

RESTRICTED ACCESS

**WEST VIRGINIA
DIVISION OF CORRECTIONS
& REHABILITATION**

NUMBER: 337.00

DATE: 15 February 2021

SUBJECT: COVID-19 RESPONSE PLAN

POLICY DIRECTIVE

PURPOSE:

To provide written guidance to employees related to the possible outbreak of the Coronavirus Disease 2019 (COVID-19) within the West Virginia Division of Corrections and Rehabilitation.

REFERENCE:

WV Code §§15A-3-4, 15A-3-5, *et seq.*; Centers for Disease Control and Prevention (CDC), Coronavirus Disease 2019 (COVID-19), Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities and COVID-19 Critical Infrastructure Sector Response Planning (updated 03 December 2020).

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 instruction on the subject including DCR Policy Directive 337.00, dated 21 December 2020.

APPLICABILITY:

All facilities and work units within the Division of Corrections and Rehabilitation (DCR). 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.

*Other applicable definitions are provided within the body of the policy for easier access.

POLICY:

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 continues to evolve. Adaptable and updatable practical tools are needed to maintain infection prevention and control plans for COVID-19.

This updated COVID-19 Pandemic Response Plan policy 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 an Implementation Worksheet (**Attachment #1**) 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 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.

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I. COVID-19 Overview

This guidance provides general information regarding the COVID-19 pandemic.

What is Coronavirus Disease 2019 (COVID-19)?

Coronavirus Disease 2019 (COVID-19) is a contagious respiratory and vascular disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). First identified in Wuhan, China, it has caused an ongoing pandemic.

How is the virus causing COVID-19 transmitted?

The virus is thought to spread mainly from person-to-person. 1. Between people who are in close contact with one another (within about 6 feet). 2. Through respiratory droplets produced when an infected person coughs, sneezes, or talks. 3. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. 4. COVID-19 may be spread by people who are not showing symptoms.

What are the symptoms of COVID-19?

- Symptoms include:
- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle pain
- Sore throat
- New loss of taste or smell
- Nausea
- Vomiting
- Diarrhea
- Fatigue
- Headache
- Congestion
- Runny nose

This list is not exhaustive. Like other respiratory infections, COVID-19 can vary in severity from mild to severe, and pneumonia, respiratory failure, and death are possible. COVID-19 is a novel disease, therefore the full range of signs and symptoms, the clinical course of the disease, and the individuals and populations at increased risk for severe illness are not yet fully understood.

How can I help protect myself and others?

- Practice good cough and sneeze etiquette: Cover your mouth and nose with your elbow (or ideally with a tissue) rather than with your hand when you cough or sneeze, and throw all tissues in the trash immediately after use.
- Practice good hand hygiene: Regularly wash your hands with soap and water for at least 20 seconds, especially after coughing, sneezing, or blowing your nose; after using the bathroom; before eating; before and after preparing food; before taking medication; and after touching garbage. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.
- Wear masks unless PPE is indicated.
- Avoid touching your eyes, nose, or mouth without cleaning your hands first.
- Avoid sharing eating utensils, dishes, and cups.
- Avoid non-essential physical contact.

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?

At least at first, COVID-19 vaccines might be used under an Emergency Use Authorization (EUA) from the U.S. Food and Drug Administration (FDA). The goal is for everyone to be able to easily get a COVID-19 vaccination as soon as large quantities are available.

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.

II. COVID-19 Pandemic Response Plan Elements

Operational Procedures issued by Superintendents and Directors shall provide supplemental instructions regarding each element contained in Section II 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.
 - 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.

