ividen, Commissioner

3-20-20  
Effective Date

## WVDCR COVID-19 Pandemic Response Plan Implementation Worksheet

This MS Word® template worksheet is designed for Superintendents and Directors to operationalize the Commissioner's COVID-19 Response Plan Policy. It should be adapted to the unique needs of your institution, jail, center, facility, or section.

Date Updated:

Completed by:

### A. Administration/Coordination

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

b. Will the facility utilize the Incident Command System? YES NO

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

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

CDC Website: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

State of \_\_\_\_\_ Website: \_\_\_\_\_

### B. Communication

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

-----Staff:

-----Incarcerated persons:

-----Families of incarcerated persons:

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

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<p><b>c. Local Public Health Agency:</b></p> <p><b>Contact person(s) for COVID-19:</b></p> <p><b>Phone:</b></p> <p><b>Email:</b></p>
<p><i>d. Communicate with your local health department and discuss guidance on management and COVID-19 testing of persons with respiratory illness.</i></p> <p><b>Document date of communication and the plans discussed: __/__/__</b></p>
<p><b>e. Local community referral hospital: _____</b></p> <p><b>Contact person(s) for COVID-19:</b></p> <p><b>Phone:</b></p> <p><b>Email:</b></p>
<p><b>C. General Prevention Measures</b></p>
<p><b>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)?</b></p>
<p><b>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?</b></p> <p><b>2) Are there facilities for incarcerated individuals to wash hands at intake? YES NO If no, what are plans to address this issue?</b></p> <p><b>3) Are soap dispensers or hand soap available in all employee and incarcerated person restrooms? YES NO What is the plan to assure that soap dispensers are refilled regularly?</b></p> <p><b>4) What is the plan to assure incarcerated individuals have an adequate supply of bar soap?</b></p>

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

**b. Environmental Cleaning:**

**(If necessary) purchase EPA hospital-grade disinfectants from Schedule N:**

**<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>.**

**(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:**

**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)?**

**1) Measure...**

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

**e. Flu Vaccine: Is there flu vaccine in stock? YES NO If yes, number of doses?**

**If yes, what plans are there to continue offering vaccination to employees who have not been vaccinated?**

**If yes, what plans are there to continue offering vaccination to incarcerated persons who have not been vaccinated?**

**D. Visitors / Volunteers / Contractors / Lawyers**

**What changes in procedures / polices are being instituted in response to COVID-19 for:**

**a. Visitors:**

**b. Volunteers:**

**c. Non-Essential Contractors:**

**d. Lawyers:**

**E. 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**

**What are your plans for employee screening?**

**The following system will be utilized for employees to report illness/exposures and to track this information:**

**F. Offender Screening**



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

**Where, when, and how will offenders be screened?**

**Who will conduct screening?**

**What other screening logistics are being considered?**

### **G. Initial Management and Testing of Cases of Respiratory Illness**

*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 assure competency in nasopharyngeal swabbing?**

