CORONAVIRUS DISEASE 2019 (COVID-19) INMATE SCREENING TOOL

1. Assess the Risk Of Exposure	
☐ Yes ☐ No	Traveled from, or through, any of the locations identified by the CDC as increasing epidemiologic risk within the last 14 days? Link to CDC Criteria
☐ Yes ☐ No	Had close contact with anyone diagnosed with the COVID-19 illness within the last 14 days?

If the answer to ALL the above risk of exposure questions is NO, then STOP here and proceed with normal intake.
If the answer to ANY of the above risk of exposure questions is YES, then immediately assess symptoms.

2. Assess Symptoms		Date of Onset:
☐ Yes ☐ No	**Fever** (*Fever may not be present in some patients, such as elderly, immunosuppressed, or taking certain medications. Fever may be subjective or objective).*	
☐ Yes ☐ No	**Cough**	
☐ Yes ☐ No	**Shortness of Breath (SOB)**	

3. Implement Infection Prevention Control Measures *if YES to the above questions in (2).*

3a. The Symptomatic Patient

If the patient has any symptoms, implement Standard, Contact, and Airborne Precautions with Eye Protection

- ☐ Report case promptly to facility leadership, infection prevention and control (IPC), public health and Regional and Central Office QIIPC Consultants.
- ☐ Place a surgical mask on the patient and minimize proximity to staff and inmates
- ☐ All staff escorting, evaluating, or in close contact (6 ft.) with the patient should perform hand hygiene, put on gloves, gown, fit-tested respirator (N-95), goggles or face shield and gloves before room entry or inmate contact. Inmate will wear a surgical mask. Doffing: gloves, gown, exit room, doff face shield then N-95 and wash hands.
- ☐ Escort patient to a *certified* Airborne Infection Isolation (AII) room.
- ☐ If no AII room is available, isolate in room with door closed and *preferably* air is exhausted outside.
- ☐ Prepare for transport to a designated referral healthcare facility in coordination with the local public health authority (do not call for transport service without prior notification and escort in place to move inmate).
- ☐ Minimize and keep a log of all persons interacting with (6ft.) or caring for, the inmate.
- ☐ Once the AII room is empty for two hours, it can be cleaned and disinfected with an EPA registered disinfectant (Emerging viral pathogens claim), by a person in proper PPE.
- ☐ Waste disposal: Double bag trash as hazardous waste. Linens: Double bag in linen hazard bag for washing in central laundry

3b. The Asymptomatic Patient

If the patient has no symptoms house in a single cell, and implement **Standard, Contact and Droplet Precautions with Eye Protection**

- ☐ Report case to facility leadership, QIICP, public health and Regional and Central Office QIIPC Consultants.
- ☐ House patient in a single cell. The preferred location is within Health Services. If unable to house patient in a single cell contact Regional and Central Office Infection Prevention and Control Consultants.
- ☐ Limit # of persons interacting with inmate. Utilize social distancing (6 ft.).
- ☐ Document a daily symptom assessment and temperature (Inmate can self-monitor with disposable thermometer or use non-contact thermometer. Utilize disposable food trays. Have inmate clean and disinfect room daily with disposable towels, if possible. Trash will be double bagged out of room.
- ☐ Staff entering room will perform hand hygiene, wear a gown, surgical mask, goggles or face shield and gloves. Inmate will wear a surgical mask. Remove PPE, except face shield and mask at exit. Outside room, remove mask and wash hands.
- ☐ Continue modified housing and observation procedures until 14 days after the last possible exposure date.
- ☐ If at any time the patient becomes symptomatic, implement the steps in 3a – The Symptomatic Patient.

Inmate Name (Last, First): _____ **Registration #** _____
Institution: _____
Provider Name/Signature: _____ **Date:** _____

February 2020, Version 2.0

U.S. Department of Justice
Federal Bureau of Prisons

Respiratory Illness Alert – Visitors

Help protect our inmates and staff

Please, DO NOT VISIT *if you are ill with fever, cough, shortness of breath, sore throat, sudden onset body aches, have diarrhea or are vomiting.

DO NOT *VISIT* *if you have traveled from or through China or had contact with someone ill from coronavirus (COVID-19) in the last 14 days.*

Influenza (flu) and other infectious viral infections are circulating in the community.

These respiratory illnesses can cause significant complications in people who are either pregnant, elderly or immunocompromised (i.e., HIV infection), or have underlying chronic conditions.

Important ways to control the spread of flu are to stay home when ill, cover your cough and wash your hands frequently.

U.S. Department of Justice (Departmento de Justicia E.E. U.U.)
Federal Bureau of Prisons (Agencia Federal de Prisiones)

Alerta de enfermedad

Ayudar a proteger a nuestros reclusos y personal

***Por favor, NO VISITA** si usted está enfermo de fiebre, tos, dificultad para respirar, dolor de garganta, dolores corporales de inicio repentino, tiene diarrea o está vomitando.

NO VISITA si ha viajado desde o a través de China o ha tenido contacto con alguien enfermo de coronavirus (COVID-19) en los últimos 14 días

La gripe (gripe) y otras infecciones infecciosas por los virus están circulando en la comunidad.

La gripe (gripe) y otras infecciones pueden causar complicaciones significativas en personas embarazadas, de edad avanzada o inmunodeprimidas (es decir, infección por VIH) o que tienen afecciones crónicas subyacentes.

La manera más importante de controlar el contagio de la influenza es cubriéndose la boca/nariz al toser y lavarse sus manos frecuentemente.

February 2020

VISITOR/VOLUNTEER/CONTRACTOR COVID-19 SCREENING TOOL

1. Have you…….	
☐ Yes ☐ No	a. Traveled from or through, any of the following locations identified by the CDC as increasing epidemiologic risk for COVID-19 within the last 14 days? China, Iran, South Korea, Italy, Japan
☐ Yes ☐ No	b. Had close contact with anyone diagnosed with the COVID-19 illness within the last 14 days?
2. Do you currently have a ……	
☐ Yes ☐ No	a. Fever or Chills
☐ Yes ☐ No	b. Cough
☐ Yes ☐ No	c. Shortness of Breath
3. Perform a temperature check _____˚F	
***Staff see instruction sheet for screening form.**	

Purpose of Visit (Circle one):
Attorney-legal / Contractor / Volunteer
Social (visiting an inmate) – Inmate name/reg. number _____
Other - _____

Visitor Name (Last, First): _____

Date: _____

Institution: _____

VISITOR/VOLUNTEER/CONTRACTOR COVID-19 SCREENING TOOL

Instructions for staff:

The BOP staff member will provide the COVID-19 Screening Tool to all persons entering the lobby (visitors, volunteers, contractors, legal visits, etc.), ask each person to complete questions 1. a-b and 2. a-c. A qualified health care staff member will complete the temperature check.

If answers to all the questions are No, and there are no obvious signs of respiratory infection, e.g. frequent coughing, and temperature is < 100.4°F, follow usual procedures.

Social visitors: If answers to any of the questions are YES, *or* if the person has a temperature ≥ 100.4°F (oral), *or* if the person has obvious signs of a respiratory illness, ask social visitors to wait in a separate area (6 feet from others or outside), and contact the Operations Lieutenant and/or Institution Duty Officer (IDO), for further direction to the visitor(s). The IDO or Operations Lieutenant should deny visitation and not allow entry into the institution.

Attorney/Contractor/Volunteer: If answers to any of the questions are YES, *or* if the person has a temperature ≥ 100.4°F (oral), *or* if the person has obvious signs of a respiratory illness, they should not be allowed entry to the institution.

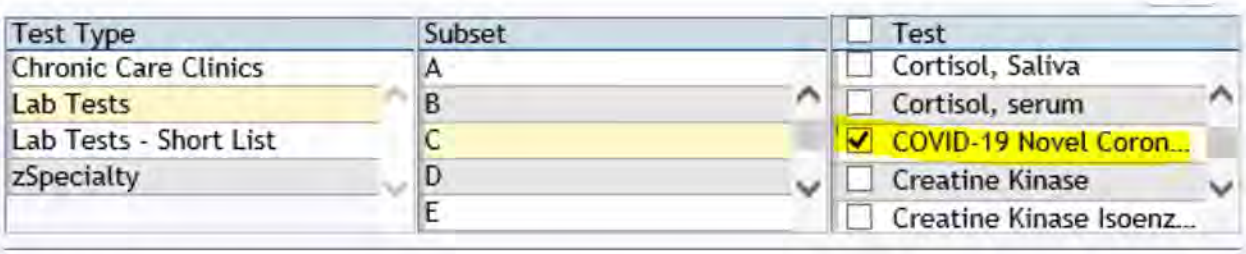
In the case of an attorney / legal visitor who answers yes to any of the questions, decisions may be made on a case-by-case basis with approval at the local level and confidential legal calls will be allowed.

HSAs, CDs, IP&C,

For inmates who staff are considering testing for COVID19:

- Contact your Regional Medical Director.
- *Contact local/state Department of Health to verify if testing is needed/meets the state risk factors.*
- If instructed to perform a test, contact the site where testing will be sent for specific sample requirements/collection instructions.
- If staff are instructed to test the inmate, the test should be ordered in BEMR and providers should select *COVID-19 Novell Coronavirus* from the test menu.
- Please ensure staff are familiar and competent to collect the sample (nasopharyngeal swab).

***If orders were placed selecting a different test and then typing COVID in the comments, those must be D/C and reordered.



****As a reminder staff are referred to the BOP-HSD Sallyport page http://sallyport.bop.gov/co/hsd/infectious_disease/COVID19.jsp on COVID19 for the latest information. This page is being updated on a frequent basis.

****For additional questions, staff are instructed to direct questions to COVID19Questions@bop.gov

Last updated 3-17-20

COVID-19 Personal Protective Equipment Doffing

Skills Testing Sheet

Student Name:

Skill Step	Critical Performance Criteria	√ if done correctly
Following the PPE removal (doffing) protocol minimizes the risk for disease transmission. **Doffing procedure can be used for both quarantine and isolation transmission-based precautions.** **Exact PPE may differ based on availability, as well as type of room utilized (AIIR with anteroom, single room without anteroom or dorm type space. Doffing has been modified to accommodate lack of anteroom and probability of eye protection re-use. *Hand hygiene can be performed between any steps of the doffing process*.** **Equipment:** Gloves, gown, N95 or surgical mask, eye goggles or mask with shield or protective glasses (PPE availability), non-touch waste container close to door inside room and just outside door at entry.		
1.	**IF no anteroom is available, exit out of room to doff all PPE A designated doffing area (tape off area for doffing) is located immediately outside of room. Assure non-touch waste bin, hand sanitizer and a receptacle for contaminated eye protection or reusable face shield.**	
2.	**Remove and discard gloves** (pull off slowly and do not snap). Dispose of gloves in trash next to door.	
3.	**Remove Gown** a. Release the tie, then grasp the gown at the hip area, and pull the gown down and away from the sides of your body. b. Once the gown is off your shoulders, pull one arm at a time from the sleeves of the gown so that the gown arms are bunched at your wrists. c. Roll the exposed side of the gown inward until it's a tight ball and dispose. d. Dispose of gown in trash container next to door.	
4.	**Exit Room**	
5.	**Immediately perform hand hygiene**	
6.	**Based on type of eye protection:** a. **Remove Safety Glasses/goggles** 1) Carefully grasp edges only, without touching skin or eye 2) Place in container designated for contaminated glasses or goggles to be cleaned and disinfected b. **Remove Face Shield** 1) Tilt your head forward slightly, grab the back strap with one hand, close eyes and pull it up and over head. (*Do not touch front of face shield)* 2) Dispose of the face shield **OR** 3) Place in container designated for contaminated face shield to be cleaned and disinfected	
7.	**Remove Surgical mask or N-95 Respirator** (*Surgical mask may have eye shield*) • *It is important that you **not touch the front of the mask.*** a. Tilt your head forward slightly b. Use two hands to grab the bottom strap; close eyes; pull out and over the head. c. Next, use both hands; grab the upper strap; close eyes pull out and over the head. d. Keep tension on upper strap as you remove it, which will let the mask fall forward e. **Dispose** of mask or N-95 **OR** place into labeled container (paper bag labeled with person's name) to be reused.	
8.	**Perform Hand Hygiene** at sink or with Hand Sanitizer	
Doffing PPE Skills (circle one): **PASS** **FAIL** Instructor Signature: _____ Printed Name: _____		

COVID-19 Personal Protective Equipment Donning

Skills Testing Sheet

Student Name:

Skill Step	Critical Performance Criteria	√ if done correctly
Following the PPE placement (donning) and removal (doffing) protocol minimizes the risk for disease transmission. **Donning procedure can be used for both quarantine and isolation transmission-based precautions.** **Exact PPE may differ based on availability, as well as type of room utilized (AIIR with anteroom, single room without anteroom or dorm type space.** **Equipment:** Gloves, gown, N95 OR surgical mask, eye goggles OR mask with shield (PPE availability), non-touch waste container close to door inside room and just outside door at entry.		
1.	**Address personal hygiene issues and hydration and importance of not touching face.** **Remove unnecessary jewelry and equipment.** **Kevlar vest/protective vest are worn per policy.**	
2.	**Perform Hand Hygiene**	
3.	**Don gloves**	
4.	**Don Gown** *Tie or secure in the back*	
5.	**Based on type of Respirator or Mask or Mask with Eyeshield** a. **Don N-95 Respirator** 1) Adjust to fit 2) Only fit-tested individuals wear N-95 and without specific facial hair (link the NIOSH facial hair graphic – facial hair cannot interfere with mask seal) 3) Conduct a user seal check (exhale to check for air leakage, inhale and check for slight mask collapse. **b) Don surgical mask or surgical mask with eyeshield** 1) Adjust to fit	
6.	**Don safety glasses or goggles** a. Glasses or goggles sit on top of the mask b. Adjust for vision and coverage	

Doffing PPE Skills (circle one): **PASS** **FAIL**

Instructor Signature: _____

Printed Name: _____

BOP Guidance for
Prioritizing Outside Medical and Dental Trips
During the COVID-19 Pandemic

March 20, 2020

The Coronavirus Disease 2019 (COVID-19) continues to have significant implications in the BOP. Precautionary and pro-active measures instituted to minimize the risk of infection occurring or spreading within the BOP have required multiple adjustments throughout the agency. Furthermore, it is anticipated that these effects are likely to continue to pose challenges to the daily operations for an extended period of time. An important area of consideration is the medical and dental trips that are typically required on a daily basis throughout institutions nationwide. These trips pose a potential point of higher risk of exposure of staff and inmates to the COVID-19 illness at local hospitals and health centers. They may also require significant staffing resources, particularly for escorts, at a time when staffing levels may be low as a result of COVID-19. In addition, local hospitals and clinics may be limiting their own operating hours and procedures making it difficult to access these community health resources. Finally, the President of the United States declared the coronavirus pandemic as a national emergency on March 13, 2020. This declaration encourages hospitals to free up resources for emergent care needed for those suffering from COVID-19.

