CDC Site Visit to Forrest City FCI
Recommendations

April 11, 2020

On April 3, 2020, the Arkansas Department of Health (ADH) requested assistance from the Centers for Disease Control and Prevention (CDC) in responding to cases of COVID-19 in a Bureau of Prisons (BOP) facility in Forrest City, Arkansas - Forrest City Federal Correctional Institute (FCI). After a call with CDC, ADH, and the BOP central office, CDC assembled a deployment team to travel to Arkansas. On April 9, 2020, the deployment team visited Forrest City FCI and assessed the current situation. The team met with leadership including the Warden, healthcare leaders, and union representatives. Topics included number of cases among incarcerated persons and staff, current isolation and quarantine arrangements and logistics, infection control measures, testing mechanisms, communication with staff and incarcerated persons, hygiene and sanitation practices, movement into, out of, and within the institution, and social distancing efforts. The team then visited housing units and medical isolation spaces in the Low and Medium facilities.

Based on the CDC site visit, the deployment team recommends that Forrest City FCI and BOP take the actions detailed below to limit the spread of COVID-19 within the facility and between the facility and the surrounding community.

Isolation and Quarantine

- **Medical isolation in Low**. Refer to Appendix A for a diagram of recommended isolation spaces in the Low facility, based on the site visit and maps of the facility provided by the Warden. In the Low, COVID-19 cases are currently cohorted, with laboratory-confirmed cases and suspect cases housed together. To avoid transmission from infected to uninfected individuals, we recommend separate isolation spaces for the following groups:
    - *Laboratory-confirmed COVID-19 cases*
    - *Individuals awaiting COVID-19 testing or with results pending (symptomatic)*
    - *Individuals awaiting COVID-19 testing or with results pending (asymptomatic)* – if applicable
    - *Individuals testing negative for COVID-19 but with symptoms requiring medical care and separation from the housing unit*
    - *Individuals who tested positive for COVID-19 and have met the CDC criteria for ending medical isolation* – Forrest City FCI has indicated that they may wish to use more stringent criteria to allow these individuals to return to their usual housing units, given the elevated risk of transmission in a congregate setting. We recommend a separate location for these individuals if that decision is made, in order to make more space available for new laboratory-confirmed positives.

- **Medical isolation in Medium.** Currently, there is adequate space in the cohorted isolation area that has been set up in the Medium facility for additional laboratory-confirmed COVID-19 cases. However, we have the following recommendations regarding isolation space in Medium:
    - If additional individuals incarcerated in the Medium facility begin to develop symptoms and require medical isolation, separate spaces should be established for the following groups in order to prevent transmission from uninfected to infected individuals (same groups as for Low, see Appendix A):

        - *Laboratory-confirmed COVID-19 cases*
        - *Individuals awaiting COVID-19 testing or with results pending (symptomatic)*
        - *Individuals awaiting COVID-19 testing or with results pending (asymptomatic)* – if applicable
        - *Individuals testing negative for COVID-19 but with symptoms requiring medical care and separation from the housing unit*
        - *Individuals who tested positive for COVID-19 and have met the CDC criteria for ending medical isolation* (if Forrest City FCI decides to use more stringent release criteria and needs additional space in the laboratory-confirmed positive space)
    - Ideally, persons under medical isolation for confirmed or suspected COVID-19 should be housed individually to prevent transmission from infected to uninfected individuals, and to prevent other co-occurring illnesses from spreading and increasing the risk of severe illness. If feasible, consider moving individuals under medical isolation into separate cells in Building A, which is currently empty and has ample capacity to house them individually.
    - Regardless of where isolation is maintained, staff should not eat inside any isolation spaces, or in adjacent rooms. We recommend removing the microwave from the small room adjacent to the current isolation space. Based on conversations with staff, this room is currently being used for staff to heat and eat their food, while they are still wearing PPE that has been contaminated in the isolation space. When staff working inside isolation or quarantine spaces take a break to eat, they need to leave the isolation space, doff and dispose of their PPE, wash their hands (or use alcohol-based hand sanitizer), and eat in a separate area.

