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COVID-19 FAQs

Updated on 05-28-2020 by

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Questions

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- Current procedures indicate inmates are placed in quarantine upon the BOP taking receipt of them. Is our guidance that bus crews wear PPE on their 6 hour bus runs?
- What PPE should be worn by staff on the unit from which there have been known COVID-19 cases?

Personal Protective Equipment (PPE) Guidelines for Contractors

- Are institution Contractors required to ensure that the contract staff are medically cleared, clean shaven, and fit-tested for the specific respirator that they are going to wear?
- How should computers be maintained to reduce the likelihood of transmission of COVID-19?

What can you do to protect yourself from COVID-19, and seasonal influenza? (From WHO)

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Respiratory Protection FAQs

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- Is there any general guidance on how to prioritize and complete fit-testing and training for all staff?
- What are the minimum requirements for respirator training?
- Is facial hair allowed with a tight fitting respirator?
- Who at the institution can sign off to approve Medical Clearance forms?
- What if the institution does not have anyone who fits the definition of a PLHCP currently at the institution?

COVID-19 Resources

- Are there COVID-19 resources available for BOP staff?

EMR Documentation

- How should BEMR documentation occur when there is limited or no access to computers in an isolation or quarantine unit?

Answers

How are contractors to be screened?

Enhanced health screening of contractor will be implemented at facilities in areas with "sustained community transmission" and at medical referral centers". Contractors who require access will be screened using the same procedures as staff prior to entry."

The Federal Bureau of Prisons COVID-19 Action Plan issued March 13, 2020 states:

"CONTRACTORS: Contractor access to BOP facilities will be restricted for 30 days to only those performing essential services (e.g. medical or mental health care, religious, etc.) or those who perform necessary maintenance on essential systems. Contractors who require access will be screened using the same procedures as staff prior to entry."

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Do delivery drivers need to be screened?

For drivers that are going to the outside warehouse - delivery drivers should not be required to undergo the enhanced staff screening because they are not coming into the institution. They will have minimal, if any, direct contact with individuals from the institution. Warehouse staff may want to consider placing tape to serve as boundaries that drivers should not cross when making deliveries.

For drivers leaving packages at the front entrance - delivery drivers should not be required to undergo the enhanced staff screening because they are not coming into the institution to work. As with warehouse deliveries, those drivers should be informed as to the areas of the lobby they can access and what areas or boundaries they should not cross.

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When should an inmate be isolated once their test is known to be positive?

Immediately / promptly upon notification of the test result. This requires preplanning before starting the mass testing such that it is known where the positives will go when they are identified. Provisions need to be made for receipt of test results that come in on the weekend/holiday. Similarly, an inmate who is identified as symptomatic but whose test result is sent to a commercial lab should also be isolated promptly while results are pending.

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Current procedures indicate inmates are placed in quarantine upon the BOP taking receipt of them. Is our guidance that bus crews wear PPE on their 6 hour bus runs?

For those BOP intra-system transfers (not picking up new inmates from some other correctional system, e.g. regional jail, etc.), the following procedures need to be followed:

- If the inmate has been in BOP population > 14 days:
 - Perform an exit screen for COVID-19 symptoms (fever, cough, shortness of breath) and temperature.
 - If no symptoms and temp is < 100.4 F, inmates can be transferred and no PPE is required by bus crew / staff.
 - If an inmate has COVID-19 symptoms or a temp >= 100.4 F, they should not be transferred but should be placed in isolation.

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What PPE should be worn by staff on the unit from which there have been known COVID-19 cases?

The unit is treated as a quarantine unit during mass testing (unless it was identified already as an isolation unit) and quarantine PPE should be worn.

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Are institution Contractors required to ensure that the contract staff are medically cleared, clean shaven, and fit-tested for the specific respirator that they are going to wear?

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- If a contractor is going to work in an institution that requires N95s for staff, contractors would also have to wear the N95s. This is an absolute requirement.
 - This question would be determined by the contract. If the contract is silent, Bureau staff will have to medically clear, ensure a clean shave, and fit test each contractor to the specific N95 that the Bureau is providing.
 - "Exceptions can be made for specialized contractors that are traveling from states with identified community transmission if these are deemed necessary."

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How should computers be maintained to reduce the likelihood of transmission of COVID-19?

Per the "[REDACTED] (b)(7)(E); (b)(7)(F)] a "continuous cleaning/disinfection schedule for ...computer use areas" should be implemented.

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How often should I wash my hands?