The decision to postpone or reschedule medical care in the community is considered an important and necessary step in responding to this national emergency and is not made lightly. It is affected by several variables including the category and urgency of the care, the safety and health of inmates and staff, and good clinical judgment.

- **Care for acute, emergent, or urgent conditions** is medically necessary and should not be postponed or rescheduled.
  - Medical examples include but are not limited to myocardial infarction, hemorrhage, stroke, severe trauma, etc.
  - Dental examples include but are not limited to uncontrolled bleeding, cellulitis/swelling that potentially compromises the airway, trauma involving major facial bones, complications after oral surgery, significant pathology, etc.

- **Non-emergent but medically necessary care** is prioritized in part by the risk of deterioration, the likelihood of successful repair at a later time, and significant pain that impairs activities of daily living. The following time frames are suggested based on the severity of the condition and the urgency of the intervention.
    - Higher priority: schedule / re-schedule within 30 days e.g. scheduled blood transfusion or IV infusions, unresolved pericoronitis
    - Intermediate priority: Schedule / re-schedule within 30-90 days e.g. routine pacemaker check, cancer surveillance imaging, tooth impactions with intermittent pain
    - Low Priority: re-schedule within 90-180 days e.g. routine scheduled follow up with specialty clinic, necessary dental procedures outside the scope of a provider's skill

- **Routine, elective, or medically acceptable medical care** may be postponed for three to six months on a case-by-case basis, or re-scheduled as reasonably available e.g. elective orthopedic evaluation and testing.

The Clinical Director or designee should convene the Utilization Review Committee as outlined in *Patient Care* PS 6031.04. Certain institutions may require involvement of Regional resources. In the context of the current situation, the purpose of the group is to:

- **review the available resources of the institution** for trips (scheduled and unscheduled)

- **review historical trends of daily trips** to estimate and plan for the number of unscheduled, emergent trips

- **perform an initial review of upcoming scheduled medical trips.** The initial focus should be on the trips already scheduled for the next thirty days, but also keeping in mind that operations are likely to be affected for a longer period

- **perform reviews of scheduled medical trips on a regular basis** as needs and available resources are likely to continue to change. If the period of affected operations is protracted and goes beyond the initial thirty days, trip scheduling challenges are likely to be compounded.

- **re-schedule planned medical trips as much as reasonably possible** to minimize staff and patient exposure to community healthcare settings, to accommodate potential staff resource limitations and to avoid over-burdening local resources with elective visits.

- **Evaluate new medical consultation requests** in light of the above timeframe guidelines when inputting Target Dates

Institutions should reach out to their local medical resources and comprehensive contract liaisons to maintain good lines of communication as the situation is likely to affect both sides. Areas where issues are likely to arise and may be important to discuss include local capacity and resources, impact of cancelling and re-scheduling of appointments, risk management, staff and patient exposure, etc. Consideration of alternative strategies for providing health care, such as telemedicine, are recommended.

Health care staff at all institutions are asked to accomplish this review in as timely a manner as possible in order to prepare for and devote resources to this looming crisis which is expected to become more widespread and produce greater disruptions in the coming weeks and months.

For very similar reasons, transfers for routine or elective medical care will be curtailed or canceled for three to six months. The Chief of Health Programs will be reviewing all previously-approved and new transfer requests to determine which can be reasonably postponed. Institutions are encouraged to track any transfers that are canceled or denied / deferred due to the COVID-19 pandemic and to resubmit them once the national emergency has abated.

If you need further guidance, please contact your respective Regional Medical Director or Dr. Berhan Yeh, Chief of Health Programs. Their contact information is available on the Health Services Division Sallyport page.

Updated March 21, 2020

Institution Environmental Cleaning and Disinfection Recommendations and COVID-19

References: CDC https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html

CDC https://www.cdc.gov/coronavirus/2019-ncov/community/home/cleaning-disinfection.html

CDC https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html

Background

There is much to learn about the novel coronavirus that causes coronavirus disease 2019 (COVID-19). Based on what is currently known about the virus, spread from person-to-person happens most frequently among close contacts (within about 6 feet). This type of transmission occurs via respiratory droplets. Transmission of novel coronavirus to persons from surfaces contaminated with the virus has not been documented. Transmission of coronavirus in general occurs much more commonly through respiratory droplets than through fomites. Current evidence suggests that novel coronavirus may remain viable for hours to days on surfaces made from a variety of materials. Cleaning of visibly dirty surfaces followed by disinfection is a best practice measure for prevention of COVID-19 and other viral respiratory illnesses in community settings.

Purpose

This guidance provides recommendations on the cleaning and disinfection of rooms or areas within the institution in multiple phases of response to the COVID-19 virus to include:

- Preparedness Phase: No known transmission in facility or surrounding community.
- Minimal/Moderate community transmission with NO cases in facility
- Substantial community transmission with NO cases in facility
- Confirmed or suspected case(s) in facility (regardless or community transmission)

Preparedness Phase and In General Cleaning and Disinfection

Clean and disinfect per current housekeeping and waste management policies and procedures and the HSD IP&C Procedures Template (Section 5 Environmental cleaning).
http://sallyport.bop.gov/co/hsd/infectious_disease/Program%20Tools.jsp

Definitions

⇒ *Cleaning* refers to the removal of dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs. But by removing the germs, it decreases their number and therefore any risk of spreading infection.

⇒ *Disinfecting* works by using chemicals to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs. But killing germs remaining on a surface after cleaning further reduces any risk of spreading infection.

⇒ EPA List N: Facilities may currently be utilizing a product effective against COVID-19. The EPA website has a list of registered antimicrobial products (List N) for use against novel coronavirus

General Guidelines

- Wear disposable gloves when cleaning and disinfecting surfaces. Gloves should be discarded after each cleaning.
- Consult the manufacturer's instructions for cleaning and disinfection products used. Clean hands immediately after gloves are removed.
- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- Follow manufacturer's directions for dilution of product and "wet times" to appropriately disinfect surfaces.
- Labels contain instructions for safe and effective use of the cleaning product including precautions that should be taken when applying the product, such as wearing gloves and making sure there is good ventilation during use of the product.
- Refer to the manufacture's documentation for product hazards as well as shelf life for the concentrated and diluted solutions. For example, in the case of Virex II/256, the concentrated form has a three-year shelf life, and once diluted has a one-year shelf life.

Action

- Note that the HQDC2 cleaning product is **now on the EPA** list of registered antimicrobial products for use against Novel Coronavirus SARS-CoV-2, the cause of COVID-19 illness.
- Institutions should check with health services to find out if the current product in use is listed on the EPA List N.
- If the health services product is registered on the EPA List N, leadership can decide to expand use for the facility or choose another product.
- The Bureau is seeking to obtain additional products such as Virex II 256, for general facility disinfectant cleaner and deodorant, a ten minute Diversey product for spray bottles and mop buckets.
- Instructions for the use of a bleach solution, Virex II and HDQC2 are listed on the COVID-19 Sally port page in the Cleaning and Disinfection Guidance Section http://sallyport.bop.gov/co/hsd/infectious_disease/COVID19.jsp.
- Please note, never mix bleach and ammonia products as it will cause the release of toxic vapor, which are known to irritate the respiratory system.
- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection. Use products that are appropriate for the surface.
- Consider increasing the number of persons trained and responsible for cleaning common areas as well as surfaces not ordinarily cleaned daily (e.g. doorknobs, light switches, sink handles, countertops)
- Ensure adequate supplies to support intensified cleaning and disinfection
- Initiate a plan to restock rapidly when needed.
- Ensure that bathrooms and common areas are continually stocked with hand hygiene supplies.

Minimal/Moderate community transmission with NO cases in facility

Clean and disinfect per current housekeeping and waste management policies and procedures and the HSD IP&C Procedures Template (Section 5 Environmental cleaning).
http://sallyport.bop.gov/co/hsd/infectious_disease/Program%20Tools.jsp

Utilize General Guidelines and Action in Preparedness and in addition:

- Utilize a product on the registered EPA List N. Monitor CDC recommendations for updates.
- Several times per day, clean and disinfect surfaces and objects that are frequently touched, especially in common areas. Assure that objects/surfaces not ordinarily cleaned daily (e.g., doorknobs, light switches, sink handles, countertops, toilets, toilet handles) are cleaned.

Action

- Ensure adequate supplies to support intensified cleaning and disinfection
- Initiate a plan to restock rapidly when needed.
- Ensure that bathrooms and common areas are continually stocked with hand hygiene supplies

Substantial community transmission with NO cases in facility

Clean and disinfect per current housekeeping and waste management policies and procedures and the HSD IP&C Procedures Template (Section 5 Environmental cleaning).
http://sallyport.bop.gov/co/hsd/infectious_disease/Program%20Tools.jsp

Utilize General Guidelines in Preparedness and in addition:

- Utilize a product on the registered EPA List N. Monitor CDC recommendations for updates.
- Several times per day, clean and disinfect surfaces and objects that are frequently touched, especially in common areas. Assure that objects/surfaces not ordinarily cleaned daily (e.g., doorknobs, light switches, sink handles, countertops, toilets, toilet handles) are cleaned.

Action

- Ensure adequate supplies to support intensified cleaning and disinfection
- Initiate a plan to restock rapidly when needed.
- Ensure that bathrooms and common areas are continually stocked with hand hygiene supplies

Confirmed or suspected case(s) in facility (regardless or community transmission)

Clean and disinfect per current housekeeping and waste management policies and procedures and the HSD IP&C Procedures Template (Section 5 Environmental cleaning).
http://sallyport.bop.gov/co/hsd/infectious_disease/Program%20Tools.jsp

Utilize General Guidelines in Preparedness and in addition:

- Utilize a product on the registered EPA List N. Monitor CDC recommendations for updates.
- Several times per day, clean and disinfect surfaces and objects that are frequently touched, especially in common areas. Assure that objects/surfaces not ordinarily cleaned daily (e.g., doorknobs, light switches, sink handles, countertops, toilets, toilet handles) are cleaned.

Personal Protective Equipment (PPE) and Hand Hygiene:

- Cleaning staff should wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.
- Gloves and gowns should be compatible with the disinfectant products being used.
- Additional PPE might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
- Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area. Be sure to **clean hands** after removing gloves.
- Gloves should be removed after cleaning a room or area occupied by ill persons. Clean hands immediately after gloves are removed.
- Cleaning staff should immediately report breaches in PPE (e.g., tear in gloves) or any potential exposures to their supervisor.
- **Cleaning staff and others should clean hands often**, including immediately after removing gloves and after contact with an ill person, by washing hands with soap and water for 20 seconds. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains 60%-95% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.
- Follow normal preventive actions including cleaning hands and avoiding touching eyes, nose, or mouth with unwashed hands.
    - Additional key times to clean hands include:
        - After blowing one's nose, coughing, or sneezing
        - After using the restroom
        - Before eating or preparing food
        - After contact with animals or pets
        - Before and after providing routine care for another person who needs assistance

Cleaning and Disinfection of General Areas and Ambulatory Care with Confirmed or Suspect Case(s)

Action

- It is recommended to close off areas used by the ill persons and wait as long as practical before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets.
- Open outside doors and windows to increase air circulation in the area.
- If possible, wait up to 24 hours before beginning cleaning and disinfection.
- Cleaning staff should clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the ill persons, focusing especially on frequently touched surfaces.

Cleaning and Disinfecting Surfaces

- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- For disinfection, use a EPA registered disinfectant from List N.
- Never mix household bleach with ammonia or any other cleanser.
- For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. After cleaning: If the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely.
- Electronics cleaning and disinfection
  - For electronics such as tablets, touch screens, keyboards, and remote controls, remove visible contamination if present.
  - Follow the manufacturer's instructions for all cleaning and disinfection products.
  - Consider use of wipeable covers for electronics.
  - If no manufacturer guidance is available, consider the use of alcohol-based wipes or spray containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids.

Cleaning and Disinfection in Quarantine and Isolation Areas

- Dedicated medical equipment should be used when caring for individuals
  - All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and facility policies.
- Inmates in quarantine and isolation are recommended to clean their room daily, if possible with an appropriate cleaner/disinfectant and with provided disposable supplies.
- Trash can be bagged out of quarantine utilizing standard precautions, if not contaminated with bloodborne pathogens, in which case it would be hazardous waste.
- Trash should be double bagged out of isolation room per normal isolation procedures, however, if there is no bloodborne contamination in trash it does not need to be bagged out in a hazardous waste bag.

- If staff are cleaning in the quarantine room it can be combined with care to minimize entry into room.
- After room is cleared, clean and disinfect as per above with appropriate PPE, gloves, gown and additional PPE as needed instructed by manufacturer or based on splash potential (eye protection and surgical mask).
- If person(s) in quarantine room became symptomatic, consider waiting 24 hours to clean if possible.
- After individual(s) leave isolation in AIIR, wait two hours to complete terminal cleaning.
- After individual(s) leave isolation room, not in AIIR, wait 24 hours if possible before cleaning and disinfecting room.

Laundry

- Laundry from a COVID-19 cases will be bagged out of isolation room in a linen bag labeled for laundry to handle with special precautions.
- Laundry can be washed in the central laundry with other laundry.
- Individuals handling laundry from COVID-19 cases should wear disposable gloves, discard after each use, and clean their hands after removing gloves.
- Do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air.
- Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely.
- Clean and disinfect clothes hampers according to guidance above for surfaces. If permissible, consider using a bag liner that is either disposable or can be laundered.

Procedures to Support Inmates in Quarantine/Isolation: Guidance for All Facilities

3-22-2020

Medical protocols use isolation and quarantine as a primary strategy to reduce the spread of contagious disease. While effective in controlling the spread of disease, these strategies can be stressful, especially to newly incarcerated and mentally ill inmates. The following guidance is offered to prevent mental health crises during quarantine/isolation:

1) All inmates in quarantine or isolation must:
    - Be permitted to bring or be issued personal property for the purpose of distracting and occupying the inmate (e.g., religious book, pack of cards, magazines);
    - Be provided with activities for the purpose of distracting and occupying the inmate (e.g., treatment protocols, puzzles, word games, leisure books, paper and pen for journaling). Gender responsive suggestions can be found here;
    - Have access to a calendar and clock;
    - Have access to a television or radio.