- **Quarantine.** When individuals are held in quarantine (either for routine intake quarantine or as close contacts of a COVID-19 case), the 14-day quarantine clock must start over if an additional person is added to an existing quarantine cohort.

COVID-19 Testing

- Because COVID-19 testing supplies and reagents are limited nationwide, test availability and turnaround time will be variable and difficult to predict. In order to maximize testing availability, we recommend that Forrest City FCI develop a plan that incorporates numerous laboratory options in addition to existing private laboratory contracts (Quest) and the AHD laboratory. Possibilities include:
    - Academic partners such as the University of Arkansas for Medical Sciences
    - Additional reference laboratories such as American Esoteric Laboratories (AEL)

Infection Prevention and Control

- **Staff screening.** Based on our meeting on April 9, 2020, it is our understanding that staff receive daily temperature checks upon arrival to the facility, but that they are not questioned about COVID-19 symptoms.
    - We recommend that staff be questioned about COVID-19 symptoms daily on entry, in addition to temperature checks. If they have had symptoms consistent with COVID-19 in the last 24 hours (including symptoms that some staff attribute to allergies), they should leave the facility.

- **Security screening procedure.** We recommend implementing the following procedures in the security screening areas in all parts of the prison facility:

- Place alcohol-based hand sanitizer stations in the following locations:
    - At the building entrance/exit
    - Immediately before the security screening station (already in place)
    - Immediately after the security screening station
- Regularly clean and disinfect the gray x-ray trays and conveyor belt
- Ask security staff to avoid touching ID cards
- Ask security staff to sign visitors in (rather than having a common pen that all visitors use)

- **Additional hand sanitizing stations.** We recommend adding hand sanitizing stations in all staff break areas, health services, and any other shared staff spaces.

- **Temperature checks.** To avoid further transmission within housing units, it is imperative to ensure that symptomatic individuals are identified and medically isolated as quickly as possible. To do so, staff should perform temperature checks at least once per day on all incarcerated individuals in the Low, Medium, and Camp facilities. Those with a fever should immediately be given a surgical mask, moved to the isolation unit dedicated to symptomatic individuals who are awaiting COVID-19 testing (see Appendix A for the recommended isolation floor plan for Low), and provided necessary medical care.

- **Incarcerated individuals with symptoms.** Incarcerated individuals in their housing units who report symptoms associated with COVID-19 should immediately be given a surgical mask and medically evaluated.
    - Ideally, we recommend that evaluation occur directly outside the housing unit. Doing so can help avoid:
        - Movement of an ill individual across the facility before a determination is made about where that individual should ultimately go for care
        - Unnecessary movement of health services personnel into the housing unit
    - If evaluation cannot occur directly outside the housing unit, designate a room with direct access to the outside that can be used strictly for this purpose. Choosing a room with direct outdoor access can help avoid unnecessary movement of an ill individual through the facility. Ensure that the room is cleaned and disinfected after each ill individual is evaluated.
    - After evaluation, place the individual in one of the following areas:
        - If symptoms are consistent with COVID-19, including atypical symptoms (see Appendix B for atypical symptoms): move the individual to the "Pending Testing, Symptomatic" area (see Appendix A for the recommended isolation floor plan for Low)
        - If symptoms are not consistent with COVID-19: provide care in health services or in the individual's housing unit as symptoms require
        - If no actual symptoms exist: escort the individual back to their housing unit, but monitor them closely in case symptoms develop

- **Food service detail.** As of April 10, food service work is being performed by individuals incarcerated at the Camp. Staff from the Camp deliver the prepared food to a designated location to be picked up by staff from the Low. Food trays are then delivered directly to individuals inside their cubbies in their housing units.
    - We agree with this strategy as long as no cases of COVID-19 develop among incarcerated individuals or staff in the Camp. If cases do develop in the Camp, we recommend that all food service work be performed by staff to prevent cross-contamination.