**What are current recommendations from your local health department regarding COVID-19 testing?**

### **H. Personal Protective Equipment**

**Date: \_\_/\_\_/\_\_ What is the current inventory of the following PPE:**

**Face Masks:**

**N-95 respirators:**

**Gowns (disposable):**

**Gowns (washable):**

**Eye Protection- Goggles:**

**Eye Protection—Disposable face shields:**

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

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

**What is your plan for fit-testing correctional officers?**

**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?**

#### **I. 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?**

**What procedure will be used for sanitizing mechanical restraints.**

#### **J. Isolation / Cohorting (*Symptomatic Persons*)**

**What is your capacity for isolating ill offenders in single rooms with a toilet?**

**Detail available rooms:**

**What is your capacity for cohorting offenders together in a room with toilets/sinks?**

**Detail available rooms or unit:**

**What is your plan for designating and training officers assigned to isolation rooms on isolation room procedures?**

**K. Care for the Sick**

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

**What plan will you have for monitoring ill offenders?**

**L. Quarantine**

**What rooms could be used for group quarantine?**

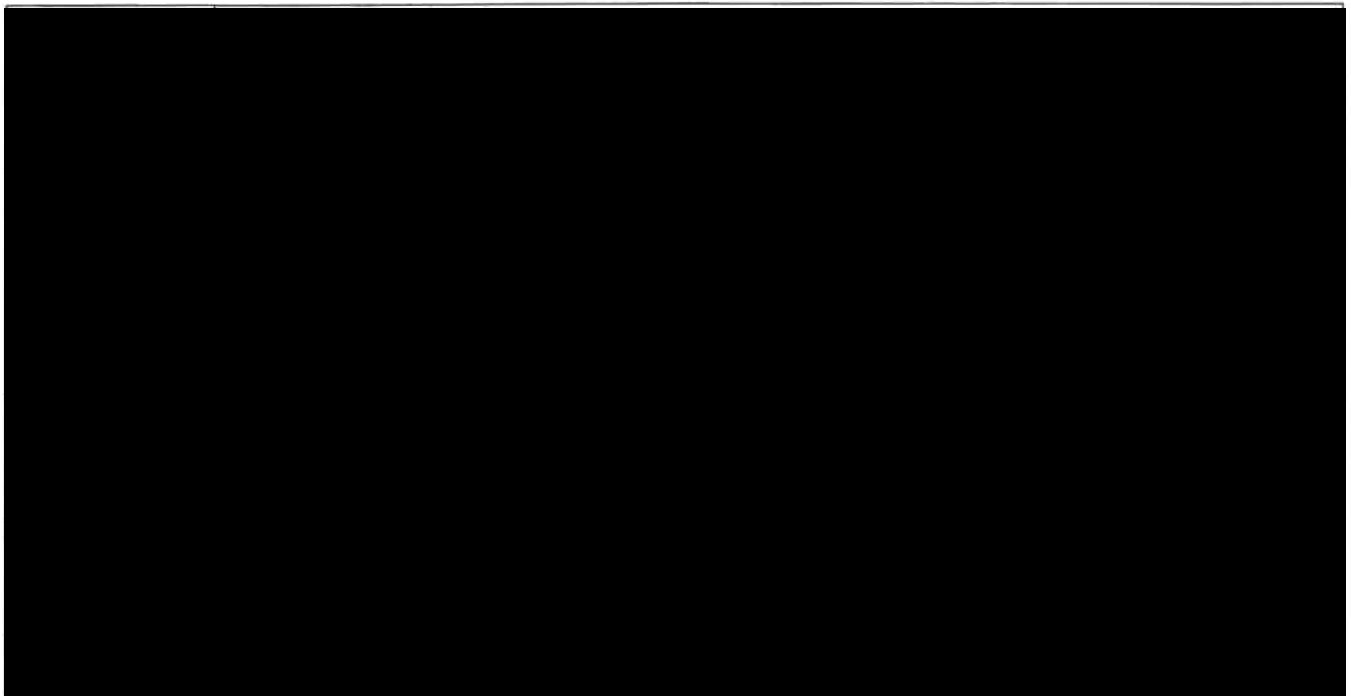
**How do you plan to monitor persons under quarantine?**

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

## Attachment 1. COVID-19 Employee Screening Form

- This form is designed to be utilized by facilities that are located in communities where there is sustained community transmission of COVID-19 (see CDC [State Map](#)).
- It is suggested that this be form be laminated. Upon arrival to the facility the employees are be asked to respond verbally to these questions and a temperature taken.
- Screening can be conducted by non-health care providers.
- If an answer to one of the questions is YES or a temperature exceeds 100F then hand 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 100F.