2) When an inmate is identified as requiring quarantine or isolation, the Health Services Administrator, or designee, will contact the Chief Psychologist to request consultation.

3) The Chief Psychologist, or designee, will review the records (e.g., BEMR-PDS, SENTRY, PSR) to consider the inmate's history and potential vulnerabilities:
    - Previous history while single-celled;
    - History of self-directed violence;
    - History of mental illness to include history of behavioral dysregulation; and
    - Mental Health Care Level.

4) The Chief Psychologist, or designee, will meet with the inmate within 24 hours to conduct a mental status exam; this may occur at the cell door or in private, according to the perceived needs of the inmate. All psychologists meeting with inmates in quarantine or isolation will follow the safety protocols outlined by Health Services. The contact may be conducted as a component of the Psychology Services Intake.

5) The Chief Psychologist, or designee, will document these recommendations in PDS-BEMR and provide them to the Health Services Administrator, the Captain, the Warden, and other relevant departments. Specific recommendations may include:

    - Double-celling the inmate with another quarantined or isolated inmate, in coordination with Health Services staff;
    - Assigning a mental health provider to conduct more frequent assessment of the inmate's mental health functioning;

- Contact with other professionals such as psychiatrists or chaplains;
- Suicide risk assessment;
- Continuation of any token economies or incentive plans the inmate was participating in;
- Specific interventions to address stress, boredom, anxiety, or mental illness; or
- Additional access to a telephone to connect with family.

6) The Chief Psychologist, or designee, will ensure the inmate's mental health needs are monitored and attended to for as long as necessary. This will include following up on recommendations and may include a treatment plan.

COVID19 Infectious Disease PPE, Medical, and Cleaning Supplies Purchasing Guidance

March 22, 2020

For all medical and surgical supply needs, please continue to place orders through the mandatory source vendor, Medline.

Anytime orders cannot be filled by the mandatory source, the vendor will provide notification to the institution. Once notification has been received from the mandatory source that an order cannot be filled, procurement staff should follow established procurement regulation to find supplies appropriately. Central Office continues to pursue alternate supply chains in the event they are needed. Any requests infectious disease PPE, Medical, and cleaning supplies requests should go through Regional EOC to CO EOC, and only AFTER attempts to order through the normal supply chains are exhausted.

A project code for COVID-19 purchases has been established.

Any requests for use of the assigned project code associated with COVID-19 cases should be sent through the Emergency Operations Center for review and final determination by the appropriate Incident Command System Section. Once the information has been reviewed and approved by the appropriate Incident Command System Section, the approval information will be forwarded to the Budget Execution Branch.

The Budget Execution Branch will forward the approval information for COVID-19, along with an expense tracking sheet to the approved Regional Office.

The Regional Office will be responsible for sending the expense tracking sheet information to the institution. The expense tracking sheet must be submitted back to the Budget Execution Branch no later than 30 days after the event ends.

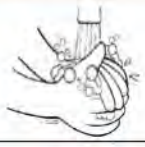
RESPIRATORY ISOLATION

Precautions

PRECAUCIONES de Sala de Cuarentena

ANYONE ENTERING THIS ROOM SHOULD USE:

todas las peronas que entren e esta habitacion tienen que:

	**HAND HYGIENE** ***Hygiene De Las Manos***
	**N-95 RESPIRATOR (Fit-Tested) or Surgical Mask** ***Respirador N-95 / Mascara facial***
	**GOWN** ***Bata***
	**EYE PROTECTION** ***Protección para los ojos si contacto cercano***
	**GLOVES** ***Guantes***
	**Patient wears surgical mask when others enter room and during transport** ***Paciente lleva mascarilla quirurgica durante el transporte.***
	**Keep door closed at all times** ***Mantenga la puerta cerrada en todo momento***

Quarantine

PRECAUTIONS

PRECAUCIONES

TO PREVENT THE SPREAD OF INFECTION,

ANYONE ENTERING THIS ROOM SHOULD USE:

Para prevenir el esparcimiento do infecciones,

todas las peronas que entren e esta habitacion tienen que:

	**HAND HYGIENE** ***Hygiene De Las Manos***
	**SURGICAL MASK** **Inmate(s) wear mask when persons enter** ***Mascara facial***
	**GLOVES** ***Guantes***
	**GOWN for close contact** ***Bata***
	**EYE PROTECTION** ***Protección para los ojos***

Social Distancing Guidance:
For Staff

PURPOSE: To provide guidance to all staff on the maintenance of social distancing within a correctional environment. The guidance provided within this document is based on the recommendations of the Centers for Disease Control and Prevention (CDC).

COVID-19 is thought to spread from person to person when they are in close contacts with one another and/or their respiratory droplets.

Social Distance (SD) is defined as a maintaining a distance of approximately six feet or more between each individual.

Guidance for consideration during the shift:

1. Enhanced Staff Screening (COVID-19 screening at the beginning of shift):
    a. Maintain social distance amongst all individuals in the area
    b. Consider marking the floors at six foot intervals to help the employees maintain and visualize SD
    c. Consider staggering entrance times so that staff are entering the facilities at different intervals, while keeping in mind not to vary the times too great that the screening staff are utilizing excessive Personal Protective Equipment (PPE)
2. Entrance screening and key line:
    a. Maintain social distance amongst all individuals in the area
    b. Consider marking the floors at six foot intervals to help the employees maintain and visualize SD
3. Gatherings of staff (meetings, recalls, lunch and learns, etc…)
    a. Cancel these when SD cannot be maintained amongst attendees
    b. Maintain in-person meeting to groups of 10 or less with SD
    c. WebEx Executive Conferencing Line: Each institution is being provided with lines to utilize for meeting where SD cannot be maintained
4. Housing Units and Work Details
    a. Maintain SD between all individuals to include staff and inmates as much as possible
    b. Stagger breaks so that there is sufficient room in the lounge/break area to maintain adequate SD.
5. Supervisory Guidance:
    a. For staff who have indicated high-risk medical issue(s), please have them complete the COVID-19 Medical Condition Self Reporting Tool and submit to the OSH mailbox: BOP_HSD/Employee Health for processing. The subject line of the email should be "High risk staff declaration form- [Last name, First name]"

Created 26Mar2020

FAQ Electrostatic Foggers for Disinfectant

Q. Does the CDC recommend using electrostatic foggers to disinfect surfaces?

A. The CDC does not support disinfectant fogging in both the *Guidelines for Environmental Infection Control in Health Care Facilities* and the *Guideline for Disinfection and Sterilization in Healthcare Facilities.*

Q. Can any manufacturer's equipment spray any brand of disinfectant?

A. Although some equipment can spray several types of disinfectants, some manufacturer's state their equipment has only been tested to use their disinfectants so current supplies of disinfectant in institution may not be able to be used in certain sprayer.

Q. Do electrostatic sprayers still require the use of conventional cleaning methods?

A. Yes, disinfectant does not clean. Surfaces must still be cleaned using conventional detergents prior to disinfecting.

Q. Do Electrostatic Foggers remove the requirement to keep surfaces wet for 10 minutes?

A. No, surfaces must remain wet for at least 10 minutes in accordance with product manufacturers.

Q. Are Electrostatic Foggers available for purchase at this time?

A. According to manufacturers, electrostatic foggers are currently out of stock and may not be back in stock until June at the earliest.

3/27/2020

Frequently Asked Questions Regarding the Use of Existing Thermal Foggers Used in the Bureau

1. **What type of Thermal chemical fogger does the Bureau currently use?**

   The Bureau uses a high output gasoline powered thermal fogger (London) designed for outdoor use only.

2. **Can gasoline powered foggers be used indoors?**

   No. Gasoline powered foggers produce carbon monoxide that can build up in the immediate area and would create a respiratory hazard to anyone in the area.

3. **Are the London foggers the Bureau currently has designed to be used for disinfecting applications?**

   No. The London foggers the Bureau has are designed to be used with oil based insecticide formulation applications only.

4. **Are thermal foggers designed to be used for disinfecting applications?**

   Although there are thermal foggers in the market designed to be used indoors and for disinfecting applications, the foggers currently used by the Bureau does not contain this type of technology.

Use of Alcohol Based Hand Sanitizer

The CDC recommends regular hand washing to help combat the spread of the coronavirus.

If soap and water are not readily available, the use of a hand sanitizer that contains at least 60% alcohol is recommended.

Control of Alcohol Based Hand Sanitizer

Alcohol Based Hand Sanitizer is flammable and must be used and stored correctly!

Storage of Alcohol Based Hand Sanitizer (Unopened Containers Not in Use) - Must be stored in accordance with institution policy on the storage of hazardous products (Secured, Bin Cards, etc.).

Alcohol Based Hand Sanitizer (In Use - Wall Mounted Dispensers, Bottles, etc.):

- Wall mounted dispensers in corridors and common areas may contain up to 1.2 liters (0.32 gallons) of hand sanitizer
- Wall mounted dispensers in staff offices and work rooms may contain up to 2.0 liters (0.53 gallons) of hand sanitizer
- Wall mounted dispensers must be installed away from ignition sources (outlets, thermostats, appliances, etc.)
- Individual bottles (no more than 2 ounces) of alcohol based hand sanitizer may be issued to staff to keep on their person

Inmates may not store alcohol based hand sanitizer in their cells.

Note: Please contact the Occupational Safety & Health Branch or consult NFC Life Safety Code (NFPA 101) for additional information on the placement of wall mounted dispensers.

ISOLATION CHECKLIST
COVID-19

Move to Isolation • **Symptomatic**	**Isolation** is used to separate inmates who are sick from quarantined asymptomatic or general population inmates. For inmates presenting with symptoms of COVID-like illness (e.g., **Fever, cough, shortness of breath)**: Place a surgical mask on the patient and minimize proximity to staff and other inmates. Escort (in PPE) to designated isolation or cohorted housing area.
Implement Transmission Based Isolation Precautions Standard/Contact/ Eye Protection/Droplet (PPE)	***Standard precautions/Contact/Eye Protection/Droplet*** 1) Hand hygiene (before gloving and after removing gloves) 2) PPE (gloves, gown, eye protection, N-95 or surgical mask*), for entry into room, direct contact escort or open grid units. 3) If not entering room and ≥ 6 feet away, utilize standard precautions – gloves (e.g. place food container in food slot while inmate stands at back of room). **-Prior to room entry:** Perform hand hygiene. Apply (don) gloves, gown, fit-tested respirator (N-95) or surgical mask* and eye protection. *See donning checklist.* **-Upon room exit with Anteroom:** Have inmate(s) move to a social distance ≥ 6 feet, if possible, and remove gloves and gown, dispose, and then exit room. Perform hand hygiene, remove (doff) eye protection, N-95 respirator or mask* and repeat hand hygiene. **If no anteroom is available, exit out of room to doff all PPE in a designated doffing area (tape off area for doffing) located immediately outside of room.** *See doffing checklist.* * Surgical mask is used if no respirators are available.
Signage	A Respiratory Precaution Isolation Sign is placed on the door.
Inmate Education	Advise/educate inmate regarding possible COVID-19 illness and testing. Educate regarding social distancing and wear of mask when a staff member enters the room or if the inmate leaves the room. Provide education sheet.
Communication	1) Report case(s) to local facility leadership, infection prevention and control (QIIPC), public health authority and Regional QIIPC Consultants. 2) Communicate with the Regional Medical Director to determine if COVID-19 testing is applicable. See manufacturers/commercial guidelines for testing. Communicate with local public health authority to report positive test results. 3) If inmate condition deteriorates (respiratory distress) and emergent transportation to local hospital is necessary, call ahead for guidance and direction before transfer. **DO NOT** transport without first notifying receiving hospital.
Documentation	Place inmate on medical hold in BEMR and Sentry for the duration of the isolation. **Initiate RIDs. Code as Z0489-c19** in BEMR. Document inmate status daily in BEMR, any testing results and change in condition.
Staff Interaction	Visits with staff not requiring direct contact will be conducted with social distancing ≥ 6 feet away or with inmate(s) masked. Limit the number of staff interactions with ill inmate(s) and take measures to reduce rotation of staff interacting with isolated inmate(s). Dedicate personnel if possible.
Medical Equipment and Medical Care	Medical equipment should be dedicated to area, if possible. Supportive care with frequent assessment for SOB or decompensation. Have preparations in place for transfer if needed.
Food Service	Regular trays or use disposable dish wear. Wear gloves and maintain social distancing. Dispose of in regular trash.
Laundry	Wear gloves. Do not shake dirty laundry. Double bag out of isolation to laundry. Wash in hot water and dry. Disinfect dirty carts after use.
Visits	In person visits will be suspended until the end of isolation. Consult local leadership for exceptions.
Telephone Calls	Phone should be cleaned and disinfected with disposable towel & product from EPA List N.
Trash	For disposal of trash wear gloves and **double bag** in clear waste bags and dispose with regular trash, but ensure it is not processed by recycling.
Cleaning/Disinfection	The inmate(s) are daily provided supplies to clean/disinfect room. Ideally, cleaning is performed at time of inmate care to prevent additional entry into room. Utilize disinfectant from EPA List N.
D/C of Isolation	Discontinuation of isolation should be based on current CDC guidelines.
Terminal Cleaning	When the decision to discontinue isolation is made, the inmate, if possible, should perform a terminal cleaning. Then after 24 hours (if possible), the isolation area should be cleaned again with an EPA List N registered disinfectant while wearing gloves, gown and any other PPE recommended by the disinfectant manufacturer and based on condition of the room (i.e., if splashes are anticipated, wear mask and eye protection).