- Regardless of who performs the food service work, ensure that all surfaces used to prepare and transport the food are disinfected between each use, and that those preparing food perform strict hand hygiene and wear face masks.

- **Laundry in Low.** Because cases of COVID-19 have been identified in all housing units in the Low, we recommend that the facility discontinue laundry detail for incarcerated individuals if it would require them to leave their housing unit. We recommend that staff perform laundry detail instead, to prevent cross-contamination. Ensure that all individuals handling laundry wear a medical gown, gloves, and a face mask (cloth or surgical – N95 not necessary).

- **Soap.** During our visit on April 9, 2020, we observed that the foam hand soap dispensers in the Low housing unit we visited were empty. Staff informed us that individuals hoard the foam soap, making it difficult to keep the dispensers stocked. Based on this observation, we make the following recommendations:
  - Determine the reason that some individuals may hoard the foam soap provided in housing unit bathrooms, and change operations based on those reasons. For example:
    - Is the foam soap less harsh/irritating to the skin than the bar soap they are issued? If so, issue a different type of personal use soap that is not irritating to the skin (e.g., liquid soap).
    - Is there a perception that there may not be enough soap to go around? If so, refill the soap dispensers even more regularly, or issue additional (non-irritating) soap for personal use so that individuals do not feel that they need to hoard the foam soap in order to have access to it.
  - Increase efforts to restock the foam soap, regardless of how often it is being emptied. If individuals do not have access to a type of soap that does not irritate the skin, they will be less likely to wash their hands frequently. Because social distancing is so difficult to practice in the Low housing units due to the open dorm arrangement, hand hygiene will be even more important in preventing COVID-19 transmission.

- **Social distancing.** We recognize that social distancing is extremely challenging correctional environments, particularly in dorm style housing. Forrest City FCI has already implemented many measures to reduce mixing across housing units that will help curtail the spread of COVID-19. In addition to these measures, we make the following recommendations:
  - Explore additional options to better accommodate social distancing in Low housing units. For example, arrange bunks so that individuals sleep head to foot (if not already doing so).
  - During our visit on April, 9, 2020, we observed individuals in the Low isolation space sitting, standing, or lying down within 6 feet of one another. We recommend aggressively enforcing social distancing (at least 6 feet apart) in isolation areas that include individuals who have not been tested, whose test results are pending, or who have tested negative for COVID-19, to prevent transmission from infected to uninfected individuals.

Personal Protective Equipment (PPE)

- During our visit on April 9, 2020, we observed numerous staff wearing PPE incorrectly, or not wearing the PPE recommended for the space they were in. Based on our observations, we make the following recommendations:

- Ensure that staff are trained on proper donning and doffing of PPE, with particular attention to N95 respirator fit (e.g., facial hair and correct strap placement).
- Encourage a culture where staff help each other if they notice PPE worn incorrectly, to help ensure one another's safety.
- Require that staff wear PPE that is assigned to them, according to the potential exposure level of their duties.

- We also observed staff wearing damaged PPE and wearing contaminated PPE across multiple parts of the facility. When we asked staff why this practice was occurring, we were told that staff do not have enough PPE. However, our conversations with facility leadership indicated that PPE stocks are sufficient for staff to change PPE as recommended. Based on our observations, we make the following recommendations:
  - Improve communication between staff and leadership regarding PPE supplies.
    - If PPE stocks are truly sufficient for staff needs, leadership should work to understand why staff believe PPE is limited and ensure that PPE is available to staff in the places where it is needed so that it is not reused. Retrain staff as needed to ensure PPE is being changed as recommended.
    - If PPE truly is limited, leadership should work to understand why staff have not reported low supply, and should ensure that orders are made for additional PPE on a regular basis and that staff know PPE is available.
  - Consider using the PPE burn rate calculator in Appendix B to help calculate the facility's PPE needs.
  - Instruct staff to minimize reuse of PPE when possible.
    - Ideally, PPE should be doffed when staff exit the area requiring PPE use. If PPE supplies do not allow staff to change PPE between areas, ensure that staff move only from areas of low exposure risk (e.g., a quarantined housing unit) to areas of higher exposure risk (e.g., an isolation unit) while wearing the same PPE.
    - Staff should avoid wearing damaged PPE.
    - If reuse of PPE is necessary, it should be practiced according to CDC's guidelines on extended use and decontamination. (See Appendix B.)
  - Correct misinformation among staff regarding PPE reuse:
    - Staff should never take used PPE home with them or put it in their car. Doing so risks contaminating their vehicle and home, and exposing family members to COVID-19.
    - Staff should not attempt to launder PPE.