- 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.
- 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, employees should have access to alcohol-based hand sanitizer.
- 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 disinfectants on the Environmental Protection Agency (EPA) List N of registered, hospital-grade disinfectants for disinfecting high touch surfaces. Recommended products are both a surface cleaner and disinfectant with a 3-minute wet time or less. See: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

3. Social Distancing Measures

Various administrative measures should be implemented to reduce contact between people and reduce chance of spreading viruses. 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)
- **Self-service free-flow food bars, including salad bars shall be discontinued during the duration of the emergency period.**

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.
- A system should be developed and maintained 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

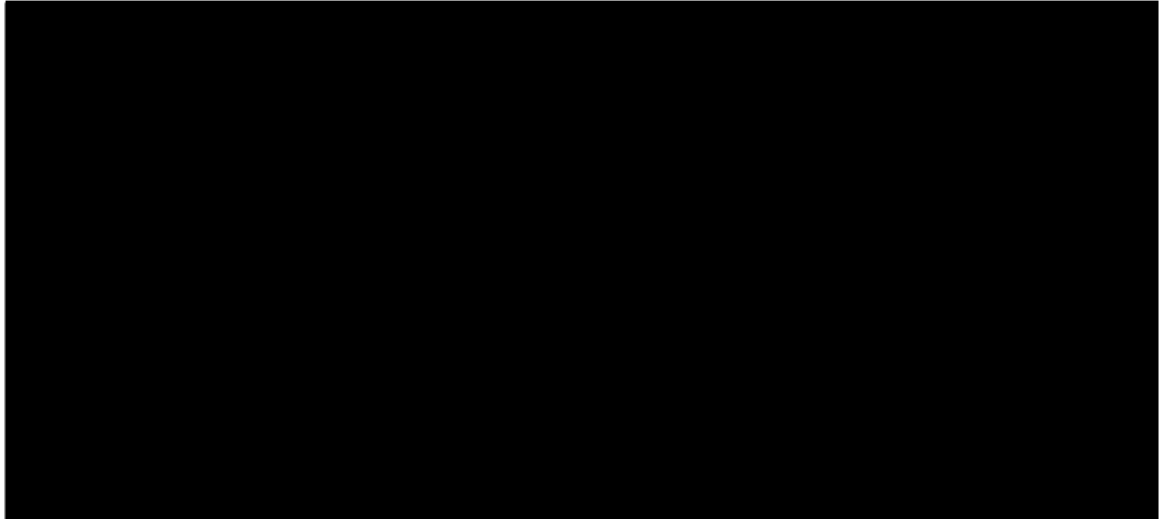
- Access to the facility by visitors and volunteers and non-essential contractors should be limited.
- Arrangements should be made to increase options for incarcerated persons to communicate with their families via telephone or tele-video.
- If possible, legal visits should occur remotely.
- The Deputy 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

- Employees and all other persons entering a facility shall be screened upon their arrival using the attached screening tool (**Attachment #2**).
- This form can be laminated for individuals to review the questions & verbally respond to them.
- A temperature shall 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 have vacationed outside the state in the past 14 days may remain at work under the following conditions:
 - Staff shall be required to wear cloth-type masks at all times.
 - Arrange for COVID-19 test 5 days after return. Employees may be tested onsite by facility medical staff provided they are not exhibiting any symptoms. Employees exhibiting any symptoms must report to their medical provider or community clinic.
 - Wash hands diligently.
- Employees who have been in close contact with an individual that is confirmed or suspected of having COVID-19 may remain at work and are to wear a mask at all times in accordance with CDC Guidance for Critical Workers.
- Employees who are experiencing shortness of breath, cough due to illness (not including seasonal allergies), have had a fever in the past 72 hours or currently have a fever greater than 99.5° should be sent home and advised to consult their healthcare provider.

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).



- The Offender Screening Form (**Attachment #3**) should also be completed prior to all offender transports.
- Superintendents should implement screening for inmates assigned to work in various parts of the 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.
- 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 will need to use PPE within the scope of their responsibilities should be trained to correctly don, doff and dispose of the PPE. CDC instructions on donning and doffing PPE are provided in **Attachment #4** and on the CDC's website.
- Designated PPE donning and doffing areas should be designated outside all spaces where PPE will be used. These spaces should include:
 - A dedicated trash can for disposal of PPE
 - A hand washing station or access to alcohol-based hand sanitizer
 - A poster demonstrating correct PPD donning and doffing procedures
- Ensure sufficient stock of PPE are on hand and available and have a plan in place to restock as needed and make contingency plan for possible PPE shortages.

Table 2. Definitions of "Face Masks" and "Respirators"

Face Masks: Masks cover the nose and mouth and are intended to help prevent people who have the virus from transmitting it to others.

