

RESTRICTED ACCESS

West Virginia Division of Corrections & Rehabilitation

Bureau of Juvenile Services

PROTOCOL

NUMBER: BJS – 303

DATE: 07 December 2021

SUBJECT: COVID-19 RESPONSE PLAN

PURPOSE:

To ensure the safety and security of facilities within the Bureau of Juvenile Services and provide current guidelines to reduce the spread of COVID-19 utilizing screening tools, isolation and quarantine, and testing to identify cases and manage outbreaks.

REFERENCE:

Centers for Disease Control and Prevention (CDC), Guidance for Coronavirus Disease 2019 (COVID-19).

RESPONSIBILITY:

Superintendents shall be responsible for developing and maintaining a written COVID-19 Response Plan that operationalizes each element of the Plan as delineated in this Protocol.

CANCELLATION:

Any previous written instructions on this subject including BJS Protocol 303, dated 16 November 2021.

DEFINITIONS:

Antigen Test: A diagnostic test, meaning it can diagnose if a person has COVID-19. It works by detecting specific proteins from the virus. Usually, this test is a nasal swab test. Most commonly, the antigen test is known as the rapid COVID-19 test.

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

Fully Vaccinated: According to the CDC, a person is considered fully vaccinated against COVID-19 if it has been at least two (2) weeks since their second dose in a two-dose series (Pfizer or Moderna), or two (2) weeks since a single-dose vaccine (Johnson & Johnson).

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

Quarantine: Separating individuals who have or may 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 fourteen (14) days.

APPLICABILITY:

All facilities within the Bureau of Juvenile Services (BJS). This Protocol is **Restricted Access** and not available for offender review.

PROTOCOL:

COVID-19 Response Plan Elements

The Response Plan has been updated and corresponds with the Implementation Worksheet (**Attachment #1**). In order to operationalize this plan, each facility will need to complete this new Worksheet as soon as practical and submit a copy to the Assistant Commissioner through his/her chain of command.

I. Administration/Coordination

It is critically important that correctional and healthcare leadership meet or consult regularly to review the current status of COVID-19 and flexibly respond to changes in current conditions.

II. Communication

The importance of regular communication with staff, offenders, 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 disseminating regular updates.

III. Prevention Measures

The following prevention measures shall be maintained.

A. Masks or Face Coverings

1. All staff, contractors, volunteers, visitors and anyone else entering a correctional facility must wear a mask or face covering when social distancing cannot be maintained and when in close contact with offenders. Staff will be provided face masks.
2. Offenders will be provided two (2) cloth masks at no cost upon admission to a DCR facility. These masks will be laundered routinely. Replacement masks will be available as appropriate.
3. Offenders are recommended to wear masks any time social distancing cannot be maintained and anytime they are off their housing unit. Superintendents have the authority to post specific areas where masks are required.

B. Symptom Screening

1. All staff, contractors, volunteers, visitors and anyone entering a correctional facility will undergo symptom screening and temperature check using the attached screening tool (**Attachment #2**). This form may be updated as new information emerges. Screening is generally performed by non-medical personnel.
2. This form can be laminated for individuals to review the questions and verbally respond to them. Screenings only require documentation when meeting the criteria indicated on the bottom of the form.
3. If symptomatic or temperature is greater than 99.5° Fahrenheit, the individual will not be permitted access to the facility unless COVID-19 test is negative and twenty-four (24) hours with no fever without the use of fever-reducing medications.
4. If staff members have known exposure to COVID-19, they will be permitted to work as long as they remain asymptomatic, wear a mask at all times and are tested five (5) days after exposure, regardless of vaccination status.
5. Staff members that live with confirmed positive individuals may work if they undergo daily antigen testing with negative results.
6. Staff members that test positive will not be permitted to enter the facility until ten (10) days after their positive test date or symptom onset.

