

COVID COMPLIANCE REVIEW TEAM CHECKLIST**(HEALTH SERVICES DIVISION)****COVID-19 RESPONSE AND MITIGATION STRATEGIES**

COMPLETE BOP GUIDANCE FOR COVID-19 IS AVAILABLE ON (b)(7)(E);
(b)(7)(F)

AREAS OF RESPONSIBILITIES		Yes	No	Comments
A. GENERAL INFECTION PREVENTION AND CONTROL PRACTICES				
1.	Enhanced (frequent and thorough) sanitation/cleaning/disinfection:			
	a. Assign inmate orderlies to perform environmental cleaning for the institution.			
	b. Use an EPA-approved product from the N-list (see (b)(7)(E); (b)(7)(F) for approved list) for cleaning and disinfection. Back pack sprayers can be utilized with appropriate EPA approved products. ▪ Clean and disinfect according to label instructions, including for pre-cleaning steps, product dilution, contact time, and potable water rinse directions. ▪ Neither fogging machines nor electrostatic misters should be used for cleaning or disinfection.			
	c. High-touch surfaces in all locations: Clean and disinfect regularly throughout the day. Include all areas of the institution where staff work and inmates work/reside.			
	▪ Computers and phones between each use.			
	▪ Light switches, doors and door handles, bathroom fixtures			
	d. Housing units, administrative areas and offices, security screening areas, and all entry points for the institution. Includes conference room tables, phones, computers, break rooms, etc.			
	e. Increased intensity and frequency of facility cleaning and disinfection.			
	f. Staff provide oversight during disinfection of the facilities, including bathrooms and common areas			
	g. Transport vehicles and busses			
	h. Health Services Department: Ensure thorough disinfection and cleaning of all surfaces.			

AREAS OF RESPONSIBILITIES		Yes	No	Comments
	i. Staff disinfect and clean all shared equipment (e.g. radios, keys, handcuffs, service weapons, perimeter vehicle driver compartment) several times throughout tour of duty and at beginning/end of tour of duty.			
	2. Health hygiene practices for staff and inmates:			
	a. Health and Hygiene practices are displayed on posters throughout the institution for staff and inmates providing education on social distancing, hand hygiene, etc.			
	b. Staff and inmates are educated not to touch their face, or shake hands			
	c. Staff and inmates are educated to cover their cough and sneezes through alternative means. (i.e. crease of elbow)			
	d. Inmates should be encouraged to report symptoms of illness promptly to any available staff member.			
	e. Staff who feel ill are educated not to report to work. Notification is made to their supervisor and seek medical attention as appropriate.			
	3. Hand hygiene for staff and inmates:			
	a. Staff and inmates observe washing hands thoroughly with soap and water for 20 seconds regularly throughout the day, and before and after patient care, and use of high-touch surfaces.			
	▪ Ensure all staff and inmates have access to soap for regular use.			
	▪ Ensure soap dispensers are checked regularly and refilled as needed.			
	▪ Ensure inmates are not hoarding soap.			
	▪ Foam soap is refilled/restocked regardless of how often the soap is emptied.			
	▪ Hand soap dispensers must be checked frequently to ensure the dispensers are not empty. Refill supplies should be readily available.			
	b. Place hand sanitizer with 60% alcohol in high-use and high-touch areas or other areas where hand washing is not available.			
	▪ Install hand sanitizing stations in all staff break areas, at the security screening area, health services, and any other shared staff spaces.			