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

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,” “Cohorting” and “Quarantine”

Isolation: Medical isolation refers to separating someone with confirmed or suspected COVID-19 infection to prevent their contact with others to reduce the risk of transmission.

Cohorting: Isolating multiple individuals as a group due to a limited number of individual cells.

Quarantine: Separating individuals who have had close contact with someone with COVID-19 to determine whether they develop symptoms or test positive for the disease. Quarantine reduces the risk of transmission if an individual is later found to have COVID-19. Quarantine for COVID-19 should last 14 days.

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” (**Attachment #5**). 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 list recommended personal protective equipment (PPE) described in Element “H”.
- Dedicated medical equipment, e.g., 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 possible. If isolation is not feasible, attempt to place the beds of sick incarcerated individuals at a distance of at least 6 feet from other 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.
- COVID-19 positive individuals will be isolated for 10 days following their test date. Some individuals that have required hospitalization due to COVID-19 may be isolated for up to 20 days.

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.**
- 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.

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.
 - Close contact is defined as 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.
- The door to the Quarantine Room should remain closed. A sign should be placed on the door of the room indicating it is a Quarantine Room (**Attachment #6**) which lists recommended personal protective equipment.
- 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 following exposure to COVID-19 is 14 days.
- To minimize the possibility of disease transmission into the community, all offenders are to be tested as soon as possible prior to being released. If operationally feasible, offenders shall be quarantined prior to release. Antibody testing is not to be used for release testing.

ATTACHMENT(S):

- #1 WVDCR COVID-19 Pandemic Response Plan Implementation Worksheet (7 pages)
- #2 COVID-19 Screening Tool
- #3 COVID-19 Offender Screening Form
- #4 CDC Instructions on Donning and Doffing PPE (3 pages)
- #5 "Respiratory Infection Isolation Room" signage
- #6 "Quarantine Room" signage

APPROVED SIGNATURE: _____


Betsy C. Jividen, Commissioner


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?

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:

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:

C. General Prevention 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 assure 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 are at entry, in public and visible areas around?

b. Environmental Cleaning:

(If necessary) purchase EPA hospital-grade disinfectants from List 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 / policies 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

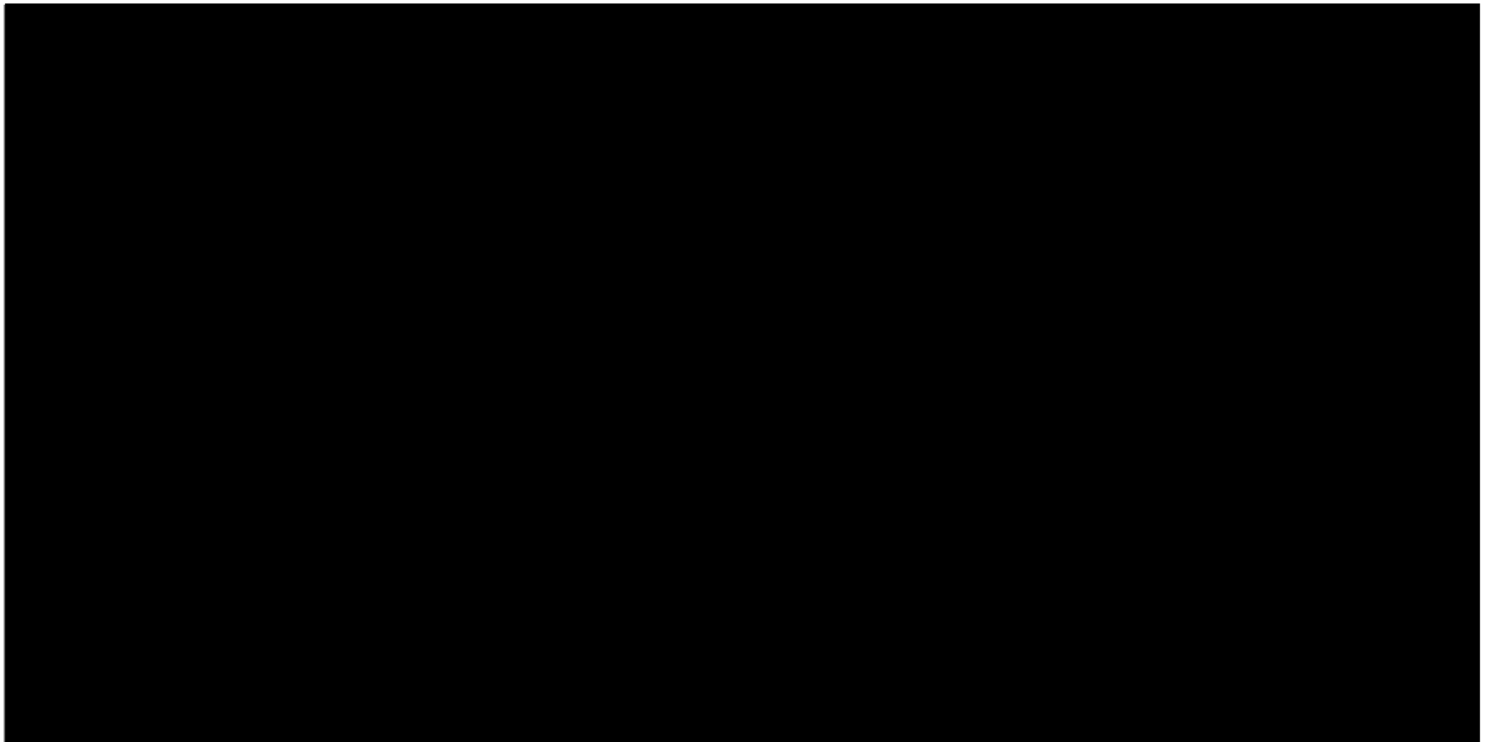
What rooms could be used for group quarantine?