C. Offender Screening and Testing

1. All new intakes will undergo symptom screening and temperature checks using the Offender Screening Form (**Attachment #3**). [REDACTED]
2. [REDACTED]

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3. All new offenders will also be offered COVID-19 testing (see testing section below) and vaccinations (see vaccination section below).
 4. The Offender Screening Form (**Attachment #3**) shall also be completed prior to all offender transports.
 5. Superintendents may implement screening for offenders 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.

D. Cleaning and Disinfecting

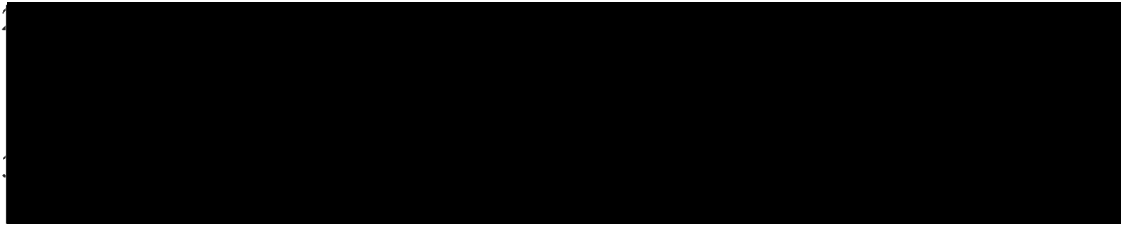
1. Each housing unit will be offered cleaning supplies, including disinfectants listed on the EPA (U.S. Environmental Protection Agency) List N, and hygiene supplies at a minimum of once per day, and this will be logged. Soap will be provided to offenders at no cost to the offender.
2. If a person tests positive for COVID-19, the area used by that person should be closed off and not used again until after it has been cleaned and disinfected using products from EPA List N.
3. Masks and gloves should be worn while cleaning and disinfecting.

E. Vaccinations

1. COVID-19 vaccines are safe and prevent infection and severe illness. High vaccination coverage is critical in congregate settings. Regular vaccine clinics will be held for staff and offenders and information about the benefits of vaccination will be made available. Second doses and/or boosters will be provided based on FDA (U.S. Food & Drug Administration) and CDC guidelines.
2. Offenders eighteen (18) years or older may self-consent for vaccinations. For offenders under the age of eighteen (18), the parent or legal guardian is required to give consent (**Attachment #4**) for the offender to receive the vaccine(s).
3. Offenders will be offered COVID-19 vaccines upon intake.
4. Efforts will be made to complete all vaccination request lists regularly based on need and vaccine availability.
5. Offenders not fully vaccinated are not permitted to work outside the confines of the facility.