AREAS OF RESPONSIBILITIES		Yes	No	Comments
4. Face coverings:				
	a. Appropriate universal wearing of face coverings by staff and inmates when in public areas is mandatory and monitored by all staff. Face coverings are worn at all times when less than 6 feet apart. Face coverings should completely cover nose and mouth and not be pulled down to speak. Staff and inmates should be trained on appropriate wear, handling, and laundry care. Face coverings with vents should not be utilized as they do not appropriately contain the respiratory or oral droplets.			
	b. Rare exceptions for face covering removal include: ▪ For identification ▪ When the individual is unable to personally remove the mask ▪ The individual has chronic conditions associated with difficulty breathing. ▪ Circumstances that dictate when PPE is required in accordance with CDC guidelines.			
5. Social distancing:				
	a. Encourage and enforce maintaining 6 feet of distance between all individuals (staff and inmates) in all locations. ▪ To include use of floor or other markers to indicate 6 feet of separation.			
	b. For staff, this includes security screening, COVID screening, key lines, break rooms, smoking areas, and dining rooms, etc.			
	c. For inmates, this includes common areas of housing units, dining halls or meal times, and recreation, as well as use of TV, computer, and phone areas. Consider staggering meal times if conducive to institution operations. It also includes inmates participating in group activities such as programming and recreation.			
	d. For required meetings, limit group gatherings to less than 10 people and utilize conference calls whenever possible. Social distancing and face coverings should be maintained during these meetings. Face covering should not be pulled down to talk if other persons are within 6 feet.			
	e. In open/barracks-style housing, bunks should be separated as much as possible and sleeping orientation should alternate head to foot.			

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	f. Consider establishing alternative housing areas in other spaces (e.g., gyms or tents) within the secure confines of the institution when social distancing cannot be achieved in barracks-style housing.			
	6. Infectious Disease Staff perform contact investigations on all staff and inmate COVID-19 positive cases, based on CDC guidance.			
B. PERSONAL PROTECTIVE EQUIPMENT				
	1. Improper wearing of PPE can directly expose individuals to COVID-19 and may lead to contamination or infection. Staff wearing PPE are to do so in accordance with established guidelines and in required areas. Refer to (b)(7)(E); (b)(7)(F) for more complete information			
	a. Ensure that staff are trained on the following: ▪ Correct PPE to wear depending on assigned duties/post. ▪ Different sizes of PPE when applicable (i.e. N95 respirators, gloves, gowns, etc.) ▪ Proper PPE donning procedures (putting on PPE) ▪ Proper PPE doffing procedures (taking off PPE) ▪ Staff never take used PPE home upon completing their tour of duty.			
	b. All applicable staff are clean shaven as to not interfere with the seal of N95 respirators.			
	c. Encourage a culture where staff help each other to ensure PPE is properly worn at all times.			
	d. Require staff wear PPE that is assigned to them, according to the potential exposure level of their duties and assigned post			
	e. Ensure sufficient PPE is available to all staff.			
	f. Set up PPE donning/doffing stations outside every area where staff need to wear PPE. These stations should include: PPE supplies in multiple sizes, Alcohol based hand sanitizer, disinfection wipes, a garbage can and clear bags, a container for reusable items prior to cleaning and disinfection. ▪ Separate PPE donning and doffing areas should be set up if space permits. ▪ Signage on proper PPE donning and doffing should be posted to guide staff ▪ Ensure eating and drinking areas are not present and no eating and drinking occur in isolation, quarantine, or any donning and doffing areas.			
	g. Instruct staff to minimize reuse of PPE in accordance with CDC guidelines and availability.			