Wash your hands frequently

Regularly and thoroughly clean your hands with an alcohol-based hand rub or wash them with soap and water.

Why? Washing your hands with soap and water or using alcohol-based hand rub kills viruses that may be on your hands.



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How and why to maintain Social Distancing?

The World Health Organization ([WHO](#)) is recommending to maintain at least 3 feet distance between yourself and anyone who is coughing or sneezing.

The Centers for Disease Control and Prevention ([CDC](#)) is recommending to maintain at least 6 feet distance.

Why? When someone coughs or sneezes they spray small liquid droplets from their nose or mouth which may contain virus. If you are too close, you can breathe in the droplets, including the COVID-19 virus if the person coughing has the disease.



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Why avoid touching eyes, nose and mouth?

Hands touch many surfaces and can pick up viruses. Once contaminated, hands can transfer the virus to your eyes, nose or mouth. From there, the virus can enter your body and can make you sick.



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How do I practice respiratory hygiene?

Make sure you, and the people around you, follow good respiratory hygiene. This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately.

Why? Droplets spread virus. By following good respiratory hygiene you protect the people around you from viruses such as cold, flu and COVID-19.



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What should I do if I have fever, cough and difficulty breathing?

Stay home if you feel unwell. If you have a fever, cough and difficulty breathing, seek medical attention and call in advance. Follow the directions of your local health authority.

Why? National and local authorities will have the most up to date information on the situation in your area. Calling in advance will allow your health care provider to quickly direct you to the right health facility. This will also protect you and help prevent spread of viruses and other infections.



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How should computers be maintained to reduce the likelihood of transmission of COVID-19?

Per the (b)(7)(E); (b)(7)(F) a "continuous cleaning/disinfection schedule for ...computer use areas" should be implemented.

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Is there any general guidance on how to prioritize and complete fit-testing and training for all staff?

There is a general guidance document upload on the COVID-19 Sallyport Site.

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What are the minimum requirements for respirator training?

There is a Respirator Training Requirement document uploaded on the COVID-19 Sallyport Site. In addition, there are some training videos uploaded on the COVID-19 Sallyport Site.

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Is facial hair allowed with a tight fitting respirator?

Facial hair is not allowed between the skin and facepiece sealing surface. A document with CDC guidance and examples of allowable facial hair is available on the COVID-19 Sallyport Site.

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Who at the institution can sign off to approve Medical Clearance forms?

BOP Policy and OSHA standards require personnel participating in the Respiratory Protection Program to be medically cleared by a physician or other licensed health care professional (PLHCP) prior to respirator use.

OSHA defines a PLHCP as an individual whose legally permitted scope of practice (i.e., license, registration, or certification) allows him or her to independently provide, or be delegated the responsibility to provide, the health care services as required in the OSHA respiratory protection standard.

Safety Departments must work with their respective Clinical Director or Health Services Administrators to determine who locally is qualified to make the medical determination for medical clearance when reviewing the medical questionnaire.

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What if the institution does not have anyone who fits the definition of a PLHCP currently at the institution?

If the institution does not have anyone who fits the definition of a PLHCP currently, the Health Services Administrator should work with the Regional Health Services Administrator and Regional Physician to determine additional options for the institution to complete the medical clearance forms.

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Are there COVID-19 resources available for BOP staff?

Yes, there is a 24-hour agency activated Staff Support Line available for staff members to openly discuss their concerns, either anonymously, or you may identify yourself if you wish.

The Staff Support Line will provide the opportunity to share your concerns, receive support, and engage in problem solving.

Rather than silently carrying your concerns inside, this support line provides an outlet to cope with the stress of the COVID-19 pandemic.

The Staff Support Line number is: 202-305 (b)(7)(C)

For additional information, click the link below:

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How should BEMR documentation occur when there is limited or no access to computers in an isolation or quarantine unit?

Health Services should work with the local computer services and facilities departments to provide additional computer terminals where needed. If the proposed isolation/quarantine unit has a reliable wifi solution deployed, procurement of a computer on wheels (COW) might be beneficial. This may require an emergency purchase. The resulting solution and process should be integrated into the institutions local pandemic plan. Conversion to paper charts will not be approved because it, 1) creates gaps in the patient record and prohibits the capture of data needed for the COVID-19 reporting requirements, 2) leads to potential medical/medication errors, and 3) creates a vehicle for transmission of the COVID-19 virus (minimal paper should be used because it cannot be easily disinfected)

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