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?

COVID-19 Screening Tool



Screening Date: _____

Employee Name (Last/First): _____

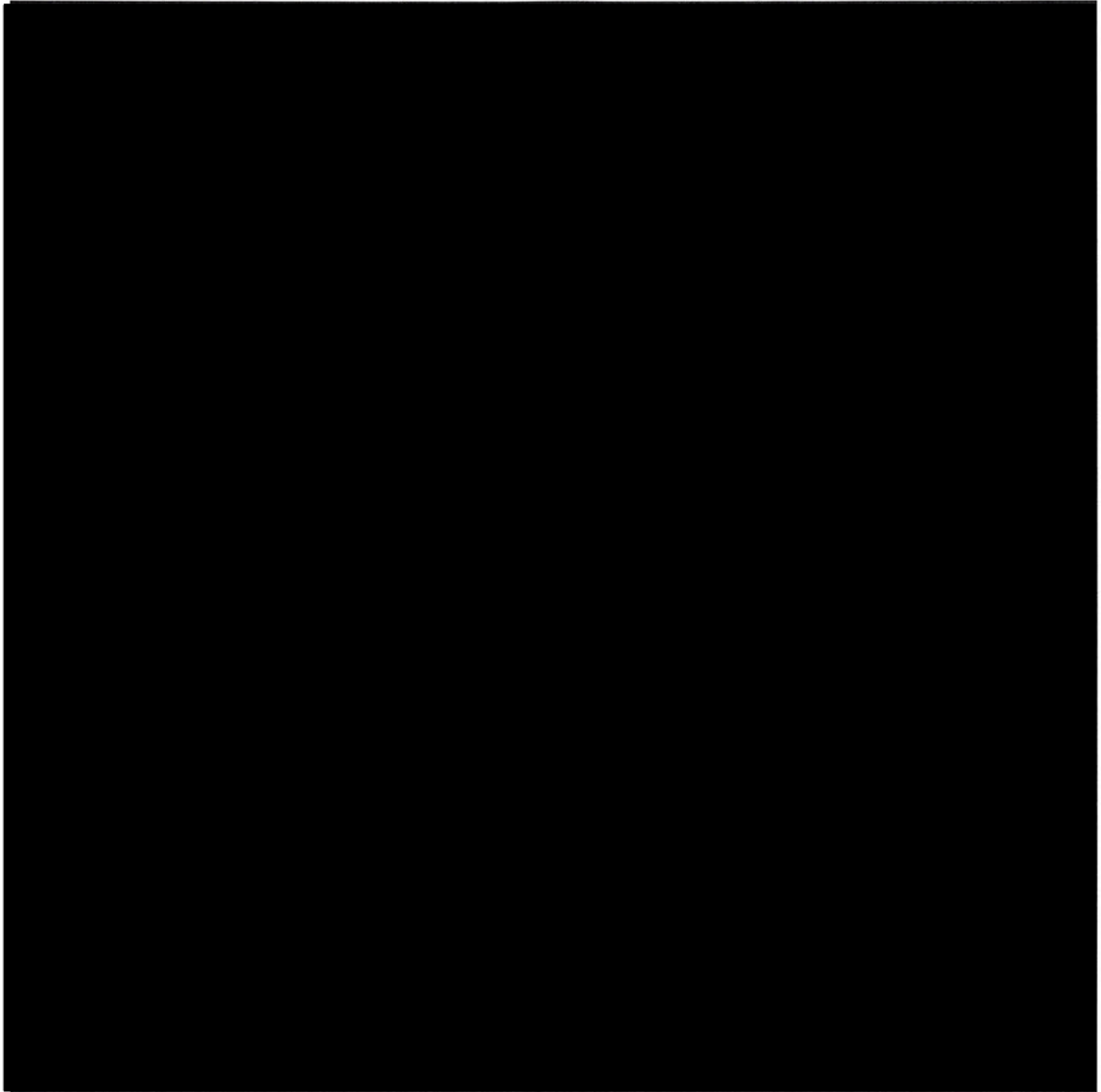
Screening Employee Name: _____ Signature: _____