QUARANTINE
COVID-19

Move to Quarantine • **New Intakes** • **Contacts**	Quarantine is used to separate **asymptomatic** persons who have **Risk Factors or are Contacts to COVID-19** while they are in the incubation period (up to 14 days for COVID-19). Escort inmate to a designated single room with door **OR** cohort with other asymptomatic inmates in a housing area with door. Staff escorting asymptomatic inmates with direct contact will wear face mask, eye protection, and gloves (as feasible).
Implement Transmission Based Precautions - Standard/Contact/ Eye Protection/ Droplet. (USE OF PPE)	***Standard precautions/Contact/Eye Protection/Droplet Isolation*** 1) Hand hygiene (before and after wearing gloves) 2) PPE (*gloves, gown, eye protection, surgical mask*) for entry into room and direct contact (or open grid unit). 3) If not entering room and ≥ 6 feet away, utilize standard precautions – gloves (e.g. place food container in food slot while inmate(s) stand at back of room). **-Prior to room entry:** Perform hand hygiene. Apply (don) gloves, gown, surgical mask and eye protection before room entry or inmate contact. *See donning checklist.* **-Upon room exit with Anteroom:** Have inmate(s) move to a social distance ≥ 6 feet, if possible, and remove gloves and gown and then exit room. Perform hand hygiene, remove (doff) eye protection, mask and repeat hand hygiene. **IF no anteroom is available, exit out of room to doff all PPE in a designated doffing area (tape off area for doffing) located immediately outside of room.** *See doffing checklist.*
Signage	A Respiratory QUARANTINE Sign is placed on the door
Inmate Education	Advise/educate inmate regarding reportable symptoms of COVID-19 illness and notify housing unit office if symptoms arise. Educate regarding social distancing. Provide education sheet.
Communication	1) Notify local facility leadership, infection prevention and control (QIIPC)/health services, Incident Command, Chief Psychologist. Notify Regional QIIPC Consultants. 2) Communicate with Regional Medical Director if COVID-19 test is applicable. See specific manufacturers/commercial instructions for testing. 3) If inmate condition deteriorates (respiratory distress) and emergent transportation to local hospital is necessary, call ahead for guidance and direction before transfer. **DO NOT** transport without first notifying receiving hospital.
Documentation	Place a medical hold in BEMR and Sentry for the duration of the quarantine. **Code inmate as Z0489-q** in BEMR. Temperature checks per guidance.
Staff Interaction	Staff assessments not requiring direct contact will be conducted with social distancing ≥ 6 feet away. Limit the number of staff interactions with inmate(s) and take measures to reduce rotation of staff interacting with quarantined inmate(s). Dedicate personnel if possible.
Medical Equipment	Medical equipment should be dedicated to area if possible.
Medical Care	Conduct temperature checks twice daily (as quarantine numbers increase, prioritize critical tasks). Document symptoms with temperature check (use comment box in BEMR temperature flowsheet). Isolate inmate(s) if symptomatic or temperature ≥ 100.4 F. Positive symptoms require Clinical Encounter. Limit close or direct contact as much as possible. Provide other necessary medical care as required.
Food Service	Regular trays or use disposable dish wear. Wear gloves and maintain social distancing. Dispose of in regular trash.
Laundry	Wear gloves. Regular central laundry processes are acceptable. Do not shake dirty laundry. Disinfect dirty carts after use.
Visits	In person visits will be suspended until the end of quarantine. Consult local leadership for exceptions.
Telephone Calls	Phone should be cleaned and disinfected with disposable towel and product from
Trash	For disposal of trash wear gloves and **double bag** in clear waste bags; E*nsure it is not processed by recycling.*
Cleaning/Disinfection	The inmate(s) should be provided supplies to clean room. Use disinfectant from EPA list N.
Discontinuation of Quarantine	Duration of quarantine is 14 days. ***If at all possible,*** do not add individuals to an existing quarantine after the 14-day quarantine clock has started; however, if no other option exists and new inmates are added into a quarantine cohort, the original group may be released from quarantine on the original schedule if no inmates develop COVID-19 symptoms or are diagnosed with COVID-19.
Terminal Cleaning	When the decision to discontinue quarantine is made, the inmate, if possible, should perform a terminal cleaning. If inmates in quarantine became symptomatic, wait 24 hours (if possible), and then the quarantine area should be cleaned again with an EPA List N registered disinfectant while wearing gloves, gown and any other PPE recommended by the disinfectant manufacturer and based on condition of the room (i.e., if splashes are anticipated, wear mask and eye protection).

Respirator Training Minimum Requirements

A Medical Clearance, Fit-Testing, and Training must be completed prior to requiring an employee to use a respirator in the workplace.

Fit-Testing and Training must occur prior to first use and at least annually thereafter.

Note: OSHA guidance has temporarily removed the requirement for N-95 respirators to be annually fit-tested. Initial Fit-Testing is still required for N-95 respirators. SCBA and Gas-Masks must still be fit-tested annually.

Note: SCBAs have additional training requirements. SCBA training guidance can be found at:
http://sallyport.bop.gov/co/hsd/safety/Fire%20Protection%20Homepage.jsp

Training topics must include:

- **Why the respirator is necessary and how improper fit, usage, or maintenance can compromise its protective effect.** – *Inform the user of the respiratory hazards and explain why their respirators are necessary.*

- **The limitations and capabilities of the respirator** – *Explain there is no such thing as an all-purpose respirator. Respirators are designed for certain hazards. Review the uses and limitations in the instructions provided by the manufacturer.*

- **How to use the respirator effectively in emergency situations including when the respirator malfunctions** – *Explain how to identify a malfunctioning respirator and that they must exit the contaminated area if the respirator malfunctions.*

- **How to inspect, check the seals, put on and remove, and use the respirator** – *Explain that a respirator must be put on and worn properly in order to fit and offer effective protection. It must be inspected prior to putting it on each time. Instruct and demonstrate how to properly put it on and adjust in accordance with manufacturers' instructions*

- **Hands-On Practice** – *After you demonstrate putting it on and adjustment procedures, have the employee practice putting theirs on while talking them through the procedures.*

  Note: The employee must have been medically cleared before putting on the respirator.

- **How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators** – *Teach employees to recognize medical signs and symptoms that may limit or prevent effective respirator use. These can be found in the OSHA Respirator Medical Evaluation Questionnaire.*

- **Documentation** – *Medical Clearance Forms must be kept in the Employee Medical File in Health Services (Only confirmation of the approval is to be kept in the Safety Department). Fit-Test Documentation and Training Documentation must be kept on file in the Safety Department.*

BOP GUIDANCE FOR COVID-19 SCREENING OF INMATES
March 30, 2020

- **SCREENING OF INMATES FOR COVID-19 IS INDICATED FOR**
  - All new inmate arrivals at any BOP facility (Intake Screening).
  - All inmates leaving a BOP facility
  - As part of a contact investigation of a COVID-19 case
- **SCREENING OF INMATES FOR COVID-19 INCLUDES**
  - A symptom screen (overt symptoms of cough or shortness of breath) *and*
  - A temperature check
- **ALL NEW INMATE ARRIVALS AT AN INSTITUTION WILL BE SCREENED FOR COVID-19.**
  - This includes all new intakes, detainees and commitments, writ returns, parole violators, bureau intrasystem transfers, etc…, regardless of their mode of arrival – voluntary surrender, USMS / JPATS, ICE, BOP, etc… Inmates returning from routine day trips ordinarily do not need to be screened upon return to the facility.
  - Staff who are conducting the screening will wear PPE including gown (if in close or direct contact), gloves, surgical mask, and face shield/eye protection, in accordance with CDC guidance.
  - COVID-19 screening is recommended early in the intake screening process, preferably before entering the building, if possible.
  - Inmates with a temperature ≥ 100.4°F or overt respiratory symptoms are placed in isolation. Refer to the BOP Isolation Checklist.
  - Inmates with a temperature < 100.4°F and no overt respiratory symptoms are placed in quarantine if they have been in the BOP 14 days or less, or have mixed with non-BOP inmate populations en route. Refer to the BOP Quarantine Checklist.
  - Documentation of the COVID-19 symptom screen and temperature check will be recorded in the comments sections of the BEMR Intake Screening, along with disposition to either quarantine or isolation. Temperature is also recorded in the flow sheet.

- **ALL INMATES LEAVING A BOP FACILITY WILL BE SCREENED FOR COVID-19.**
    - In some emergency response situations this screening may be impractical.
    - Wearing PPE may not be necessary in this setting if the inmate has been living in general population, there is no COVID in the population and there will be no close or direct contact.
    - Inmates with a temperature ≥ 100.4°F or overt respiratory symptoms are placed in isolation. Refer to the BOP Isolation Checklist.
    - Documentation of a negative COVID-19 symptom screen, temperature check, and if the inmate was placed in isolation will be recorded in the comments section of the BEMR exit summary. Temperature will also be recorded in the flow sheet.
- **ALL INMATES IDENTIFIED AS A CLOSE CONTACT OF A PERSON WITH COVID-19 WILL BE PLACED IN QUARANTINE AND SCREENED FOR COVID-19.**
    - Inmates with a temperature ≥ 100.4°F or overt respiratory symptoms are placed in isolation. Refer to the BOP Isolation Checklist.
    - Documentation of the symptom screen, temperature check, and disposition to quarantine or isolation will be recorded in BEMR in the temperature flow sheet, with the symptom screen and disposition recorded in the comments field.

Recognizing Withdrawal Symptoms

As inmates' access to illicit drugs becomes increasingly limited under modified operations due to COVID-19, it is anticipated more inmates will experience withdrawal symptoms. Suddenly stopping the use of alcohol or certain drugs can cause serious symptoms, including death. You may not be able to tell the difference between withdrawal and other illnesses, such as the flu.

Acute Withdrawal occurs when a person suddenly stops or reduces use of alcohol and illicit substances, including opioids. Acute withdrawal symptoms begin within a few hours or days after last use and last three days to a week. Inmates with these symptoms should be referred to Health Services immediately:

- headaches
- dizziness
- difficulty breathing
- racing heart
- nausea, diarrhea
- muscle tremors
- sweating and fever

Post-Acute Withdrawal Syndrome appears after the acute phase and can last much longer. These psychological withdrawal symptoms can be triggered by stress and may linger for up to two years. Inmates with these symptoms should be referred to Psychology Services immediately:

- Suicidal thoughts
- Urges and cravings
- Irritability/ hostility
- Sleep disturbances
- Insomnia
- Fatigue
- Stress sensitivity
- Anxiety or panic
- Depression
- Lack of initiative
- Hypersensitivity
- Foggy thinking
- Memory problems
- Mood swings

Any inmate who appears to be sick or in acute withdrawal should be referred to Health Services immediately.

Updated 4/1/20

Best Practices for Food Service as part of COVID-19 Response

- Hand sanitizer and/or hand washing accessible to all inmates and staff entering dining areas to utilize before they begin line services.

- Proper hand-washing procedures should be re-emphasized and strictly monitored and enforced.

- Portable beverage dispensers, salad bars and hot bars should be modified to only be served behind a serving line by inmates wearing gloves, hats, and beard guards. There should be no self-service salad bars and hot bars.

- All eating utensils and drink-ware should only be served by employees wearing proper Protective Personal Equipment.

- Should place floor marking at a distance of six feet to allow for preserving of social distancing, to include dining lines.

- Staff Dining:

    - Should be limited to carryout services only.
    - Should not allow for more than 10 patrons at any given time who are picking up a meal for carry out service.
    - If staff are using shared outdoor dining spaces they must maintain social distancing of at least six feet from other staff.
    - There should be no self-serving of food including salad bars, hot bars, or other unpackaged food.

- Extra emphasis on sanitizing of group dining contact surfaces i.e. dining room tables, serving lines, etc., using kitchen surface sanitizers.

- All salt and pepper shakers should be removed from tables in dining area and service areas.

- Inmate Modified Feeding Options:

    - Staggered meal serving time.

    - Grab-n-go meals taken back to units.

    - Controlled Movement Menu available on Sallyport here: http://sallyport.bop.gov/co/hsd/food_svc/menus/controlled_movement_menu_2020.pdf

Please refer to the following links for additional information regarding food safety and the COVID-19 virus:

https://www.fda.gov/food/food-safety-during-emergencies/food-safety-and-coronavirus-disease-2019-covid-19

https://www.usda.gov/coronavirus

http://restaurant.org/COVID19

https://foodsafetyfocus.com/FoodSafetyFocus/media/Library/pdfs/Coronavirus_2019-nCoV_Info_TipsforRestaurants.pdf

http://www.acfsa.org/discussionPublic.php

VEHICLE TRANSPORT OF INMATES
SAFETY CHECK FOR COVID-19

The purpose of the following guidance is to prepare the transport of an inmate with signs and symptoms of respiratory illness.

Vehicle Set-up prior to transport:

- ✓ Place vehicle indoor fan on Fresh and NOT Re-circulation mode
- ✓ Set fan to High
- ✓ Driver side-Window should be rolled down to the furthest extent possible
- ✓ Rear/side windows on both sides of the vehicle should be propped opened
- ✓ When the vehicle being used is a Bus: Open the hatch on the ceiling of the vehicle
- ✓ Place portable fan on the front dash of vehicle, in-front of the driver and have it on its highest setting during the trip

Inmate Activity *prior to* Boarding the Vehicle:

- The Inmate is given a direct order to:
  1. Place Surgical Mask on face and then,
  2. Perform Hand Hygiene

Inmate Boarding the Vehicle:

- Bus:
  - Place inmates 6 ft apart (fill every other seat) and stagger seating when possible
  - Fill bus starting from the back to maximize distance from driver to the first inmate

Driver PPE

- Correctional staff wears N-95 or face mask (N-95 not available)
- Wear eye protection, gloves and gown while in direct contact with inmate securing restraints and loading into vehicle
- Remove gloves and gown and perform hand hygiene prior to entering cab of vehicle
- Officer in contact with inmate(s) puts on new gown and gloves before unloading inmates from vehicle

After the End of Transport:

- Air-out the vehicle for 1 hour
- Clean/Sanitize the vehicle using PPE: gloves, gown, facial mask and eye protection
  - Clean and disinfect the vehicle utilizing a hospital grade disinfectant (EPA Schedule N)

RECOMMENDED CLEANING SCHEDULE

TASKS	Cleaning	Disinfect
Windows / Ledges	Clean Daily	Disinfectant daily
Toilets / Sinks	Clean Daily	Disinfect daily
Trash Receptacles	Empty three times daily, or as needed Clean daily.	Disinfect daily
Floors, Stair and other Walking Surfaces	Sweep and damp mop daily	Disinfect daily
Telephone Booths	Clean multiple times daily with damp rag.	Disinfect after each use
Microwave Ovens	Clean monthly with damp rag.	Disinfect daily
Drink Fountains	Wipe down multiple times daily	Disinfect after each use
Door / Door Jams	Clean multiple times daily	Disinfect after each use
Mop Sinks	Rinse and clean after every use.	Disinfect after each use
Mop Buckets	Empty and rinse after every use.	Disinfect after each use
Wet Mop Heads	Replace after each use	Launder daily
Dust Mop Heads	Replace after each use	Launder daily
Furnishings	Wipe down as needed.	Disinfect as needed

STRATEGY FOR CLEANING AND DISINFECTION

- Develop a local daily cleaning schedule utilizing your housekeeping plan to clean all areas of the institution
- Identify inmates who are already trained to clean and disinfect all areas of the institution daily
    - Assign the same inmate(s) to the same locations to clean & disinfect daily
- Once the cleaning process is complete, inmates, equipped with PPE, should spray disinfectant on all hard surface areas with chemical backpack sprayers if available. If backpack sprayers are not available, utilize additional inmates and hand held spray bottles to complete this task. Remember to adhere to the wetting time indicated by the disinfectant manufacturer. This process can be completed as needed or as scheduled.
- Institute a continuous cleaning/disinfection schedule for all high traffic/touch areas such as doors, door handles, and lights, as well as telephone and computer use areas.