F. Personal Protective Equipment (PPE)

1. Staff and offenders will be provided appropriate personal protective equipment (PPE).

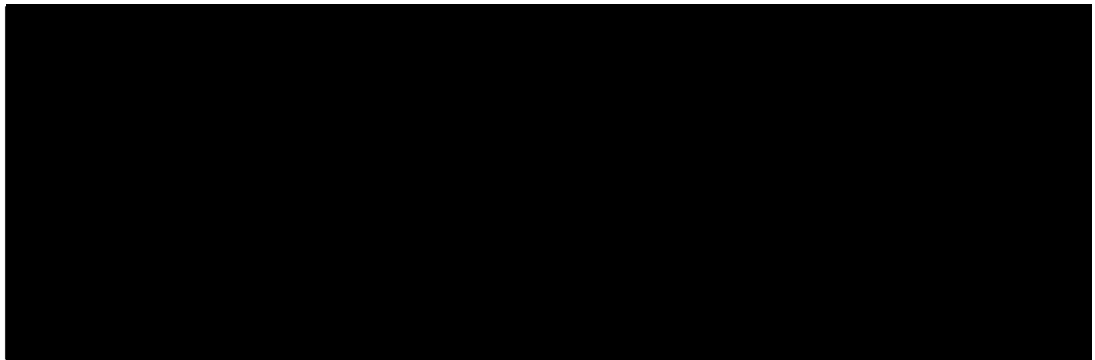


IV. COVID-19 Testing

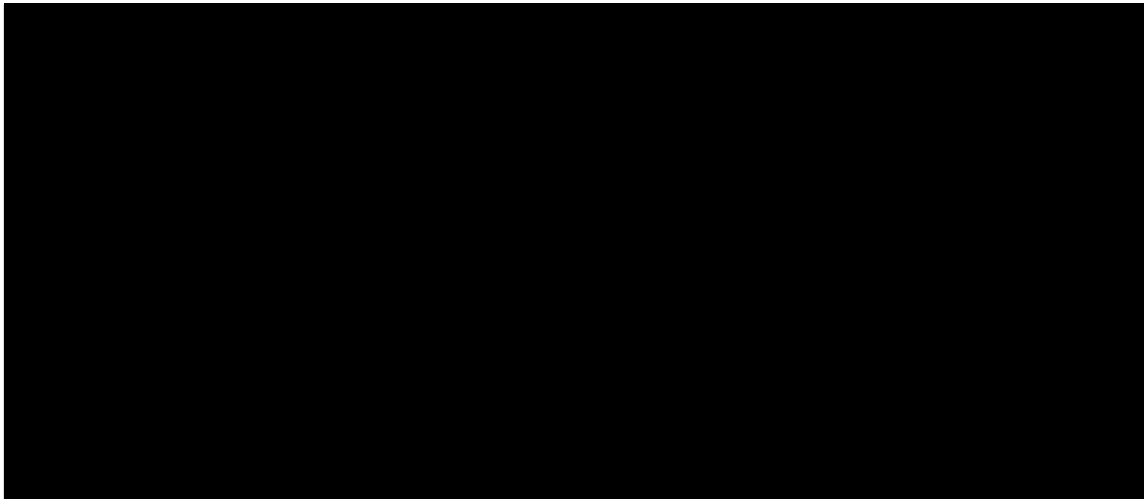
- A. In that controlling the spread of COVID-19 is a valid public and facility safety security concern, persons refusing or defying efforts to control and monitor the spread of the disease may be subject to disciplinary action.

B. Offender COVID-19 Testing

1. Medical staff will perform COVID-19 testing and follow infection control procedures and protocols.
2. Offenders will be offered COVID-19 testing upon intake and notified of the results. Offenders refusing COVID-19 intake testing will sign the Refusal Form (**Attachment #5**).



3. Committed offenders will also be offered a COVID-19 test within three (3) days of a planned release. Offenders refusing this testing will sign the Refusal Form (**Attachment #5**).
 - a. If positive test results are received, the Health Department in the county the offender was released to will be notified; and every effort will be made to notify the released offender.
 - b. For offenders with an assigned aftercare worker, the worker will be notified of positive results and will notify the offender.



5. Offenders who are symptomatic or live in a housing section with an offender who tests positive will be COVID-19 tested. Offenders refusing this testing will sign the Refusal Form (**Attachment #5**) and may be subject to disciplinary action. They will also be required to quarantine for fourteen (14) days.
6. A randomized sample of offenders will be COVID-19 tested each month. Offenders refusing randomized testing will sign the Refusal Form (**Attachment #5**) and may be subject to disciplinary action. They will also be required to quarantine for fourteen (14) days.
7. All refusal forms will be maintained in the offender's file.
8. Superintendents/designee will ensure all COVID-19 testing refusals by offenders (regardless of the testing reason) are logged. The log shall contain chronological entries of the date, offender's name, OID#, and testing reason (e.g., intake, release, transfer, symptomatic, exposure or random).

C. Staff COVID-19 Testing

1. A randomized sample of DCR staff will be COVID-19 tested each week.
2. Staff may also be tested relative to exposure and symptoms.