Institution: _____

- This form is to be utilized by facilities.
- This form is to be used for everyone entering the facility upon their arrival.
- Screening can be conducted by non-health care providers.
- If the answer is yes to any of the above, except for #1 and/or #2, or for fever >99.5, send the individual home.
- 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 99.5F.
- *If yes to number one, individual may remain at work under the following conditions:
 - Staff will be required to wear cloth type mask at all times.
 - Arrange for COVID-19 test five (5) days after return. Employees may be tested onsite by facility medical staff provided they are not exhibiting any symptoms. Employees exhibiting any symptoms must report to their medical provider or community clinic.
 - Wash hands diligently.
- *If yes to number two, individual may remain at work and is to wear a mask at all times.

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: __/__/__

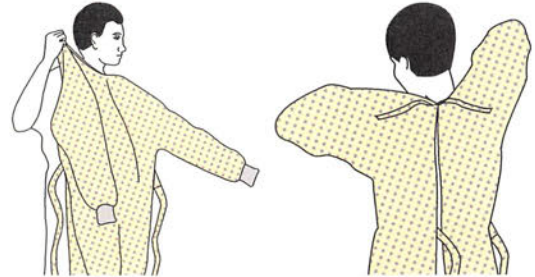
Employee Signature: _____

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



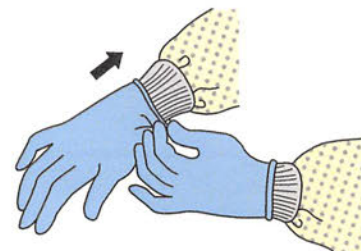
3. GOGGLES OR FACE SHIELD

- 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



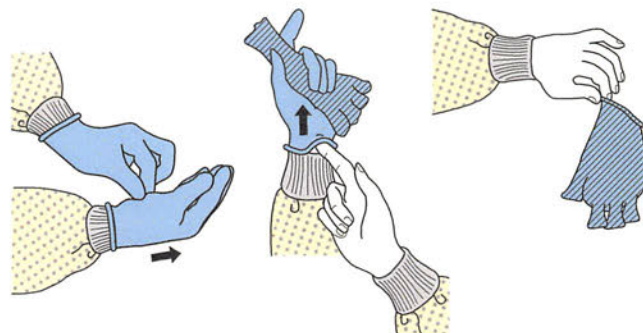
HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)