BOP Guidance
Modification of Health Care Delivery during the Coronavirus-2019 (COVID-19) Pandemic
April 6, 2020

Health care delivery at facilities may experience varying degrees of disruption due to the novel coronavirus disease 2019 (COVID-19). Modification of health care delivery during the COVID-19 pandemic may be necessary depending on the degree of disruption at the facility attributed to the outbreak. Each facility should develop a plan of action addressing health care delivery during the COVID-19 pandemic based on the relative degree of disruption to the institution and to the Health Services Unit (HSU).

If the facility is not experiencing any disruption from COVID-19, the HSU should operate normally. If there is mild disruption at the facility with three or less ill inmates, the HSU should make minimal adjustments in the delivery of medical care. For moderate facility disruption with reduced staff and/or many ill inmates, the HSU should focus on evaluating the sickest inmates when performing sick call triage. For severe disruptions with significant staff reduction and/or numerous ill inmates, the HSU will focus on life-saving care. See ***Attachment 1***.

Waivers to some policy-driven services have been approved and are available for immediate implementation Bureau-wide.

Sick Call

Inmates should have continued access to healthcare during a pandemic. Triage inmates based on medical acuity as outlined in the Patient Care Program Statement 6034.004 with a focus on evaluating the acutely ill and scheduling appointments for those requesting routine medical care. Priority should be given to those with COVID-like symptoms or urgent medical conditions. See ***Attachment 2*** for examples.

Consider the following recommendations during moderate and severe disruptions:

- Revert back to using paper sick call triage forms in accessing inmates during sick call (available in BEMR).
- Perform sick call triage on the unit.
- Utilize technology, i.e., inmate-mail, telephone calls, or video–conferencing to conduct sick call triage

Chronic Care

Prioritize chronic care evaluations during the COVID-19 pandemic to focus on the identification and monitoring of those inmates with poorly controlled conditions, pregnancy, and those who are at risk for more severe COVID-19 illness, such as, individuals with the following medical conditions:

- People aged 65 years and older,
- People admitted to a nursing care unit or long-term care facility,
- Other high-risk individuals could include:
    - People with chronic lung disease or moderate to severe asthma,
    - People who have heart disease with complications,
    - People who are immunocompromised including those receiving cancer treatment,
    - People of any age with underlying medical conditions, such as severe obesity (body mass index [(BMI] $\geq$ 40), diabetes, renal failure, or liver disease, particularly if not well-controlled.

Attachment 1:
Prioritization of Health Care Services Based on Degree of Disruption to Normal Operations

Normal Conditions	Scope of Services
• Normal resources and demands	No change in scope of services

Mild Disruption	Near-Normal Scope of Services
• Slightly reduced health care staffing • Some inmates ill; few severely ill • Community hospitalization available • Rearrange health care staffing/roles	**Possible adjustments include:** • Altered site of care for patients with COVID-like symptoms • Reduce preventive health care services (continue TB screening, influenza and pneumococcal vaccination) • Maintain a chronic care clinic. Identify and monitor inmates defined by the CDC as being at risk for COVID-19. • Provide care for minor ailments, as feasible

Moderate Disruption	Revised Medical Care Scope of Services
• Health care staffing somewhat reduced • Some shortages of supplies/medication • Limited laboratory capability • Many inmates ill; some severely ill	**Possible adjustments include:** • Prioritize delivery of chronic care • Minimize pill line consistent with guidance from the medical director; provide 4-6 week supplies of chronic care pill line meds • Postpone most preventive health care except TB screening, influenza and pneumococcal vaccination • Focus on key life-saving care • Send severely ill to hospital • Postpone care for low priority health problems

Severe Disruption	Total System / Scope of Services Alteration
• Health care staffing significantly reduced • Significant shortages of supplies/medications • No laboratory capability; no chest radiography • Numerous inmates ill; many severely ill • No community hospitalization available	**Possible adjustments include:** • Focus on key life-saving care • Cohort sickest inmates/provide palliative care • Deliver care in accordance with priorities established by the BOP Medical Director and in consultation with the Regional Medical Director.

Attachment 2:
Triage of Certain Medical and Mental Health Conditions During COVID-19 Disruptions

EXAMPLES OF CONDITIONS THAT WILL BE SEEN FOR EMERGENCY/URGENT CARE SAME DAY VISIT:

MEDICAL

- Acute Chest Pain
- Acute Abdomen: Severe, rebound tenderness, absent bowel sounds, or localized to RLQ
- Unstable Diabetes (BS<60, or >350 and symptomatic)
- Asthma/ significant dyspnea
- Acute ophthalmology disturbance (foreign body sensation, a sudden change in vision)
- Hemoptysis or night sweats
- Seizure/ Syncope
- Stroke/ TIA symptoms
- 2nd/3rd-degree burns
- High temp (>101), sepsis
- Acute musculoskeletal injuries (limb immobility, open fracture; any injury requiring completion of an injury assessment form)
- Severe acute headache
- Hematemesis
- Melena or hematochezia (acute of unknown origin)
- Severe hypertension (SBP >170, DBP>110, or symptomatic)
- Intractable nausea/vomiting/diarrhea
- Development of gangrene/open diabetic ulcer/ significant cellulitis, and open draining wounds
- Eye injuries: Foreign Object (Penetrating and Non-penetrating), corneal abrasion, blurred vision, pain
- Testicular Pain (r/o torsion)
- Acute uterine bleeding (Hct drops 6% within 4 hrs)

MEDICAL (cont'd)

- New onset peripheral edema or orthopnea
- Male inmates with UTIs
- Rash- any intensely pruritic or vesicular rash; a rash consistent with Scabies, Varicella, Small Pox, Herpes Zoster, or otherwise unexplained
- New onset of incapacitating pain Altered Mental Status
- HIV+ inmate with fever, headache, mental status changes of loss of vision.

MENTAL HEALTH

- Thoughts of self-harm
- Thoughts of harm towards others
- New onset hallucinations
- New onset delusions
- New onset anxiety attacks
- Manic symptoms
- Severe depression
- Drug or alcohol withdrawal
- New onset severe medication side effects

DENTAL

- Visible, acute/severe swelling
- Acute infection
- Jaw fracture (suspected)
- Socket hemorrhaging
- Severe, intractable pain
- Broken tooth with exposed nerve(bleeding from center)

EXAMPLES OF CONDITIONS WHICH WILL BE SEEN WITHIN 24 TO 48 HOURS

MEDICAL

- Asthma, no acute distress
- Acute infections w/symptoms (fever,

MENTAL HEALTH

- Moderate Depression
- Hypomania

<table>
<tr><td>cough)
• Earache – suspected infections
• Medication renewals for chronic conditions such as angina, diabetes, HTN, TB, psychotropics</td><td>• Recurrence of anxiety symptoms/attacks
• Chronic psychotic symptoms
• New, mild to moderate medication side effects

<u>DENTAL</u>
• Lumps or tumors
• Broken tooth
• Lost fillings
• Root tips
• Dental pain (controlled by OTC meds)
• Mild gum swelling</td></tr>
<tr><td colspan="2">CONDITIONS REQUIRING EVALUATION WITHIN 72 HOURS</td></tr>
<tr><td><u>MEDICAL</u>
• Cough
• Sore throat/URI without temp
• Constipation (unrelieved by OTC meds)
• Headache – Chronic
• Skin rash with s/s of itch, pain, spreading</td><td><u>MENTAL HEALTH</u>
• Mild depression
• Chronic anxiety under treatment
<u>DENTAL</u>
• Loose teeth
• Root tips</td></tr>
<tr><td colspan="2">CONDITIONS REQUIRING EVALUATION WITHIN ONE WEEK</td></tr>
<tr><td><u>MEDICAL</u>
• Tuberculosis prophylaxis/evaluation/clearance
• Chronic rash, blisters, calluses, corns, jock itch, athlete’s foot
• Hemorrhoids
• Gastritis (without nausea/vomiting/diarrhea)
• Eye problems other than described above
• All other medication refills
• Convalescence and or Duty Status inquiries</td><td><u>MENTAL HEALTH</u>
• Chronic medication side effects

<u>DENTAL</u>
• Nonsymptomatic complaints
• Broken plates
• Lost fillings, asymptomatic
• Open cavities with no pain</td></tr>
<tr><td colspan="2">CONDITIONS REQUIRING EVALUATION WITHIN TWO WEEKS</td></tr>
<tr><td><u>MEDICAL</u>
• Musculoskeletal pain, chronic, no recent injury
• Back pain - chronic
• Allergies - chronic</td><td><u>DENTAL</u>
• Sensitivity to cold/sweets
• Bleeding gums
• Administrative problems</td></tr>
</table>

COVID-19
April 8, 2020

Working Definitions

COVID-19 suspect – A person with COVID-19 exposure risk factors and COVID-19 symptoms (Up-To-Date). However, this definition is becoming less well defined as transmission becomes more widespread and a person may not have any identifiable exposures. Analogously, when a person contracts the flu, they often can't pinpoint who they caught it from.

Person Under Investigation – Similar to a **suspect**

[Historically, there were fairly strict criteria for testing that required both an exposure risk factor and one or more COVID symptoms. With diagnostic testing becoming more widely available through clinical laboratories, testing will become available to a wider group of symptomatic patients. https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html.]

Presumptive positive – A positive test result from a local or state health department. These are then sent to the CDC for confirmatory testing.

Confirmed positive – A positive test result using the CDC reverse transcriptase Polymerase Chain Reaction (rt-PCR). https://www.cdc.gov/coronavirus/2019-ncov/php/reporting-pui.html

Community transmission – Community transmission, or community spread, is when public health professionals cannot specify an origin for an infection, such as tracing it to specific travel or contact with a specific individual. https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/guidance-hcf.html

Isolation - separation of symptomatic people how have or are suspected of having a contagious disease from people who are not sick. https://www.cdc.gov/quarantine/

Quarantine - separation of asymptomatic people who were exposed or potentially exposed to a contagious disease to see if they become sick. https://www.cdc.gov/quarantine/

Guidance for
Staff Returning from TDY for COVID-19

- Guidance for staff whose primary duty station is not an institution (i.e. Regional Office/Central Office/Grand Prairie /Staff Training Academy/Management and Specialty Training Center):
  - ✓ If telework ready, staff should perform their duties at home while keeping social distancing from other individuals at their domicile.
  - ✓ If not-telework ready, staff should resume their duty status prior to the TDY assignment and follow the instructions for staff returning to work at an institution below.
  - ✓ Staff should monitor their health status through temperature checks and development of symptoms such as coughing and shortness of breath. If the staff member continues to be asymptomatic at the end of this period, they can return to work.

- Guidance for staff returning back to work at their primary institution after TDY:
  - ✓ Staff should return to work, whether or not there are COVID-19 cases at their primary institution, based on the Centers for Disease Control and Prevention (CDC) guidance for "Personnel in Critical infrastructure Positions," dated March 22, 2020, and Department of Homeland Security, Cybersecurity & Infrastructure Security Agency dated March 28, 2020.
    - If the staff member becomes ***symptomatic at any time*****,** they:
      - Should not report to work
      - Should give notice to their Supervisor
      - Alert the Local Health Department or their personal Healthcare provider
  - ✓ All staff reporting to work at an institution will be screened for COVID-like illness and a temperature check at the beginning of their shift.
  - ✓ They should monitor their health status through temperature checks and development of symptoms such as coughing and shortness of breath twice daily.
    - If the staff member becomes ***symptomatic*****,** they:
      - Should **not** report to work
      - Should give notice to their Supervisor
      - Alert the Local Health Department or their personal Healthcare provider

- Procedures to follow for a staff who:
  - Has been identified as a prolonged close contact of a COVID-19 positive case, **and**
  - Did *not* have the appropriate Personal Protective Equipment (PPE) or had a *breach* in PPE:
    - ✓ If the staff member is ***asymptomatic,*** then the CEO has a choice, based on staffing cadre that is available to be at the institution, to:
      1. Leave individual on home quarantine for 14 days OR
      2. Return Individual to work and the following direction for staff:
         - Return to work for their regular shift
         - Required to wear a facemask while working for 14 days following the last exposure when they are required to interact with individuals within 6 feet,

- does not need to wear a facemask if a Temporary Job Modification (TJM) for 14-day period can be provided to permit a separation of greater than 6 feet in place to ensure adequate separation is maintained

- Should quarantine themselves when not at work
- Undergo temperature monitoring and symptom checks upon arrival to work and at least once when at home by self-monitoring (i.e. take temperature, assess for symptoms)
- Should immediately stop work, notify supervisor, and isolate at home if symptoms consistent with COVID-19 (e.g., fever, cough, or shortness of breath) develop while at work

✓ If the staff member becomes ***symptomatic at any time***, they:

- Should not report to work
- Should give notice to their Supervisor
- Alert the Local Health Department or their personal Healthcare provider

➢ Recommendations for family / friends with which they cohabitate?

✓ They should follow CDC guidelines as it relates to practicing: social distancing for the 14-day period, and good hand-hygiene and See CDC Daily Life Coping: https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/index.html

✓ If symptoms do develop during this period, staff should contact the appropriate healthcare authority and/or healthcare provider for further guidance and make their supervisor aware of this change in health status.

BOP Guidance for Prioritizing Dental Treatment During the COVID-19 Pandemic

April 10, 2020

During the outbreak period of Coronavirus Disease 2019 (COVID-19), the Centers for Disease Control and Prevention (CDC) and the American Dental Association (ADA) recommend that routine and non-emergent dental care be postponed, if clinically appropriate.

Centers for Disease Control and Prevention (CDC) released "Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response" on April 8, 2020. A link to the guidance is located on the Bureau of Prisons COVID-19 Information Sallyport page under New Covid-19 Resources.

The Bureau of Prisons will be following this recommendation for the duration of the COVID-19 crisis. This will minimize the production of aerosols and possible spread of infection in the Dental Clinic/Health Services Unit.

Urgent/acute dental care will continue to be provided. Dental Staff who are not providing dental care may assist other areas of the Health Services Unit in providing needed services (i.e., taking vital signs, supervising inmates, etc.) as appropriate for their scope of practice.