V. Isolation / Cohorting

- A. Offenders with positive test results shall be isolated alone or cohorted with other confirmed positive offenders. Under no circumstances should a positive offender be housed in the same cell/room as an offender that has not tested positive.
- B. The duration of isolation for confirmed positive individuals is ten (10) days from test date if asymptomatic or ten (10) days from symptom onset.

- C. Offenders living in the same housing section as a confirmed positive offender and are symptomatic shall be isolated or cohorted.
- D. Isolated/cohorted offenders will have access to medical and mental health care.
- E. Medical staff shall perform symptom screening, assess oxygen saturation, and temperature checks for all positive offenders no less than twice daily.
- F. Offenders in isolation must wear masks whenever anyone else enters the isolated cell, unless the offender is having trouble breathing, is incapacitated, or is otherwise unable to don or remove a mask without assistance.
- G. Signs will be placed indicating Isolation status (**Attachment #6**). Anyone entering these areas will be required to wear appropriate PPE.

VI. Quarantine

- A. Offenders living in the same housing section as a confirmed positive offender, and are asymptomatic, shall be placed on quarantine for fourteen (14) days and tested five (5) days after exposure. These offenders may mingle with other offenders in the quarantine section. Negative test results do not shorten the fourteen (14) day quarantine.
- B. Offender(s) that shared a cell/room with a confirmed positive will be tested and quarantined. He or she will be retested in five (5) days if the initial test is negative. Regardless of test results, these offenders will not be permitted to mingle with other offenders in the quarantine section. Negative test results do not shorten the fourteen (14) day quarantine.
- C. Offenders in routine intake quarantine will not be mixed with offenders quarantined due to COVID-19 exposure.
- D. To the extent possible, meals will be served within the quarantine area.
- E. Quarantined offenders will wear masks when leaving the quarantine area.
- F. Quarantined offenders will have access to medical and mental health care.
- G. Medical staff shall perform symptom screening and temperatures checks daily on all quarantined offenders. To the extent possible, medical evaluation and care will be provided within or near the quarantine area.
- H. Signs will be placed indicating Quarantine status (**Attachment #7**). Anyone entering these areas will be required to wear appropriate PPE.

VII. Treatment

Treatments are prescribed at the sole discretion of the treating medical provider and subject to availability.

VIII. Reporting

Healthcare staff shall report all positive cases to the local health department as well as provide daily a Line List (**Attachment #8 for positive offenders**) and (**Attachment #9 for positive staff**) to their local health department.

ATTACHMENT(S):

- #1 WVDCR COVID-19 Response Plan Implementation Worksheet (4 pages)
- #2 COVID-19 Screening Tool
- #3 COVID-19 Offender Screening Form
- #4 Youth Consent for COVID-19 Vaccine
- #5 COVID-19 Test Refusal Form
- #6 "Respiratory Infection Isolation Room" signage
- #7 "Quarantine Room" signage
- #8 Inmate Outbreak Line List for COVID-19
- #9 Staff Line List for COVID-19 Outbreak

APPROVED SIGNATURE:



Approved 12/07/21

**William K. Marshall III
Assistant Commissioner**

Date

WVDCR COVID-19 Response Plan Implementation Worksheet	
This template worksheet is designed for Superintendents to operationalize the DCR's COVID-19 Response Plan. It should be adapted to the unique needs of each facility.	
Date Completed:	Completed by:
Administration/Coordination	
What is plan for correctional and healthcare leadership to meet or consult to review the current status of COVID-19?	
Communication	
What are plans and who is responsible for regular updates (paper/electronic/telephonic) to the following?	
Staff:	
Offenders:	
Families of offenders:	
Prevention Measures	
A. Masks: Are masks made available to all offenders at intake and when needed? How does an offender request a mask?	

B. Symptom Screening:

How is symptom screening conducted?

C. Offender Screening and Testing

What is plan for screening offenders upon intake?

D. Cleaning and Disinfecting:

What is plan for offering cleaning and disinfecting supplies to each housing unit?