AREAS OF RESPONSIBILITIES		Yes	No	Comments
	h. PPE is 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 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.			
	i. Waste receptacles for used PPE are to be utilized.			
	2. PPE is worn during COVID-19 symptom screening/temperature checks, and in quarantine and isolation areas as directed			
	3. PPE donning and doffing areas are cleaned and disinfected regularly.			
	4. PPE inventories are uploaded to the (b)(7)(E); (b)(7)(F) on a weekly basis.			
C. SCREENING FOR COVID SYMPTOMS AND TEMPERATURE CHECKS- STAFF				
	1. PPE is required and worn by all staff conducting screening for COVID-19. As long as no contact or other contamination (i.e. droplets from a cough or sneeze) has occurred between the staff members changing PPE between screenings is not required.			
	2. Enhanced screening includes questions about COVID-19 symptoms and a temperature check. The institution ensure that staff who work in the areas such as the outside warehouse, garages, or camp are screened for COVID-19 symptoms prior to reporting for duty. This has to be worked out within the institution. The CEO should communicate to all staff that clearing the enhanced screening process is expected of all employees before they report to their assigned post.			
	3. All staff are screened upon arrival to the facility in a designated area, prior to starting their shift, using the enhanced staff screening tool. Conducting the screening outdoors is preferable. However, it may not always be feasible or safe due to weather, etc. If conducted inside the front lobby ensure there is room to social distance. Signage and markings on the floor help with this and are recommended. Persons being screened need to wear facial coverings.			
	a. Staff with a temperature $\geq 100.4^{\circ}\text{F}$ (oral), are not allowed to work at the institution. Equivalent temperatures for tympanic/ear and forehead/non-contact are 101°F and 100°F , respectively. Documentation (the screening tool) only needs to be kept for those individuals who have symptoms or fever that will not allow entrance into the institution.			

AREAS OF RESPONSIBILITIES		Yes	No	Comments
	b. If symptoms are consistent with COVID-19 in the last 24 hours (as identified on the staff screening tool), further review by an institution physician is required prior to sending the staff member home.			
	c. Staff stay at home when sick or feeling ill.			
	d. If symptoms develop while on duty, staff notify their supervisor, leave the facility as soon as possible and follow CDC-recommended steps for persons who are ill with COVID-19 symptoms including self-isolating at home and contacting their healthcare provider as soon as possible to determine whether they need to be evaluated and/or tested for COVID 19.			
D. SCREENING FOR COVID SYMPTOMS AND TEMPERATURE CHECKS- INMATES				
	1. All new or returning inmates to the facility are screened upon arrival to the facility.			
	a. If possible, screening should take place prior to entering the facility.			
	b. Inmates new to the facility or returning from an overnight stay in the community will be quarantined if asymptomatic or isolated if symptomatic for COVID-19 (see #6 below).			
	2. All inmate contacts of a confirmed or suspected COVID case will be screened for COVID-19.			
	a. In the context of widespread transmission, inmate screening may be expanded to include an entire housing units or an entire institutions.			
	b. Asymptomatic inmates are quarantined, and symptomatic inmates are placed in isolation.			
	3. Screened inmates who have COVID-19 symptoms or a temperature $\geq 100.4^{\circ}\text{F}$ (oral), should promptly wear a face covering or surgical mask and be moved directly to isolation (see #6 below). Equivalent temperatures for tympanic/ear and forehead/non-contact are 101°F and 100°F , respectively.			
	a. If there are multiple types of isolation or if cohorted isolation is being used at the facility, a medical evaluation should occur prior to placement in isolation to determine the most appropriate location, to limit unnecessary movement throughout the facility, and to avoid placement of a COVID-19 suspect with confirmed cases of COVID-19.			
	b. If rapid COVID-19 testing is available, symptomatic inmates should be tested at the time of placement into isolation or cohorted isolation.			

AREAS OF RESPONSIBILITIES		Yes	No	Comments
E. QUARANTINE PROCEDURES				
	1. Inmates are placed in quarantine for			
	a. Close contacts of a suspected or confirmed case of COVID-19 (Exposure Quarantine)			
	b. New admissions to a BOP facility (Intake Quarantine)			
	c. Inmates returning from the community to a BOP facility after a potential exposure (e.g. an extended time in an emergency department or crowded waiting area, residing overnight in the community or alternative setting including hospitalization, furlough, writ return, etc...). (Intake Quarantine)			
	d. Inmates being released back into the community (residential reentry center, home confinement, or full-term release), prior to their release. (Transfer/Release Quarantine)			
	e. Inmates being transferred to another BOP facility or correctional jurisdiction prior to their transfer. (Transfer/Release Quarantine)			
	2. Quarantine Housing			
	a. Inmates should be quarantined in individual cells whenever possible. If the facility cannot accommodate this, inmates may be quarantined in a cohort.			
	b. If cohorted, the different types of quarantined inmates should be housed separately based on the types of quarantine listed above (Refer to #1 above).			
	3. Symptom screens and temperature checks in quarantine (the use of non-healthcare staff to perform daily symptom screens and temperature checks is encouraged).			
	a. Inmates in Exposure Quarantine have a COVID-19 symptom screen and temperature check on admission to and discharge from quarantine, and at least once daily between admission and discharge (twice daily is preferred, if feasible).			
	b. Inmates in Intake Quarantine, Release Quarantine, or Transfer Quarantine have a COVID-19 symptom screen and temperature check on admission to and discharge from quarantine. No interval screening is required.			