The following Bureau of Prisons Clinical Guidance should be followed at all times, **Infection Control and Environment of Care in Dental Health-Care Settings** located on the National Chief Dentist Web Page, on the left side under Page Resources in the Clinical Practice Guidelines tab.

Additional materials to follow are the **2003/2016 CDC Guidelines for Infection Control in Dental Health Care Settings** also located on the National Chief Dentist Web Page, on the left side under Page Resources in the Clinical Resource Links tab.

Supplementary recommendations include:

- During the outbreak of COVID-19, dental staff should work with medical staff to establish triage procedures. It is recommended that the patient's temperature be measured and symptoms reviewed for every patient encounter. Follow medical staff guidance if COVID-19 symptoms are present or temperatures are elevated.

- Patients with active COVID-19 infection should not be seen in the dental setting when possible
- Avoid aerosol-generating procedures (AGP) whenever possible
- If aerosol-generating procedures (AGP) are necessary for emergency care, use four-handed dentistry with high evacuation suction and rubber dams to help minimize aerosols or spatter during dental procedures when indicated.
- Use antimicrobial mouth rinses for each encounter to reduce the number of microbes in the oral cavity.

Examples of Urgent/Acute Dental Care:

- extraction of symptomatic non-restorable teeth
- management of active infections/swelling/cellulitis
- pulpectomy of symptomatic teeth that otherwise meet policy criteria for endodontic therapy (root canal therapy should be completed when the patient is asymptomatic)
- caries removal and temporization of symptomatic cavitated lesions
- acute trauma / lesion / pathology which requires immediate evaluation/treatment
- dental treatment required prior to life-saving medical treatment such as radiotherapy/chemotherapy

COVID-19 Symptomatic/diagnosed patients:

If a dental patient is suspected or confirmed to have COVID-19, defer dental treatment when possible. If emergency dental care is medically necessary, Airborne Precautions should be followed with care provided in a hospital or other facility with an isolation room with negative pressure. If a symptomatic/diagnosed patient requires immediate evaluation/treatment by an outside provider, work closely with your Clinical Director to ensure that all parties (custody, transportation, receiving facility, etc.) are aware of the patient's symptoms/diagnosis.

Asymptomatic patients:

Treatment of asymptomatic patients with no risk factors for having contracted the virus should be conducted using universal precautions and the highest level of PPE available.

Recommended PPE for patient encounters:

Procedure	**COVID-19 Symptomatic/Diagnosed Patients**	**Asymptomatic Patients with no COVID-19 risk**
A&O Examinations	Deferred until after COVID-19 response period	Deferred until further notice
Extractions Surgical Treatment of Infections	Deferred until after COVID-19 response period or performed with Airborne Precautions in outside facility if emergent	Gloves, Gown, Eye protection N95 respirator if available If N95 not available, surgical mask and face shield
Pulpectomy/ endodontic treatment	Deferred until after COVID-19 response period or performed with Airborne Precautions in outside facility if emergent	Gloves, Gown, Eye protection N95 respirator if available If N95 not available, surgical mask and face shield
Restorative	Deferred until after COVID-19 response period or performed with Airborne Precautions in outside facility if emergent	Gloves, Gown, Eye protection N95 respirator if available If N95 not available, surgical mask and face shield
Limited exam for acute trauma/infection or suspected pathology	Deferred during COVID-19 response period or performed with Airborne Precautions at outside facility if emergent	Gloves, Gown, Eye protection N95 respirator if available If N95 not available, surgical mask and face shield
Prosthetics	Deferred during COVID-19 response period	Deferred unless to eliminate significant pain, relieve trauma or address nutritional deficit with a medical condition

Infection control:

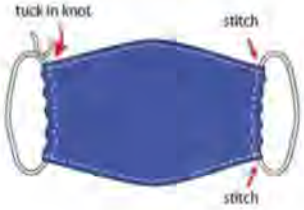
- If the minimally acceptable combination of a surgical mask and a full-face shield is not available, do not perform any emergency dental care and refer the patient to a clinician with the appropriate PPE
- COVID-19 is spread via droplets and contact. It is paramount during this time all dental staff follow the BOP recommendations and CDC guidelines for infection control as it pertains to sterilization, hand washing, and disinfecting surfaces.

Recommendations may change as additional information becomes available. Please refer to the BOP Coronavirus Sallyport page for the latest guidance. Contact the respective Regional Chief Dental Officer for additional information if needed.

Information for INMATES

Cloth Face Coverings

Help Slow the Spread of COVID-19



- Based on guidance from the CDC, the BOP now recommends all inmates wear cloth face coverings.
- All inmates will receive a cloth face covering.
- This covering is re-useable and should not be thrown away.
- It is still important to maintain social distancing of 6 feet, when possible.

How to Wear a Cloth Face Covering

- Make sure it fits snugly but comfortably against the side of the face. Secure with ties or ear loops.
- Use a cover with multiple layers of fabric but make sure it allows for breathing without restriction.
- Be careful not to touch your eyes, nose, or mouth when removing and wash hands immediately after.
- Do not put used face coverings where others can touch them.
- Do not touch or use anyone else's face covering. Assume used masks are contaminated until they are laundered.
- When not using your cloth face covering, store it in your personal locker where the cover will not become soiled or picked up by others.
- If you must take off your face covering and then put it back on before laundering, ensure the part of the covering that was facing out stays facing out. (Consider marking the outside or inside).

Routinely Wash Cloth Face Coverings

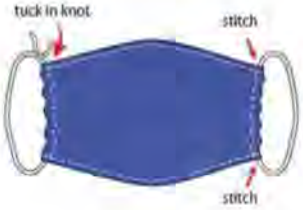
- The cover should be washed before the first use.
- Inmates should send cloth face coverings through the institution wash cycles with other clothing.
- Launder face coverings using the warmest water setting and dry completely.

Updated 4-11-2020

Informacción para los reclusos

Máscara faciales de tela

Ayuda a disminuir/evitar la propagación de COVID-19



- Basado en la guía del CDC, el BOP ahora recomienda que todos los reclusos usen cubiertas/máscaras de tela para la cara.
- Todos los reclusos recibirán una cubierta/máscara de tela para la cara.
- Esta cubierta/máscara es reutilizable y no debe desecharse.
- Todavía es importante mantener el distanciamiento social de 6 pies, cuanda sea posible.

Cómo usar una cubierta/ máscara facial

- Asegúrese de que quede ajustada y comoda a los lados de su cara. Asegúrelo con las tiras o las bandas elasticas para las orejas.
- Use una máscara con varias capas de tela pero asegúrese de que permita respirar sin restricciónes.
- Tenga cuidado de no tocarse los ojos, la nariz, o la boca cuando se retire y lavese las manos inmediatamente despues de retirarla.
- No coloque la cubierta facial usada donde otros puedan tocarla.
- No toque ni use la cuberta facial/máscara de otra persona. Suponga que las máscaras usadas estan contaminadas hasta que sean lavadas.
- Cuando no use la cubierta de máscara de su cara, guárdela en su casillero personal, donde la cubierta/máscara no se ensucie ni sea accesible a otra persona.
- Si debe quitarse la máscara y luego volvérsela a poner antes de lavarla, asegúrese de que la parte de la cubierta que estaba hacia afuera permanezca hacia afuera. (Considere marque el exterior o el interior de la máscara.)

Lave rutinariamente la tela que cubre la cara

- La cubierta debe lavarse antes del primer uso.
- Los reclusos deben enviar las cubiertas de tela a la lavanderia de la institución con su ropa.
- Lave las máscara con la configuración de agua más cáliente y seque completamente.

Updated 4-11-2020

Information Regarding Use of Hydroxychloroquine (HCQ) or Azithromycin (AZ) for the Treatment of COVID-19

There are currently no FDA-approved drugs used specifically for the treatment of COVID-19 infected patients. Studies have shown that azithromycin and hydroxychloroquine have antagonistic effects against COVID-19 *in vitro.* As a result, they have garnered much attention as potential treatments for patients infected with COVID-19. However, the current body of literature does not support the routine use of HCQ for patients with confirmed COVID-19. There have been no randomized control trials (RCTs) to demonstrate their effectiveness, alone or in combination with each other. In addition, HCQ is associated with an increased risk of serious and potentially fatal cardiac arrhythmia (torsades de pointes) secondary to prolongation of the QT interval. The U.S. Food and Drug Administration (FDA) has issued an Emergency Use Authorization (EUA) to permit the emergency use of hydroxychloroquine sulfate supplied from the Strategic National Stockpile to treat adults and adolescents who weigh 50 kg or more and are hospitalized with COVID-19 for whom a clinical trial is not available, or participation is not feasible. Given the above, current guidance is as follows:

- BOP providers should not initiate HCQ or AZ for the purpose of treatment of COVID-19 suspect or confirmed cases in the outpatient setting.
- BOP providers should not initiate HCQ or AZ for pre- or post-exposure prophylaxis in patients with confirmed or suspected exposure to COVID-19
- If a patient was evaluated at the outside hospital and was deemed appropriate to discharge back to the institution the same day, HCQ should not be prescribed, regardless of whether COVID test was confirmed or not.
- If a patient was admitted to the outside hospital and diagnosed with COVID-19, then subsequently discharged, BOP providers may submit non-formulary requests to continue a regimen of HCQ, with or without AZ, that was initiated when the patient was inpatient at the outside hospital
- If a patient was admitted to the outside hospital and diagnosed with COVID-19, then subsequently discharged without having been started on HCQ, HCQ should not be initiated after discharge, even if there is a discharge prescription to initiate.
- The suggested dose and duration of HCQ for adults who weigh ≥ 50 Kg (110 lbs) is 800 mg by mouth on the first day of treatment followed by 400 mg daily for a total treatment duration of four to seven days. Institutions will most likely be receiving patients who have already received at least the initial 800 mg dose and will be completing the course of treatment at a dose of 400 mg / day.
- If a patient is being continued on HCQ, and especially if in combination with AZ, the following precautions should be instituted:

    - Review medications list; discontinue and avoid all other non-critical QT-prolonging agents
    - Obtain a baseline ECG and review QTc. If QTc >500 msec (or >530 msec if QRS>120 msec) consider discontinuing therapy
    - For patients with a history of cardiac disease, arrhythmias, prolonged QTc or are on other QT prolonging medications, on Day 3 of regimen from start of therapy, repeat ECG 2-3 hours

after HCQ dosing. If QTc compared to baseline ECG increases by >30-60 msec or absolute QTc>500 msec (or >530 msec if QRS>120 msec) consider discontinuing therapy.

- ECG monitoring may not be required for patients with a low risk of QTc prolongations (https://www.acc.org/latest-in-cardiology/articles/2020/03/27/14/00/ventricular-arrhythmia-risk-due-to-hydroxychloroquine-azithromycin-treatment-for-covid-19)
- Additional cleaning and disinfecting of the ECG equipment is needed when used on patients who still meet the criteria for isolation due to COVID-19.

➢ Obtain renal function, hepatic function, serum potassium and magnesium levels; if abnormal, monitor labs during treatment duration or consider discontinuing therapy

What you need to know about Coronavirus Disease 2019 (COVID-19)

You may have heard about the novel coronavirus, also called COVID-19. This illness was first identified a few months ago and has spread around the world in a short time. The Bureau of Prisons has been taking measures to help prevent the spread of COVID-19

How it Spreads

COVID-19 is a virus. This means it spreads by body fluids and direct contact. It can also live in the air and on surfaces. We are still learning about it, but we think it lives outside the body for many hours.

⇒ Between people who are in close contact with one another (within about 6 feet).

⇒ Through droplets produced when an infected person coughs or sneezes.

The virus can live on surfaces for several days. It may be possible that a person can get COVID -19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes

SYMPTOMS

COVID-19 is a respiratory illness - it mainly affects breathing. People who are infected may have a variety of different symptoms.

The most common symptoms include:

⇒ Fever
⇒ Cough
⇒ Shortness of breath

Less common symptoms include

⇒ vomiting
⇒ diarrhea
⇒ headaches
⇒ aches and pains
⇒ sore throat

Take steps to protect yourself

⇒ Wash your hands often with soap and water for at least 20 seconds especially after you blow your nose, cough, or sneeze.
⇒ Avoid touching your eyes, nose, and mouth with unwashed hands.

Avoid close contact

⇒ You may have heard the term "social distancing" - this means trying to keep as much space as possible between you and other people.

Cover coughs and sneezes

⇒ Cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow.
⇒ Throw used tissues in the trash.
⇒ Immediately wash your hands with soap and water for at least 20 seconds.

People who are sick may be placed in isolation

This means they will be housed away from other inmates to keep others from getting sick. If you are placed in isolation, you will still have access to staff and materials to keep you occupied.

If you develop emergency warning signs for COVID-19 get medical attention immediately.

Emergency warning signs include:

⇒ Trouble breathing,
⇒ Persistent pain or pressure in the chest,
⇒ New confusion or inability to arouse,
⇒ Bluish lips or face

We encourage you to keep in contact with your loved ones and engage in healthy activities like programming, reading, and exercise.

Reach out to Psychology Services if you are feeling anxious about this issue.

4/15/2020

Lo que debe saber acerca de la enfermedad del coronavirus 2019 (covid-19)

Es posible que haya oído hablar sobre el nuevo coronavirus, también conocido como covid-19. Esta enfermedad se identificó por primera vez hace algunos meses y se ha expandido en todo el mundo en un corto tiempo. La Agencia de Prisiones ha tomado medidas para prevenir la propagación de la covid-19.

Forma de contagio

La enfermedad covid-19 es un virus. Eso significa que se contagia a través de los fluidos corporales y el contacto directo. También puede sobrevivir en el aire y en las superficies. Aún estamos aprendiendo sobre él, pero se cree que puede sobrevivir muchas horas fuera del cuerpo.

⇒ Entre personas con contacto cercano (a una distancia de aproximadamente 6 pies).

⇒ Mediante las gotas que se producen cuando la persona infectada tose o estornuda.

El virus puede sobrevivir varios días en las superficies. Es posible contagiarse por tocar una superficie o un objeto que tiene el virus y luego tocarse la boca, la nariz o los ojos.

SÍNTOMAS

La covid-19 es una enfermedad respiratoria, es decir, que afecta principalmente a la función de respiración. Los infectados pueden presentar diversos síntomas.

Los síntomas más comunes incluyen los siguientes:

⇒ fiebre,
⇒ tos,
⇒ dificultad para respirar.