E. Vaccinations:

What is plan to offer offenders COVID-19 vaccines upon intake?

How is information about the benefits of vaccines made available to staff and offenders?

What is plan to ensure vaccine request lists are completed each week?

F. Personal Protective Equipment:



Offender COVID-19 Testing

What is plan for offering offenders testing upon intake?

What is plan for offering offenders testing prior to release?

What is plan for testing offenders prior to intra-agency transfers?

What is plan for testing offenders due to symptoms or exposure?

What is plan for conducting surveillance testing on a randomized sample of offenders?

Who is maintaining refusal log and where is it kept?

Staff COVID-19 Testing

What is plan for conducting surveillance testing on a randomized sample of DCR staff?

Isolation/Cohorting

What is plan for isolating or cohorting offenders?

Quarantine

What is plan for quarantining offenders?

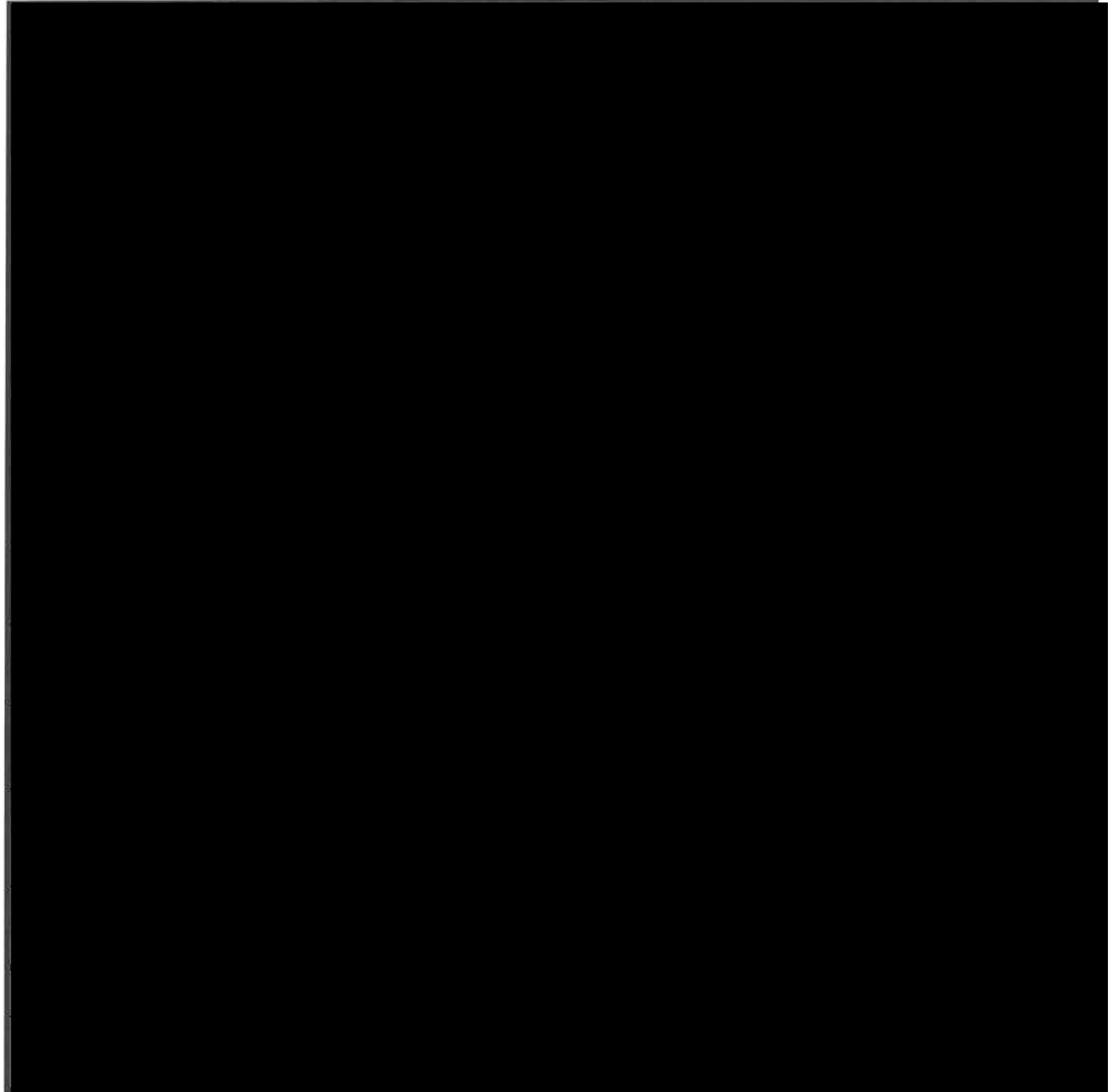
Reporting

Who is responsible for submitting daily line lists to the local health department?

- ## COVID-19 Screening Tool

COVID-19 Offender Screening Form

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



Offender Name: _____ OID Number: _____

Employee Name: _____ Date: __/__/__

Employee Signature: _____



BETSY C. JIVIDEN
COMMISSIONER

STATE OF WEST VIRGINIA
DEPARTMENT OF HOMELAND SECURITY
DIVISION OF CORRECTIONS
AND REHABILITATION



JEFF S. SANDY, CAMS, CFE
CABINET SECRETARY

Office of the Commissioner
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Charleston, WV 25311
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Bureau of Juvenile Services Youth CONSENT for COVID-19 Vaccine

Resident's Name: _____

DOB: _____

Facility: _____

CONSENT for COVID-19 VACCINE:

- I understand that COVID-19 can have serious complications and there is no way to know how COVID-19 will affect the resident. I further understand that a COVID-19 vaccine may help keep the resident from becoming seriously ill, even if he/she does become infected with COVID-19.