AREAS OF RESPONSIBILITIES		Yes	No	Comments
	c. The symptom screen, temperature check, and lab values on admission and discharge from quarantine are documented in BEMR. No other symptom screens or temperature checks are required to be documented in BEMR unless the inmate is symptomatic or febrile.			
	4. A COVID-19 PCR test is performed on admission to and discharge from quarantine.			
	a. Inmates who test positive for COVID-19 should be removed from quarantine and placed in medical isolation.			
	b. Abbott PCR or Commercial PCR test can be used for admission to quarantine. (Take into account – commercial PCR returns as this can lead to longer quarantine times if any initial results are positive and reset quarantine days)			
	c. Discharge PCR testing should be performed on or after day 14 of quarantine, not before.			
	d. A commercial lab test is required to discharge an inmate from quarantine to general population housing.			
	e. A commercial PCR lab test is preferred to discharge an inmate from quarantine for a BOP intrasystem transfer (i.e. institution to institution). An Abbott ID Now test is acceptable when turnaround times are greater than 7 days. f. Commercial PCR lab testing is required for transfers to RRC's or HC. Abbott ID Now tests are not acceptable. g. Abbott ID Now tests are only acceptable for immediate releases when a commercial lab test cannot be completed prior to release.			
	5. Face coverings are worn by all inmates quarantined in a cohort.			
	6. Staff wear appropriate PPE (refer to B- Personal Protective Equipment).			
	7. Duration of quarantine			
	a. Quarantine should be maintained for at least 14 days.			
	b. 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 or if someone in the cohort tests positive for COVID-19.			

AREAS OF RESPONSIBILITIES		Yes	No	Comments
	c. An inmate must remain in quarantine until their discharge test results are available. Inmates who are releasing or transferring must remain in quarantine until release or transfer is accomplished even if they have completed 14 days of quarantine and have a negative test.			
F. MEDICAL ISOLATION PROCEDURES (ALL HOUSING UNIT DESIGNS)				
	1. Inmates with confirmed or suspected COVID-19 are placed in medical isolation and medically evaluated promptly.			
	2. Persons in 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.			
	3. If individual housing is not possible, inmates are placed in isolation separately based on the following groups:			
	a. Asymptomatic inmates with laboratory-confirmed COVID-19 cases			
	b. Symptomatic individuals awaiting COVID-19 testing or with results pending			
	c. Symptomatic inmates who tested negative for COVID-19, but with symptoms requiring medical care and separation from the housing unit			
	d. Symptomatic individuals with laboratory-confirmed COVID-19 cases			
	4. Inmates in medical isolation are evaluated for symptoms and temperature daily by a clinician.			
	5. The CDC's current release from isolation criteria are used for discharging inmates from isolation and returning them to regular housing.			
	a. Symptomatic inmates are released from isolation based on CDC's symptom-based criteria.			
	b. Asymptomatic inmates are released for isolation utilizing the CDC's time-based criteria.			
	c. Release from isolation is noted in the medical record.			