- Set up PPE donning/doffing stations outside every area where staff need to wear PPE. These stations should include:
  - Posters depicting correct donning/doffing of relevant PPE categories
  - Waste receptacles for used PPE
  - Hand sanitizing facilities (either soap and running water, or access to alcohol-based hand sanitizer)

- To the extent possible, enforce mask use among incarcerated persons, including those inside their normal housing units (cloth masks) and those inside isolation spaces that include individuals who have not been tested, whose test results are pending, or who have tested negative for COVID-19 (surgical masks).

Facilities Sanitation and Disinfection

- According to the timeline provided by Forrest City FCI, the facility has increased the intensity and frequency of facilities cleaning and disinfection. We recommend that the facility continue to use these enhanced practices and pay close attention to the following:
    - Staff should closely oversee the regular disinfection of facilities, including bathrooms and common areas to ensure thorough cleaning.
    - If the fogging machine is used, ensure complete saturation of high-touch surfaces such as doorknobs (including the underside), light switches, phones, etc.
    - Ensure that administrative areas are also cleaned and disinfected on the same enhanced schedule (e.g., conference room tables, break room counters).
    - Ensure thorough disinfection of all surfaces, including high-touch surfaces, in health services areas after each use. Consider having healthcare staff perform this disinfection process to ensure complete coverage.

Communication & Education

- **Posters.** CDC staff did not observe many posters in the facility communicating a) the symptoms of COVID-19, b) what staff and incarcerated individuals should do if they have symptoms, or c) encouraging frequent hand washing and cough etiquette. There were a few, but more should be posted in the following additional locations, at minimum:
    - At the entrances to all buildings
    - At the security screening station and sallyport (CDC staff observed a large TV screen with this information above the sallyport door, but it is too high to attract attention)
    - Staff break rooms (CDC staff did not observe these areas)
    - Staff bathrooms
    - Administrative areas
    - Security staff stations within housing units (CDC did not observe these areas)
    - In multiple locations within each housing pod, including the bathrooms
    - In isolation spaces (hand washing and cough etiquette)

  See Appendix B for a link to CDC's website, where posters can be downloaded.

- **Town Halls.** Increase the frequency of verbal communication (town halls) with incarcerated individuals related to COVID-19. Choose a messenger who is a trusted source of information, and include time for Q&A. Our understanding based on discussions with leadership is that the last town hall was held in mid-March. We recommend increasing frequency to once/week. See Appendix C for recommended content.