Screening Date: \_\_\_/\_\_\_/\_\_\_

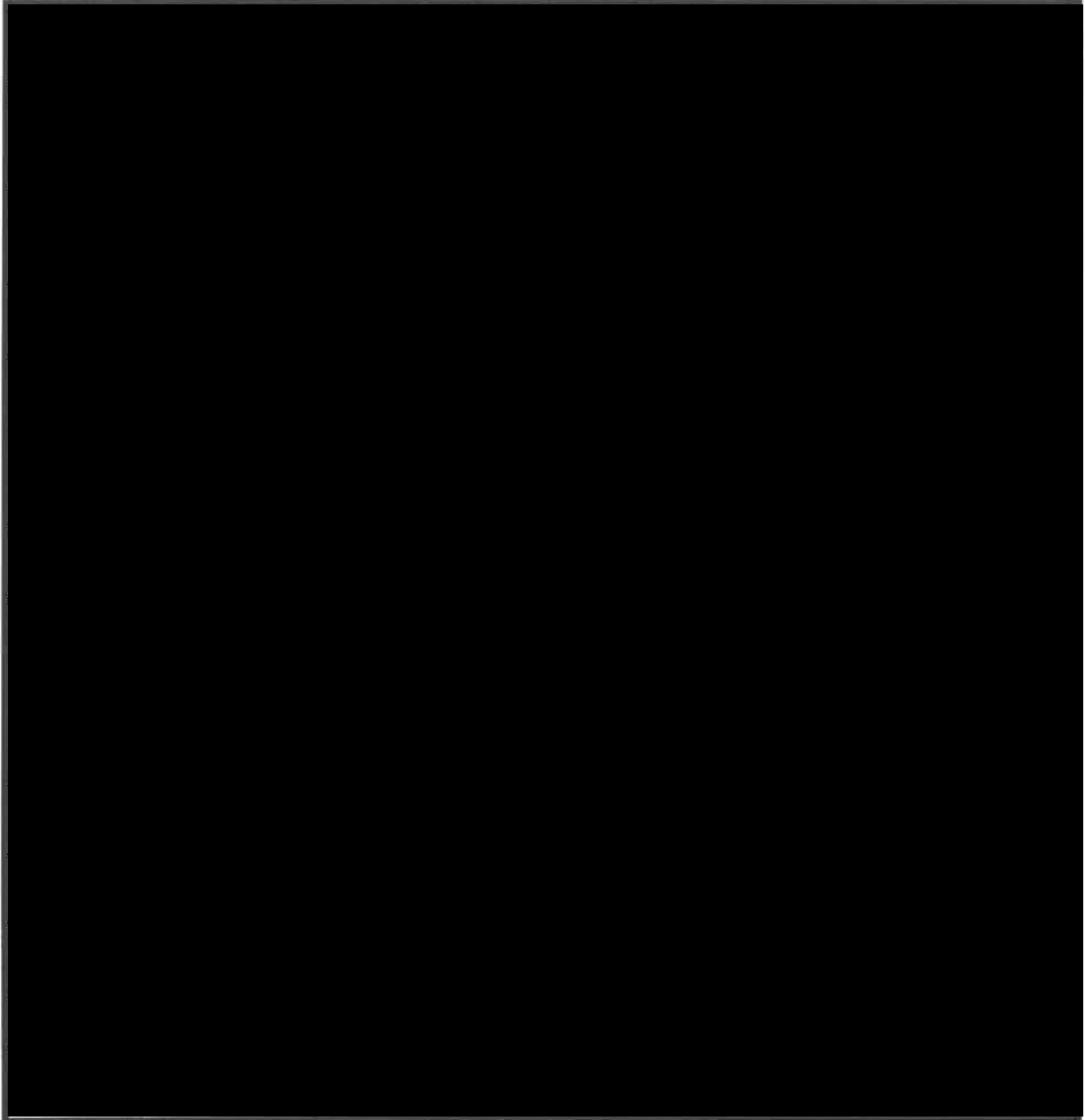
Employee Name (Last/First): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Screening Employee Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Attachment 2. COVID-19 Offender Screening Form**

**\*To be completed at time of intake medical clearance (Section 1) and before any transport, inmates reporting for work assignments, etc. (Section 2)**



**Inmate Name:** \_\_\_\_\_ **Number:** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_ **Date:** \_\_/\_\_/\_\_

**Employee Signature:** \_\_\_\_\_

### **Attachment 3. Centers for Disease Control Instructions for Putting on and Removing PPE**

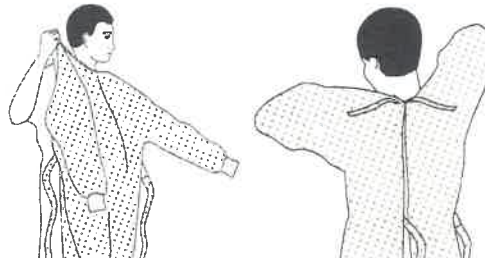
On the following three pages is an instruction from the Centers for Disease Control Instructions for Putting on and Removing PPE.

## SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

### 1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



### 2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



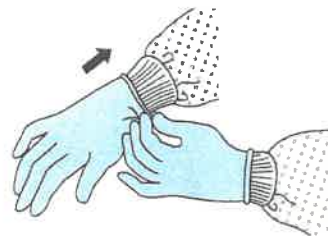
### 3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