Los síntomas menos comunes incluyen los siguientes:

⇒ vómitos,
⇒ diarrea,
⇒ dolor de cabeza,
⇒ dolor y malestar,
⇒ dolor de garganta.

Tome medidas para protegerse

⇒ Lávese las manos frecuentemente con agua y jabón por al menos 20 segundos, especialmente luego de sonarse la nariz, toser o estornudar.
⇒ Evite tocarse los ojos, la nariz y la boca sin haberse lavado las manos previamente.

Evite el contacto cercano

⇒ Es posible que haya oído hablar del término “distanciamiento social”, que significa mantener la mayor distancia posible con las demás personas.

Cúbrase la boca si tose y estornuda

⇒ Cúbrase la boca y la nariz con un pañuelo cuando tosa o estornude, o utilice la parte interna del codo.
⇒ Tire los pañuelos usados a la basura.
⇒ Lávese las manos inmediatamente con agua y jabón por al menos 20 segundos.

Es probable que se coloque en aislamiento a las personas con síntomas

Esto significa que se las mantendrá separadas de los otros reos, con el objeto de evitar que ellos se contagien. Si lo ponen en aislamiento, seguirá teniendo acceso al personal y a los materiales que le permiten mantenerse ocupado.

Si desarrolla síntomas de emergencia de la covid-19, solicite atención médica inmediatamente.

Los síntomas de emergencia incluyen los siguientes:

⇒ dificultad para respirar;
⇒ dolor persistente o presión en el pecho;
⇒ confusión reciente o incapacidad para levantarse;
⇒ labios o rostro azulados.

Le recomendamos que se mantenga en contacto con sus seres queridos y que realice actividades saludables, como la programación, la lectura y el ejercicio.

Acérquese a Servicios Psicológicos si siente ansiedad sobre este tema.

4/15/2020

Frequently Asked Questions – Face Coverings

- Are all staff and inmates recommended to wear cloth face coverings?
    - **Answer Updated 4/17/2020**
      Yes. According to the guidance sent out on April 14, 2020 by the Deputy Attorney General, followed by additional email guidance to all BOP employees on April 15, 2020 all staff and inmates are to wear cloth facemasks or coverings to the extent practicable within the common area Department facilities and workspaces—particularly in traditional office-like settings. Individuals may remove a face covering when working in a private office, cubicle, or workspace where *at least* six feet of social distance can be maintained. Individuals may also need to lower their face covering in order to pass through security checkpoints.

      The CDC states cloth face coverings are used to help prevent and slow the spread of COVID-19 and to conserve critical supplies of personal protective equipment (PPE) such as surgical masks and N-95 respirators.

- Is a cloth face covering considered PPE?
    - No, in situations where PPE use is required, staff and inmates are instructed to use the appropriate PPE and not a cloth face covering.
- Will staff be issued a cloth face covering?
    - **Answer Updated 4/17/2020**
      Yes. The Department of Justice is currently prioritizing the acquisition and issuance of face coverings for the Bureau of Prisons' medical needs.

- Are inmates being given cloth face coverings?
    - Yes and information for inmates is being posted on TRULINKS about cloth face coverings.
- Should inmates be sending cloth face coverings through the institution laundry with their clothing?
    - Yes – inmates should be washing their cloth face coverings in the institution laundry with their regular laundry.
    - Note: According to BOP policy, the wash cycle temperature is to be a minimum of 160 degrees Fahrenheit.
- May a staff member have an inmate remove a cloth face covering?
    - Yes. A staff member may have an inmate remove their cloth face covering to perform routine or emergency safety and security checks. Once the check is complete the inmate should place the cloth back on their face ensuring it is placed back in the same orientation it was worn before taken off (inside of the covering stays on the inside).

      Note: To reduce the risk to staff, inmates should remove the face covering themselves. If an inmate cannot remove a face covering, staff should put on gloves

prior to removing the inmate's face covering. The staff should stand to the side or behind the inmate so they are not in direct line with the inmate's nose and mouth.

If staff assist with placing the face covering back on the inmate, staff should place the face covering back on the inmate in the same orientation it was worn before taken off (inside of the covering stays on the inside).

Institution, Regional Office, and Central Office Guidance – Cloth Face Coverings

Updated April 17, 2020

- Effective as promptly as possible, all individuals are to wear cloth facemasks or coverings to the extent practicable within the common area Department facilities and workspaces—particularly in traditional office-like settings. Individuals may remove a face covering when working in a private office, cubicle, or workspace where *at least* six feet of social distance can be maintained. Individuals may also need to lower their face covering in order to pass through security checkpoints.
- The BOP is working aggressively to issue cloth face coverings to all institution staff, Central & Regional Office staff, and inmates.
- The BOP is issuing surgical masks as an interim measure to immediately implement CDC's guidance on cloth face coverings.
- The BOP is in the process of manufacturing cloth face coverings, which will replace the use of surgical masks when surgical masks or other personal protective equipment (PPE) is not required.
- Cloth face coverings are to be used if interacting with persons when social distancing is not possible. The coverings are to prevent spread of COVID-19 by asymptomatic persons; they are not being used as Personal Protective Equipment (PPE).
    - Note - a staff member may have an inmate remove their cloth face covering to perform safety and security checks. Once the check is complete the inmate should place the covering back on their face.
- Once UNICOR's shipment of cloth face coverings is received, all staff and inmates should be issued three cloth face coverings for their personal use. The use of cloth face coverings is in accordance with CDC guidance. The use of PPE in quarantine and isolation settings should follow existing guidance from Health Services.
    - Note – see information below. Cloth face coverings should be laundered before first use.
- Laundering
    - All cloth face coverings should be laundered before first use.
    - Cloth face coverings can be washed with other clothing.
    - It is recommended that staff wash cloth face coverings at home after each shift.
        - Launder items using the warmest water setting and dry completely.
        - Clean and disinfect clothes hampers or use a liner that can be washed or thrown away.
    - Inmates should send cloth face coverings through the institution wash cycles with other clothing.
        - Note: According to BOP P4200.12, the wash cycle temperature is to be a minimum of 160 degrees Fahrenheit.

Information for all STAFF

Cloth Face Coverings

Help Slow the Spread of COVID-19

- The BOP now requires all staff wear cloth face coverings whenever possible.
- All staff will receive a cloth face covering to use at work.
- The covering is re-useable and should not be thrown away.
- It is still important to maintain social distancing of 6 feet, when possible.

How to Wear a Cloth Face Covering

- Make sure it fits snugly but comfortably against the side of the face. Secure with ties or ear loops.
- Use a cover with multiple layers of fabric but make sure it allows for breathing without restriction.
- It should withstand laundering and machine drying without damage or change to shape.

- Be careful not to touch your eyes, nose, or mouth when removing and wash hands immediately after.
- Do not put used face coverings where others can touch them.
- Do not touch or use anyone else's face covering. Assume used masks are contaminated until they are laundered. Keep a bag with you to store your face covering if you will be taking it off in the car or a non-social space.
- If you take off your face covering (i.e. to eat) and then put it back on, ensure the outside stays on the outside (consider marking the outside or inside).

Routinely Wash Cloth Face Coverings

- The cover should be washed before the first use.
- It is recommended that staff wash cloth face coverings at home after each shift. They can be washed with other clothing.
- Launder items using the warmest water setting and dry completely.
- Clean and disinfect clothes hampers or use a liner that can be washed or thrown away.

Updated 4-17-2020

COVID-19 Coding Clinical Reference Guide

* **Note:** BOP Quality Improvement/Infection Prevention & Control Coordinators have the rights to enter BEMR ICD10 codes and update and error enter erroneous codes.

COVID-19 CODING GUIDANCE:

Use this tool for guidance in diagnosing and tracking your COVID-19 cases. When utilized correctly, this tool will assist you in accurately documenting cases in BEMR.

Current Code	Previous Code	Description	When to use
Z0489-q		**Quarantine - Asymptomatic person in Quarantine**	**Utilize for contacts of confirmed COVID-19 case, for new BOP intakes quarantined and for persons quarantined prior to release from custody.**
U07.2	Z0489-c19	**Suspect/probable COVID-19 case**	**Coronavirus Like Illness (CLI). Use anytime inmate is symptomatic and ISOLATION precautions are in place, whether or not testing is pursued.**
U07.1	B9729 Other Coronavirus	**Confirmed case COVID-19**	**COVID-19 Lab Confirmed Case** ***DO NOT use code U07.1 for suspect, possible or clinical probable cases***
Z03818-c19		**Coronavirus COVID-19 Test Negative**	**Negative test documented**

COVID-19 Isolation Infirmary Guidance

Contents

Purpose:

To provide standardized guidance on setting up an infirmary for COVID-19 patients at an institution without an on-site infirmary. The purpose of establishing an infirmary within the institution is to provide medical care for hemodynamically stable isolated patient with mild to moderate COVID-19 symptoms. If the patient's needs exceed that capability of the institution, then the patient needs to be sent to the community hospital.

Definitions:

- **Infirmary**: a place in a large institution for the care of those who are ill. For the unit to be an infirmary, a minimum of 24 hour nursing coverage will be provided in the unit.
- **Cohort**: The practice of grouping patients who are infected with the same organism, to confine their care to one area, and prevent contact with other patients. They can be cohorted based on clinical diagnosis. Cohorting can also be done with staff; whenever possible, to limit further spread of the infection, the same staff should be assigned to provide the sole care for the cohorted patients. It is preferred not to cohort severely immunocompromised patients with other patients within the infirmary.
- **Isolation**: is utilized to separate symptomatic and presumptively ill patients from the rest of the population. All supplies and equipment that enter the isolation unit remain in the unit unless they can be disinfected. Otherwise, the supplies and equipment are utilized, and/or disposed of accordingly. This includes medications.
- **Quarantine**: is utilized to separate asymptomatic patients with a potential exposure to another individual that is ill from the rest of the population. If the patient in quarantine becomes symptomatic, they will need to be immediately moved to isolation. All supplies and equipment that enter the quarantine unit remain in the unit unless they can be disinfected. Otherwise, the supplies and equipment are utilized, and/or disposed of accordingly. This includes medications. Specific Quarantine Guidance can be found on Sallyport.
- **Donning**: The systematic process of putting on Personal Protective Equipment (PPE) to ensure that the PPE provides the best protection
- **Doffing**: The systematic process of removing PPE to minimize the exposure to the external portion of the PPE that may be contaminated with infectious material.

General Guidelines for Infirmary Set-up:

- Patient Criteria for Admission in Consultation with the Clinical Director
  - Admission to and discharge from the infirmary only on the order of a physician or designated authorized health professional.
  - Follow the Isolation Guidance as posted on the COVID-19 Guidance page on Sallyport
  - COVID-19 patients (positive, probable, or suspected) with mild to moderate symptoms.
  - COVID-19 patients who are hemodynamically stable with mild to moderate symptoms requiring 2-3 liters of oxygen per nasal cannula to maintain O2 saturation above 90%.
  - COVID-19 patient post-hospitalization, that are still being treated as positive, which are hemodynamically stable requiring continued medical observations or treatment (e.g., IV antibiotics, oxygen…). Patients returning from the hospital that have completed treatment for COVID-19 infection, and have met the criteria for release from isolation, should not be placed in the isolation infirmary.

- Staffing Pattern
  - (b)(7)(A); (b)(7)(F)
    on the patients' medical acuity. Infirmary bed estimates generally range from 0.5 to 1 percent of the population (i.e., 5 to 10 medical infirmary beds per 1,000 inmates).
  - A Medical Officer should be on call 24 hours per day for the infirmary.
  - A Medical Officer should evaluate patients daily as required by the severity of their illnesses.
  - At least two RNs per shift: this will allow for continuous coverage of the unit in case one RN has to step off the unit for any reason, as well as allow the RNs to watch out for breaks in PPE in each other.
  - Health personnel on duty 24 hours per day, seven days per week, who make rounds a minimum of once per shift and more often as required by patients' needs and physicians' orders. A healthcare provider is to remain in the infirmary at all times.
  - Patients within sight or hearing of a health care staff member (e.g., call lights, buzzer system)

- Location:
  - Each institution varies, and coordination with the local executive staff will be necessary to determine a suitable location.
  - The location of the isolation infirmary unit can be co-located with the isolation unit.
  - The institutional pandemic plan, in consultation with facility's personnel, will identify a location; the gymnasium, religious service, or visitation room are a few locations to consider for an infirmary. In addition to structures in place at the institution, the institution may also consider utilizing large temporary structures, like tents.
  - Housing Units can be utilized for Isolation in this order of precedence as determined by the CDC Guidance:
    - Separately, in single cells with solid walls (i.e., not bars) and solid doors that close fully
    - Separately, in single cells with solid walls but without solid doors

        - As a cohort, in a large, well-ventilated cell with solid walls and a solid door that closes fully. Employ social distancing strategies related to housing in the Prevention section above.
        - As a cohort, in a large, well-ventilated cell with solid walls but without a solid door. Employ social distancing strategies related to housing in the Prevention section above.
        - As a cohort, in single cells without solid walls or solid doors (i.e., cells enclosed entirely with bars), preferably with an empty cell between occupied cells. (Although individuals are in single cells in this scenario, the airflow between cells essentially makes it a cohort arrangement in the context of COVID-19.)
        - As a cohort, in multi-person cells without solid walls or solid doors (i.e., cells enclosed entirely with bars), preferably with an empty cell between occupied cells. Employ social distancing strategies related to housing in the Prevention section above.
    - Ideally the location will have a sink with running water, soap, and paper towels. If this is not feasible, ensure adequate alcohol based hand sanitizer is available.
    - The attached schematic (Appendix 1) is scalable based on needs of the institution. The important items to remember when scaling are the spacing requirements:
        - Consider utilizing a location that is large enough to house the patients and their necessary belongings. Each patient should have ~72 sq ft (12' L x 6' W) to ensure that there are at least six feet of distance between patients and safe walkways of at least three feet between the head and foot of the bed.
        - Ensure that there is at least a six foot wide egress aisle for safe evacuation of the unit if necessary.
    - Ideally, the locations should have a dedicated entrance location with a **separate exit** location.
        - The entrance/exit locations require space for donning and doffing of PPE, as well as a means of performing hand hygiene.
        - Proper donning of appropriate PPE will be completed prior to entering the unit
        - Proper doffing of PPE will be completed upon exiting the unit.
    - Access to toilets and shower facilities for patients, and toileting facilities for staff
    - If space is utilized that does not have emergency lighting, portable emergency lighting will be needed.