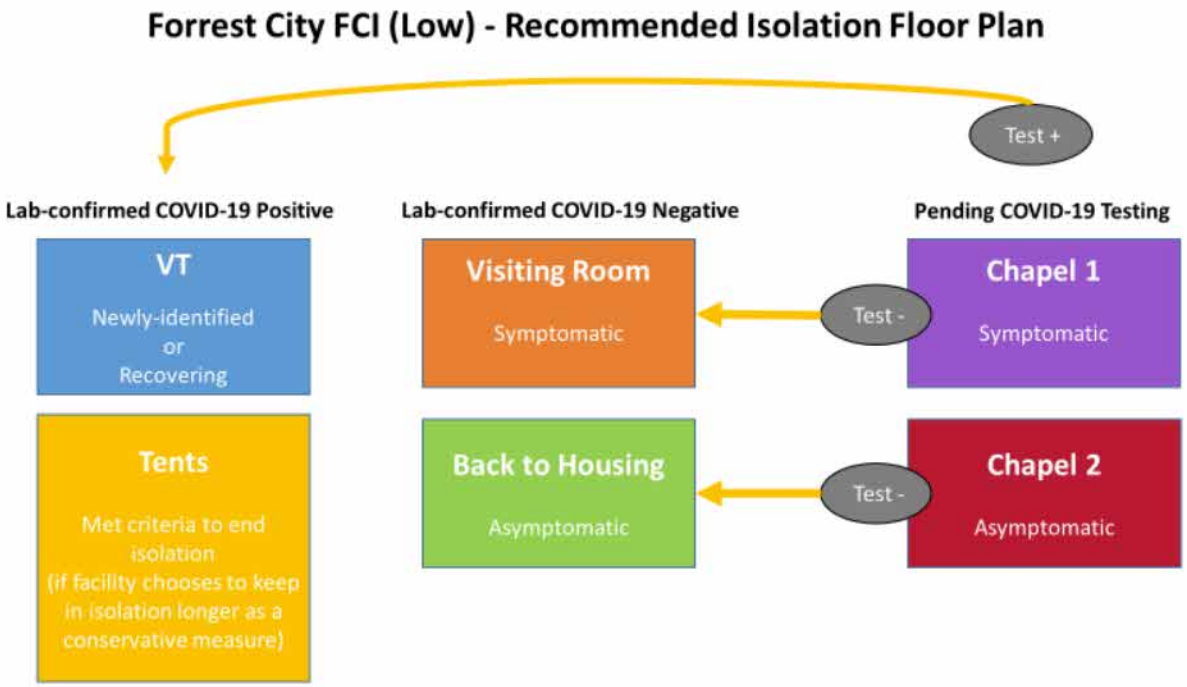
Movement

- **Staff assignments.** To reduce the risk of cross-contamination, make all possible efforts to minimize the movement of staff between different areas of the facility – both during a shift and across multiple shifts. Where possible, assign individual staff members to the same area over time, rather than assigning staff to different units on different days.

- **Movement between pods.** CDC staff were informed during the tour on April 9, 2020 that the corridors between pods within a housing unit are often unlocked, allowing incarcerated individuals to move between pods. Because containment of COVID-19 is dependent on movement restrictions, these movements need to be curtailed. We recommend that these doors be kept locked at all times. When staff need to move through the corridor, they should lock the door behind them.

- **Commissary.** We recommend that staff deliver commissary items directly to individuals in their cells/cubbies. Incarcerated individuals should not walk to commissary, to avoid cross-contamination between housing units.

Appendix A – Isolation Floor Plan for Low



Appendix B - Guidance Documents and Resources from CDC

Infection Prevention and Control

- Atypical symptoms of COVID-19; comorbidities associated with more severe illness with COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html#Reinfection
- Groups at increased risk for severe illness due to COVID-19, and recommended precautions for these groups: https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html
- Posters with information on COVID-19 symptoms, hand hygiene, and cough etiquette: https://www.cdc.gov/coronavirus/2019-ncov/communication/index.html

PPE

- Guidance on extended use of all PPE categories, including methods of decontamination: https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html
- PPE burn rate calculator: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html

Appendix C – Recommended Content for Town Halls

Background about COVID-19

- The virus that causes COVID-19 is spread when someone who has the virus coughs or sneezes. The virus is in the saliva and can infect someone who comes in contact with it after a cough or sneeze. Sometimes saliva can even come out of your mouth when you talk, even though you don't know it.
- Many people have COVID-19 without any symptoms at all, and can spread the virus without knowing it.
- It is hard to predict how sick someone will get when they are infected with COVID-19. Some people have no symptoms, and others can have a fever, coughing, and shortness of breath. Some may need to be hospitalized and put on a ventilator to help them breathe, and some may have pneumonia and die.
- People at higher risk of serious illness from COVID-19 include older people (risk increases with age), people with other illnesses like high blood pressure, diabetes, obesity, respiratory disease like asthma, heart disease, and diseases that weaken the immune system.