### 4. GLOVES

- Extend to cover wrist of isolation gown



## USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

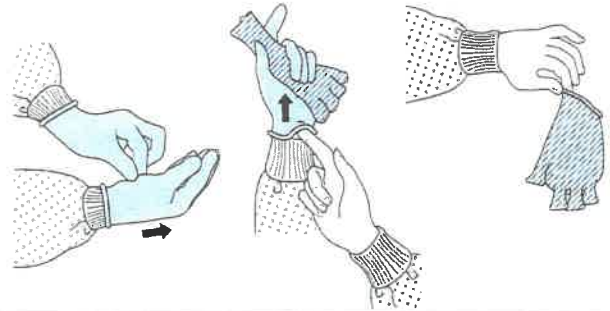


# HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

## 1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



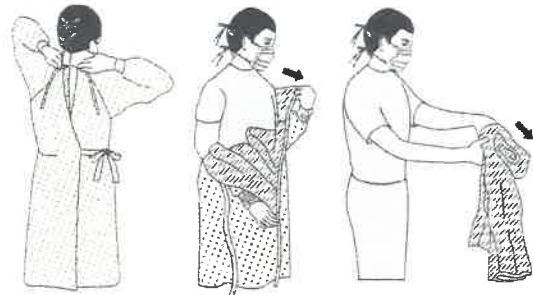
## 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



## 3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

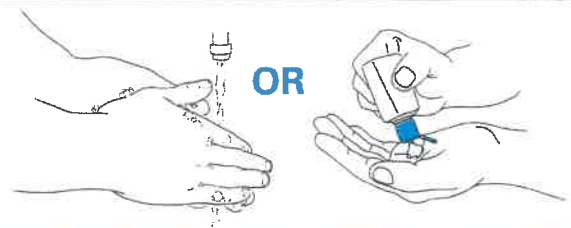


## 4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



## 5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS  
BECOME CONTAMINATED AND IMMEDIATELY AFTER  
REMOVING ALL PPE**



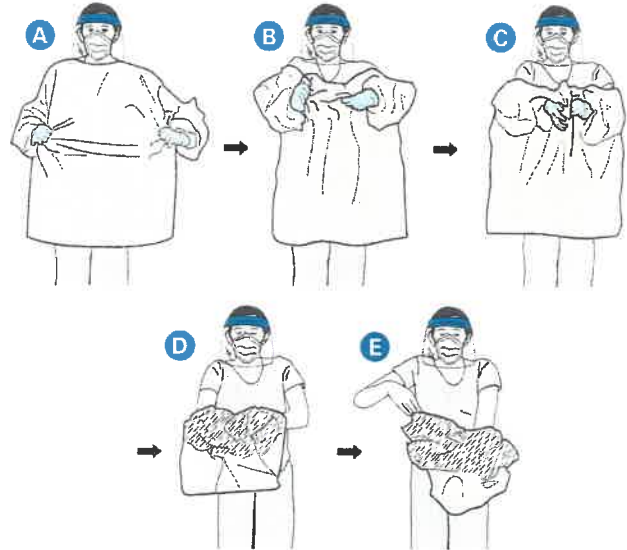


# HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

## 1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



## 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

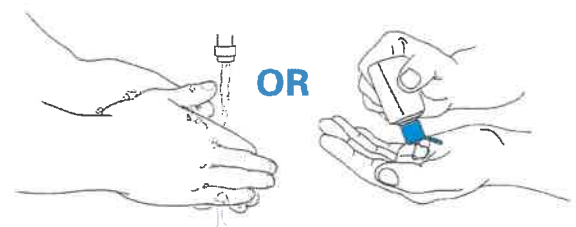


## 3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — **DO NOT TOUCH!**
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



## 4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE**



**Attachment 4. Respiratory Infection Isolation Room Sign**

On the following page is a Respiratory Infection Isolation Room sign for posting on the doors of isolation units.









# Respiratory Infection 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:*

	<p><b>HAND HYGIENE</b> <i>Hygiene De Las Manos</i></p>
	<p><b>Face Mask or N-95 Respirator</b> <i>Mascara Facial o Respirador N95</i></p>
	<p><b>Gloves</b> <i>Guantes</i></p>
	<p><b>GOWN</b> <i>Bata</i></p>
	<p><b>Eye Protection</b> <i>Protección para los ojos</i></p>
	<p>Ensure that the door to this room remains closed <u>at all times</u>. <i>Asegurese de mantener la puerta de esta habitación cerrada <u>todo el tiempo</u>.</i></p>

## **Attachment 5. 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

*PREGAUCIONES 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 a esta habitación tienen que:*



## HAND HYGIENE

*Hygiene De Las Manos*



## Face Mask

*Mascara facial*



## Eye Protection

*Protección para los ojos si contacto cercano*



## Gloves

*Guantes*



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

*Asegurese de mantener la puerta de esta  
habitación cerrada todo el tiempo.*