AREAS OF RESPONSIBILITIES		Yes	No	Comments
6.	Staff protocols with isolation areas/units: - PPE is worn in accordance with CDC guidance and managed as described in section B above. - Staff should not eat or drink inside any isolation / quarantine spaces, or in adjacent rooms / donning or doffing areas. - When staff working inside isolation or quarantine spaces take a break to eat, they need to leave the isolation/ quarantine space, doff and dispose of their PPE, wash their hands (or use alcohol-based hand sanitizer), and eat in a separate area. - All microwaves, eating utensils, cups, etc., should be removed to ensure inadvertent consumption does not occur in those areas.			
7.	Individuals who experienced deconditioning from prolonged hospitalization from COVID-19 and have met the CDC criteria for ending medical isolation, are placed in a post COVID recovery unit.			
G. LIMITATIONS ON STAFF AND INMATE MOVEMENT				
1.	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.			
a.	When staff must move between different areas of the facility, they should do so from areas of low transmission risk (e.g. unaffected housing units) to areas of higher transmission risk (e.g. quarantine followed by isolation units).			
2.	Efforts are made to eliminate comingling of inmate units and to minimize all inmate movement within the institution.			
a.	Inmates from the same work detail / shift (e.g. food service, laundry, UNICOR, etc...) should be housed together in the same housing unit whenever possible.			
b.	Social distancing and wearing of masks is maintained to the extent possible during inmate movement, and group activities, programming, and work details.			
3.	Commissary - Inmates not in isolation or quarantine move in small groups to commissary from the same housing units or cohorts. If the institution is having an outbreak of COVID, staff should deliver commissary items directly to inmates in their housing locations/cells. Staff should also deliver for inmates in isolation or quarantine.			

AREAS OF RESPONSIBILITIES		Yes	No	Comments
4. Food Service				
	a. Food service work is performed by inmate details who do not display COVID-19 symptoms. If cases develop within a food service work detail, the entire detail no longer prepares or serves food until they complete testing and quarantine procedures as close contacts. Food service work should be performed by either a different food service work detail or by staff.			
	b. Work details are cohorted within the same housing units to prevent cross-contamination or comingling of inmates.			
	c. Food trays are delivered to inmates inside their living areas by the staff assigned to the unit. Food trays are delivered directly to the unit doors, and inmates delivering the carts do not enter the unit.			
	d. All surfaces used to prepare and transport food are disinfected and cleaned between each use. Inmates preparing food perform strict hand hygiene and wear face masks.			
5. Laundry detail				
	a. Because of the high potential to transmit COVID-19 via clothing, a cohort of inmates is identified to work the laundry detail similar to that of the food service work detail.			
	b. All individuals handling dirty laundry wear a gown, gloves, and a face covering. Note: inmates handling clean laundry do not need to use a gown or gloves, however they should continue to use the face covering, social distancing, and frequent hand hygiene.			
6. Recreation, Health Services, and Programs,				
	a. Recreation programs are centered around self-exercise and wellness programs on an individualized basis. If recreation equipment is utilized within housing units or in outdoor settings (i.e. recreation yards) equipment is disinfected and cleaned between uses.			
	b. When clinically appropriate in conjunction with limitations on staff and inmate movement, inmates may receive up to 90 day supplies of self-carry medications. This is not a mandatory requirement however should be considered particularly when health services staff are stretched (i.e. staff dealing with isolation).			
	c. Programming is conducted on an individualized basis. Any shared equipment required as part of programming must be cleaned and disinfected after each use.			

AREAS OF RESPONSIBILITIES		Yes	No	Comments
H. COMMUNICATION, COLLABORATION, EDUCATION, TRAINING				
	1. All staff are fit tested and trained on N-95 respirators, unless otherwise medically exempted.			
	2. Staff are trained on use of appropriate face coverings; and the use of PPE for screening, quarantine, isolation, donning, and doffing.			
	3. Communication: - Leadership can provide reminders on all COVID-19 prevention and mitigation practices via e-mail, daily conference calls, and use of posters/signage in all common areas. - Staff should encourage each other to follow all established practices and guidance to maximize safety.			
	4. Posters are prominently displayed in all locations throughout the facility:			
	a. At the entrances to all buildings			
	b. Staff break rooms			
	c. Staff bathrooms			
	d. Administrative areas			
	e. Security staff stations within housing units			
	f. In multiple locations within each housing unit including bathrooms			
	g. Posters should communicate the following: - Symptoms of COVID-19 - What staff and inmates should do if they have symptoms - Encouraging frequent hand washing and cough etiquette - Social Distancing - Face covering wear			
	5. Town Halls are conducted utilizing appropriate social distancing practices within housing units. Increase the frequency as it relates to COVID-19 cases/outbreaks while permitting time for questions and answers.			
	6. Institution Health Services Administrator, Clinical Director, and Infection prevention and Control Officer, are in communication with the Regional Medical Team regarding:			