- Necessary Supplies (In addition to the Suggested Infirmary Supply and Equipment List identified in Appendix 2):
    - Keys for the unit being utilized
    - Signage:
        - Identifying the type of required precautions:
            - Respiratory
        - Educational signage from Sallyport
            - COVID-19 Fact Sheet
            - COVID-19 PPE Guidance
            - COVID-19 PPE Donning Guidance

- COVID-19 PPE Doffing Guidance
- Isolation Poster
- Cough Etiquette (English / Spanish)
- Hand Hygiene (English / Spanish)
- Hands out of Face

  - A mechanism to separate patients in the absence of walls when privacy is necessary: Foldable panels, privacy screen, a sheet draped between the beds, etc....
  - Stocked hand hygiene station(s): running water, soap, paper towels, and/or alcohol based hand sanitizer
  - PPE: sufficient supply of gowns, gloves, N95 mask, goggle, and face shields in multiple sizes
  - Dedicated computer terminal(s) for healthcare providers to document and review information on the patients
  - Telephone:
    - If able to secure, then a regular phone with access to dial outside of the institution should be utilized.
    - If unable to secure; the telephone will ring directly to Control, like suicide watch phone; this phone would be available for staff working in the unit to receive phone calls, and prevent an inmate from accessing the phone to make a call outside of the institution.
  - Cleaning supplies: EPA registered disinfectant, mop and mop bucket, broom and dustpan, etc....
  - A mechanism to properly secure items on the unit:
    - Needles, sharps, syringes – behind two locks
    - Medication – behind at least one lock
  - Dedicated non-critical medical equipment: vital signs machine, stethoscope, non-touch and oral thermometers, pulse oximetry device, blood glucose meter, etc. These will need to be disinfected appropriately, following the manufacturer's recommendations, between patients if supplies do not allow for one device per patient. The local medical and dental cleaning and disinfection plan should be followed.
  - Laundry: Water-soluble bags and yellow infectious linen laundry bags

- Cleaning and Disinfecting of the Unit
  - Cleaning will be completed in accordance with the guidance provided on Cleaning and Disinfecting on Sallyport
  - Consider utilizing inmate orderlies to assist with cleaning duties
    - Will REQUIRE training on proper donning and doffing of PPE, to include hand hygiene
    - Training will need to be documented (Initial Job Orientation)
    - PPE is non-optional for orderlies
  - Pay special attention to the high touch areas within the unit
    - Phone: Wipe with an EPA approved disinfectant after each use
    - Computer Keyboard and Mouse (Preferably a mouse that does not need a mousepad)

- Wipe with an EPA approved disinfectant after each use
- Can consider utilizing a product that covers the keyboard
  - Disposable: i.e. plastic wrap
  - Re-usable: Keyboard covers

- Keys: Should be wiped down each shift
- Duty Belt:
  - Consider a non-porous belt that can be cleaned each shift.
  - Belts could be created by combining two key chains (dog collars) together and adding a clip. The clip would have to be able to connect into the loops on the chain to be adjustable for the person.
- Radio:
  - Do not speak into the radio with your mouth on the microphone.
  - Wipe with an EPA approved disinfectant after each use

Documentation:

- Documentation should occur in BEMR.
  - Health Services should work with the local computer services and facilities to provide additional computer terminals where needed.
  - Paper documentation
    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
    3. Creates a vehicle for transmission of the COVID-19 virus (minimal paper should be used because it cannot be easily disinfected)
- At a minimum, vital signs should be done every 12 hours. Vital signs should include a pulse oximetry measurement.
- Complete documentation in BEMR, including infirmary admission and discharge notes, along with daily clinical encounter notes

Communication Equipment:

- Telephone
- Radio

Pharmacy:

- Stock of individually bottled Over-the-Counter items to treat symptoms; a provider with prescribing authority will need to document an order for the patient to receive these items, or a nurse and paramedic may utilize approved protocols.
  - Examples include, but are not limited to:
    1. Acetaminophen
    2. Ibuprofen
    3. Cough Medicine
  - The Clinical Director can modify this list to meet the needs of the patient population
- Necessary medications for the patient's chronic medical condition
  - Only keep a days, maybe two days, worth of medication in the unit.

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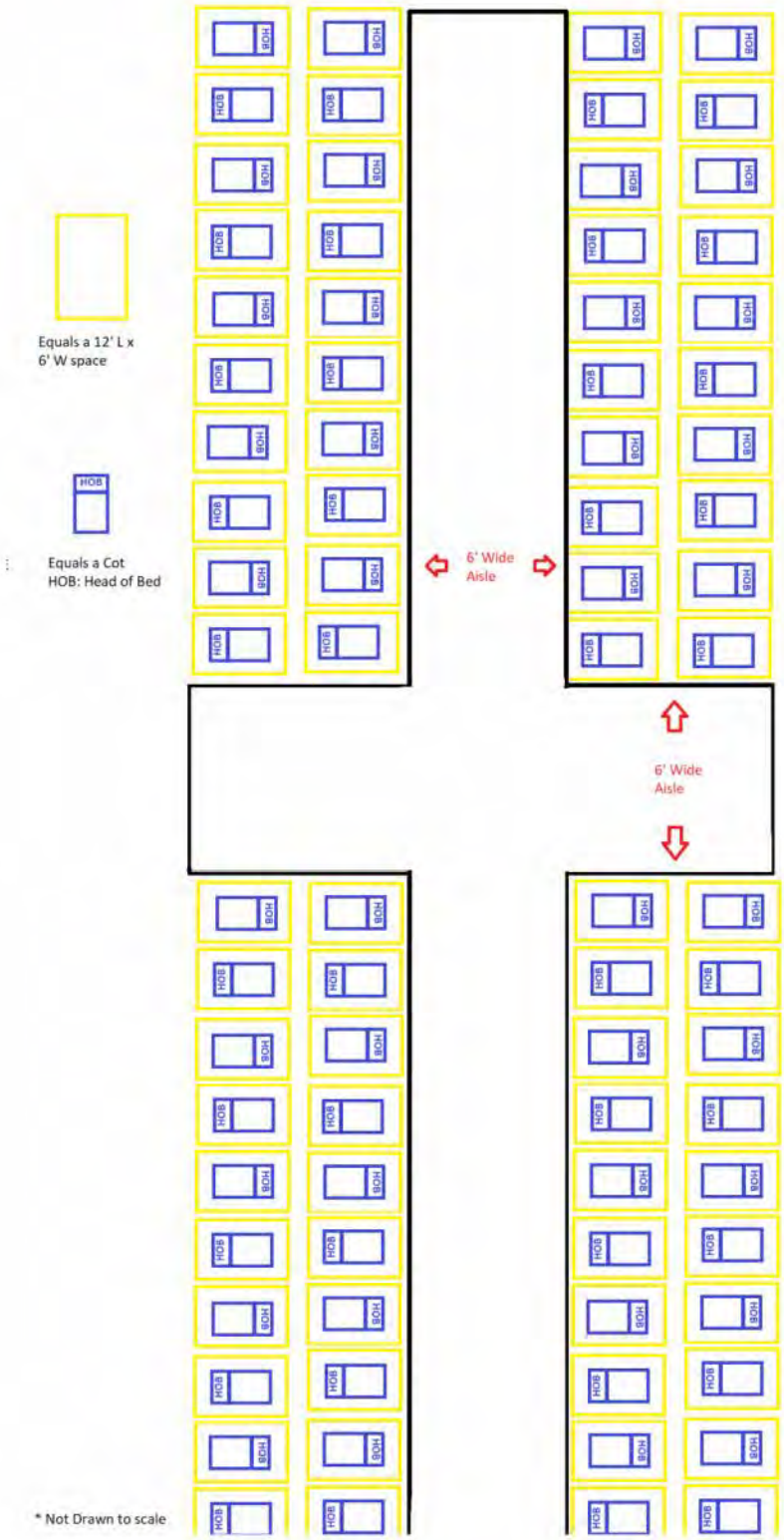
Appendix 1: Sample Infirmary Set-up



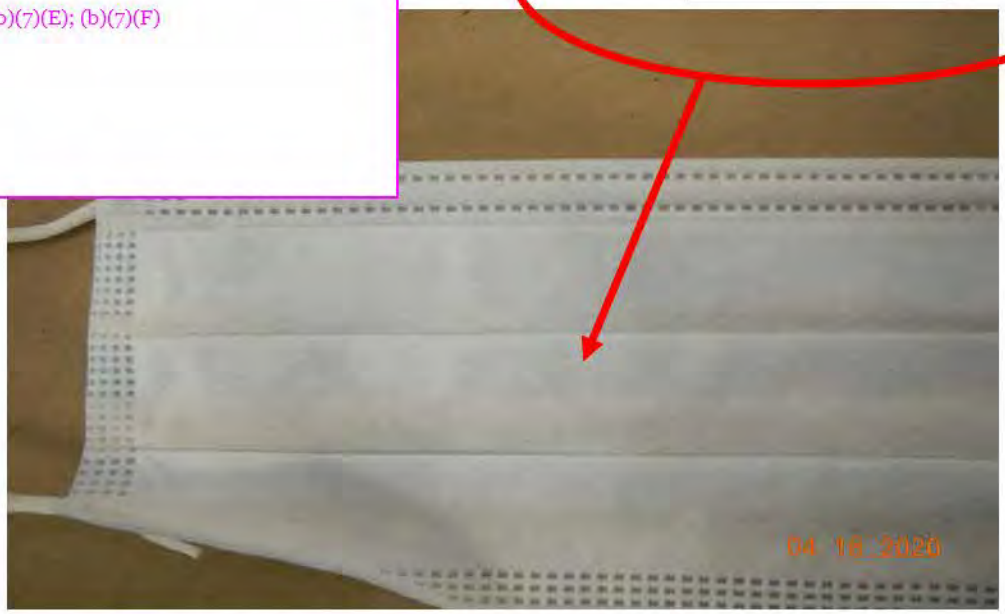
Appendix 2: Suggested Infirmary Supply and Equipment List

SUGGESTED INFIRMARY SUPPLY AND EQUIPMENT LIST			
INTRAVENOUS DELIVERY:			
Item	**Need**	**Item**	**Need**
IV starter kits		IV poles	10
Transparent Dressings (i.e. Tegaderm, Opsite)		IV fluids (NS, 1/2NS, LR, 1/2NS or NS with 5% Dextrose)	
Clear & paper tape		IV tubing sets & extension	
IV catheters (16, 18 & 20 gauge)		Alcohol wipes	
3 cc syringes			
OXYGEN DELIVERY:			
O2 tanks with roller stand holder		Bag Valve Mask	
Oxygen concentrator Christmas trees		Non-rebreather mask	
Oxygen cylinder key		Nasal Cannula	
O2 concentrators		Simple face mask	
Portable suction machine		Albuterol Multi-dose Inhalers (note nebulizers are not recommended)	
Yankauer suction set - tubing & canister			
MISCELLANEOUS:			
PPE (gowns, gloves, eye protection, masks)		Vital signs monitors	10
Cots, Pillows and Blankets		Thermometers (oral & touch free)	
Tall large trash cans	5	Probe Covers for oral thermometer	
Influenza Testing Supplies or Kits		Portable Pulse Ox machines	
COVID Testing Supplies or kits		Patient scale	1
EPA registered disinfectant wipes		Glucometer w/ testing supplies	
EPA registered disinfectant solution		Stethoscopes	
Hand wash stations		Oral Fluid Supplement (ORS, Gatorade)	
Hand sanitizer		Bed Wedges	
Automated External Defibrillator (AED)	1	Stretcher, backboard and wheel chair	
Portable cart for nurse to provide care at bedside or cell to cell		Refrigerator or Cooler (hold potential samples)	

FRONT OF MASK

(b)(7)(E); (b)(7)(F)

BACK OF MASK



Question submitted: Which medications can result in QT prolongation? Are there tools available to evaluate the risk vs benefit when using QT prolonging agents concomitantly with hydroxychloroquine (HCQ)?

Background: On April 13, 2020, information regarding the use of hydroxychloroquine and/or azithromycin for the treatment of COVID-19 was posted to Sallyport. HCQ is associated with an increased risk of serious and potentially fatal cardiac arrhythmia secondary to prolongation of the QT interval. The document cautions providers to review the patient's medication list and avoid non-critical QT-prolonging agents.

Response:

- Which medications can result in QT prolongation?

  Many medications have been implicated in QT prolongation. Some classes and medications more commonly prescribed within the BOP that may result in QT prolongation include the following (this list is **NOT** all inclusive):

- Antianginals (including ranolazine)
- Antiarrhythmics
- Antihistamines (including hydroxyzine)
- Antimalarials (including hydroxychloroquine which is considered lower risk, with rare reports)
- Antineoplastics
- Antipsychotics
- Antiretrovirals (including saquinavir, efavirenz, lopinavir-ritonavir, rilpivirine)
- Azole antifungals (including fluconazole)
- Bronchodilators (including albuterol)
- Diuretics (via electrolyte changes)
- Fluoroquinolones
- GI drugs (including loperamide in overdose, ondansetron, metoclopramide, and omeprazole (rare))
- Macrolides (including azithromycin)
- Opioids
- SSRIs (lower risk than tricyclic antidepressants)
- Trazodone
- Triptans (including sumatriptan)
- Tricyclic and tetracyclic antidepressant

- Are there tools available to evaluate the risk vs benefit when using QT prolonging agents concomitantly with hydroxychloroquine (HCQ)?

  When evaluating the risk vs benefit of using QT prolonging agents concomitantly, consideration should be given to potential drug interactions as well as a patient's non-pharmacologic risk factors. Factors including female sex, structural heart disease, congenital long-QT syndromes, electrolyte disturbances, and hepatic or renal failure are known to contribute to increased risk. Other non-pharmacologic risk factors include metabolic disorders, electrolyte abnormalities, androgen deprivation/orchiectomy, intracranial disease, HIV, hypothermia, and toxic organophosphate insecticide exposure. A risk score by Tisdale et al. has been used to predict drug-associated QT prolongation among cardiac-care-unit hospitalized patients. This risk score is not necessarily for evaluating use of HCQ, but may be useful in risk stratification when there are limited resources and the patient could otherwise be followed as an outpatient. A score of 6 or less predicts low risk, a score of 7-10 medium risk, and 11 or more predicts high risk.

Risk Factor	Points
Age ≥ 68	1
Female sex	1
Loop diuretic	1
Serum K+ 3.5 mEq/L or less	2
Admission QTc 450 ms or more	2
Acute MI	2
2 or more QTc-prolonging drugs	3
Sepsis	3
Heart failure	3
One QTc prolonging drug	3
Maximum risk score	21

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April 20th, 2020; Version 1.0