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



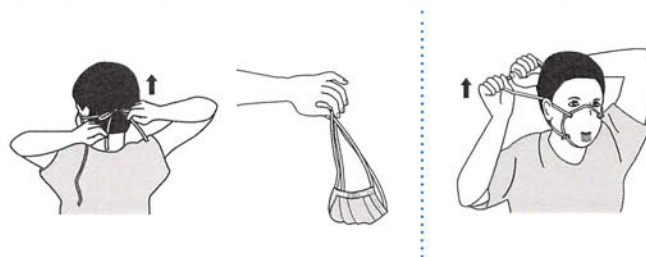
3. GOWN

- 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

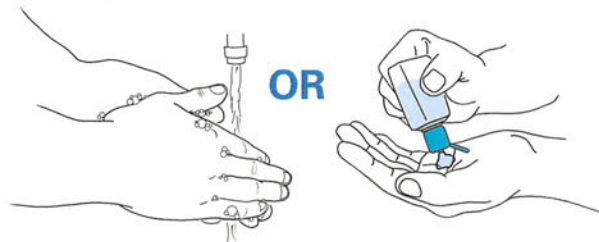


4. MASK OR RESPIRATOR

- 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



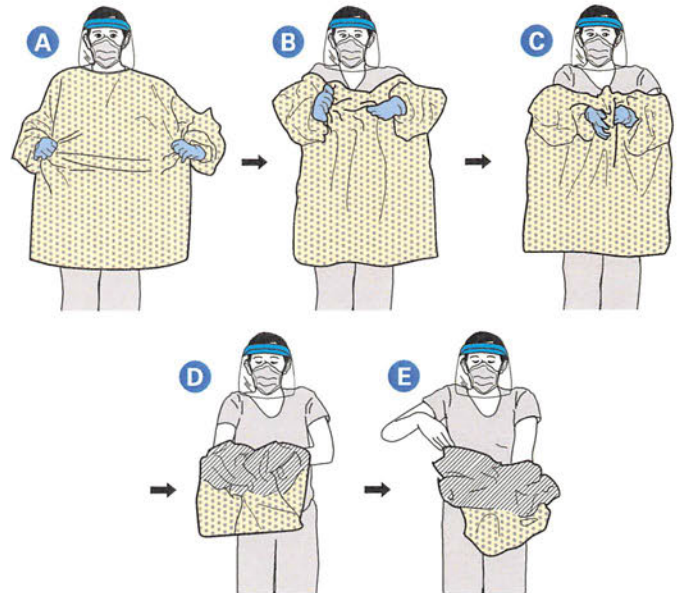
HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)

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



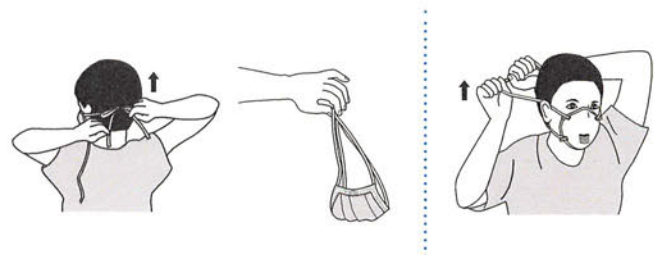
2. GOGGLES OR FACE SHIELD

- 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

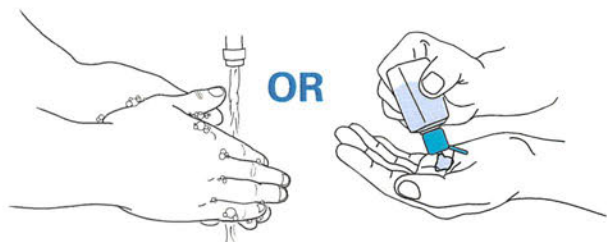


3. MASK OR RESPIRATOR

- 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





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:***

	HAND HYGIENE <i>Hygiene De Las Manos</i>
	Face Mask or N-95 Respirator <i>Mascara Facial o Respirador N95</i>
	Gloves <i>Guantes</i>
	GOWN <i>Bata</i>
	Eye Protection <i>Protección para los ojos</i>
	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>

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 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

NOTICE

KEEP THIS
DOOR CLOSED

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

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