AREAS OF RESPONSIBILITIES		Yes	No	Comments
	a. Testing strategies – ensure that: ▪ Regional Medical Director concurs and consulted on testing strategies ▪ Abbott ID Now machines are appropriately utilized unless otherwise directed by Central Office or Regional Medical Director			
	b. Housing assignments ▪ Quarantine ▪ Isolation ▪ Designations ▪ Post recovery areas			
	7. Collaboration: Institution leadership has established lines of communication and regular contact with community authorities and officials, including community leaders, hospital and health system officials, and local/state health authorities.			
	a. Health services staff report their inmate COVID-19 cases to local health authorities and discuss COVID-19 management strategies with them.			

COVID COMPLIANCE REVIEW TEAM CHECKLIST**(CORRECTIONAL PROGRAMS DIVISION)****COVID-19 RESPONSE AND MITIGATION STRATEGIES****COMPLETE BOP GUIDANCE FOR COVID-19 IS AVAILABLE ON** (b)(7)(E); (b)(7)(F)

Areas of Responsibilities	Yes	No	Comments
I. CORRECTIONAL SERVICES & SECURITY	Yes	No	Comments
(b)(7)(E); (b)(7)(F)			

(b)(7)(E); (b)(7)(F)			
J. CORRECTIONAL PROGRAMS; CORRECTIONAL SYSTEMS, & UNIT TEAM	Yes	No	Comments
Ensure Unit Staff are making rounds in housing units and adhering to guidance from the Clinical Director.			
Ensure staff are standing mainline and responding to inmate questions			
Ensure inmates are being provided an opportunity to make legal calls			
Ensure inmates are provided an opportunity to use the phone.			
Ensure inmates are receiving their property from R&D once they arrive			
Ensure inmates have an opportunity to send out legal mail.			
Ensure institution A&O is being completed			
Ensure Unit A&O is being completed.			
Ensure all eligible inmates are reviewed for Home Confinement/Elderly Offender Pilot Program.			

Ensure CMAs for community confinement referrals and denials are entered appropriately.			
Ensure the CMC is tracking community confinement denials and reporting to CPD weekly.			
Ensure Unit Management staff are conducting Program Reviews (Team)			
(b)(7)(E); (b)(7)(F)	Yes	No	Comments
L. GENERAL OBSERVATIONS	Yes	No	Comments
Ensure at least (2) hot meals are served to inmates per day. As long as there are two hot meals, mechanism of feeding does not matter. Inmates with facial coverings should still follow social distancing as much as possible.			
Ensure inmates in SHU and General Population are receiving recreation (fresh air).			
Ensure Wardens are meeting with community leaders and hospital administration in regard to COVID responses.			
Ensure TDY Staff deployed are needed and the staffing shortage verified at the facility.			
Ensure staff are provided changing areas.			
Observe and determine if there is dedicated housing for UNICOR workers.			
Observe and determine if alternative housing units (VT, Gyms, UNICOR, Tents, Med Tents) are being used for quarantine.			
M. FIRST STEP ACT	Yes	No	Comments
Determine if Evidence-Based Recidivism Reduction (EBRR's) programs are offered and operating within the facility. https://www.bop.gov/inmates/fsa/docs/evidence_based_recidivism_reduction_programs.pdf			