- I understand that the Pfizer-BioN Tech vaccine has been approved by the U.S. Food and Drug Administration (FDA) for use to prevent Coronavirus Disease 2019 (COVID-19) for individuals 5 years of age or older.
- I understand that it is not possible to predict all possible side effects or complications associated with receiving the vaccine(s). I understand the risks and benefits associated with the Pfizer-BioN Tech vaccine and have received, read and/or had explained to me the EUA (Emergency Use Authorization) Fact Sheet on the COVID-19 vaccine.

I give consent for _____ to receive the COVID-19 vaccine.
Resident Name

Signature of Youth

Date

Signature of Parent/Guardian

Date

COVID-19 Offender Testing Refusal Form

I, _____, OID# _____, have
been offered COVID-19 testing for the following reason(s) and hereby refuse.

☐ Intake Testing

☐ Prior to Release

☐ Due to Symptoms or Exposure – I understand I will be required to quarantine for 14 days and
may be subject to disciplinary action.

☐ Randomly Selected for Surveillance Testing – I understand I will be required to quarantine
for 14 days and may be subject to disciplinary action.

☐ Other: _____

Offender's Signature

Date Signed

Witnessing Staff Signature

Date Signed



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:***

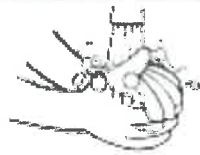
	HAND HYGIENE <i>Hygiene De Las Manos</i>
	Face Mask or N-95 Respirator <i>Mascara Facial o Respirador N95</i>
	Gloves <i>Guantes</i>
	GOWN <i>Bata</i>
	Eye Protection <i>Protección para los ojos</i>
	Ensure that the door to this room remains closed <u>at all times</u>. <i>Asegurese de mantener la puerta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



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

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

[illegible]

Contact Person Name _____
 Contact Phone # _____

[illegible]

WEST VIRGINIA
College Institute of
**Health & Human
Resources**
BUREAU FOR PUBLIC HEALTH

Contact Phone #

[illegible]