What you can do to protect yourself and others from COVID-19

- Wash your hands often with soap and water, for at least 20 seconds, especially:
    - after coughing, sneezing, or blowing your nose
    - after using the bathroom
    - after touching garbage
    - before and after eating, drinking or preparing food
    - before taking medication
- Wear the face mask provided to you as much as possible, and make sure everyone else around you wears their mask. Many people have COVID-19 and don't know it. If you have it, your mask keeps the virus from getting on other people when you cough or sneeze, and when saliva comes out of your mouth when you talk. Everyone has to wear their mask in order to protect the group. ("My mask protects you, your mask protects me.")
- Avoid touching your eyes, nose, or mouth without cleaning your hands first. If you have touched something that someone else has touched and that person has COVID-19, touching your eyes, nose, or mouth can give you the virus, too.
- Avoid sharing eating utensils, dishes, and cups with others.
- Avoid non-essential physical contact.
- Clean your personal belongings and common areas that are frequently touched.
- 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 used tissues in the trash immediately.
- As much as possible, keep your distance from others (ideally 6 feet away).

When to report symptoms to staff

- REPORT THESE SYMPTOMS TO STAFF AS SOON AS THEY DEVELOP:
    - Fever (or if you feel feverish or have chills)
    - Cough
    - Shortness of breath
    - Muscle pain
    - Diarrhea
    - Other cold-like or flu-like symptoms

Include time to answer questions

On behalf of the Louisiana Department of Health, the LDH Emergency Response/Preparedness Coordinator from Region V and two CDC epidemiologists currently deployed to assist LDH for COVID-19 response visited the Oakdale facility on April 13th, 2020. LDH and CDC deployers applied the current COVID-19 Management Assessment and Response for Detention Facilities tool as applied in other detention facilities in LA. The LDH/CDC team toured FCI I only where majority of quarantined and isolated are being housed.

The following FCI I units were observed:

-Allen Unit 1 – Secure cell unit

-Allen Unit 2 – Open bay unit (under Quarantine)

-Evangeline 1 – Isolation/Quarantine Unit

-Q Unit – Tents used for post-quarantine unit

-(Vernon 1 and 2 not observed; FCI II and Camp were not toured)

The following Oakdale/BOP staff participated on the tour:

-Warden F. Garrido

-Acting HSA J. Jones

-Corey Trammel (3657 local union president)

- (b)(7)(C)

-Dr. R. Griffin - clinical director

During the visit, in the facility areas toured by the LDH/CDC, or as verbally reported for procedures that could not be observed or did not take place during the visit, the facility was found to be implementing the CDC guidance components included in the CMAR tool, as logistically feasible.

The following are recommendations that were provided to the facility:

1) Develop a staffing plan to assign staff to work in a single housing unit, at minimum between FCI I, FCI II, and the Camp to avoid spread
2) Staff were observed to be congregating in certain areas and not observing social distancing (e.g. standing 6ft apart); majority of staff outside of the quarantine/isolation units were not using masks. Encourage staff to not congregate and maintain social distancing and to wear masks, including cloth masks to preserve surgical masks, even when not in quarantine/isolation units. For more information on recommendations related to wear cloth masks please see: Recommendation Regarding the Use of Cloth Face Coverings, Especially in Areas of Significant Community-Based Transmission
3) Continue to encourage social distancing among cohorted quarantined inmates and promote mask use.
4) In Allen Unit I, increase distance between computers and phones in their respective area (e.g. spread out computers, only let every other phone be used at a time, have a maximum number of people allowed in those spaces at a time, etc.) to allow for social distancing. Also in these areas, provide hand hygiene/cleaning materials (e.g. hand sanitizer or wipes) for cleaning in between use or schedule frequent cleanings throughout the day.

Appendix A – Isolation Floor Plan for Low

Forrest City (LOW) – Recommended Isolation Floor Plan