

The following screen will open where you will enter the COVID-19 RNA data.

1. Select the **Value** from the drop down menu and enter the applicable value: Invalid, Negative or Positive.
2. If known, choose the radio button for whether the inmate is **Asymptomatic or Symptomatic**.
3. Enter the **date** and **time**.
4. If applicable, enter a Reason not done.
5. If applicable, enter comments.

If the POC results invalid or negative, click the **Ok** button to complete the encounter.

****If the POC results are positive, you MUST verbally report to a provider AND click the **Save & Refer to Provider** button.**

Upon clicking the Save and Refer to Provider button, a Critical Range value pop-up window will display. If the POC positive result is correct, click the **Ok** button to close the pop-up. If it was entered erroneously, click cancel and change to the appropriate value.



An administrative note will automatically populate upon clicking the **Ok** button above. Review for accuracy and click the **Ok** button below to continue with the entry (you will need to click within the note and hit the space bar to be able to click the Ok button).

The clinical encounter will display as shown below. All items in **red** **MUST** be completed.

****You MUST select a reviewing provider for positive results.**

Click the **Finish** button. You will be able to review the note once more for accuracy. Click the **Close** button to complete the encounter.

A pop-up will display asking if you are ready to complete the encounter. If it is accurate, click the **Ok** button. If you need to make a correction, click the cancel button to edit.



The final documentation will show as demonstrated below:

BEMR by

System File Activities Chart Medical Optometry Forms Reports Pharmacy Requests Dental PDS Help

Flow Sheets

Reg #: 00099-025 GOMEZ, JUAN B

Begin Date: 03/27/2020 End Date: 04/27/2020 Add

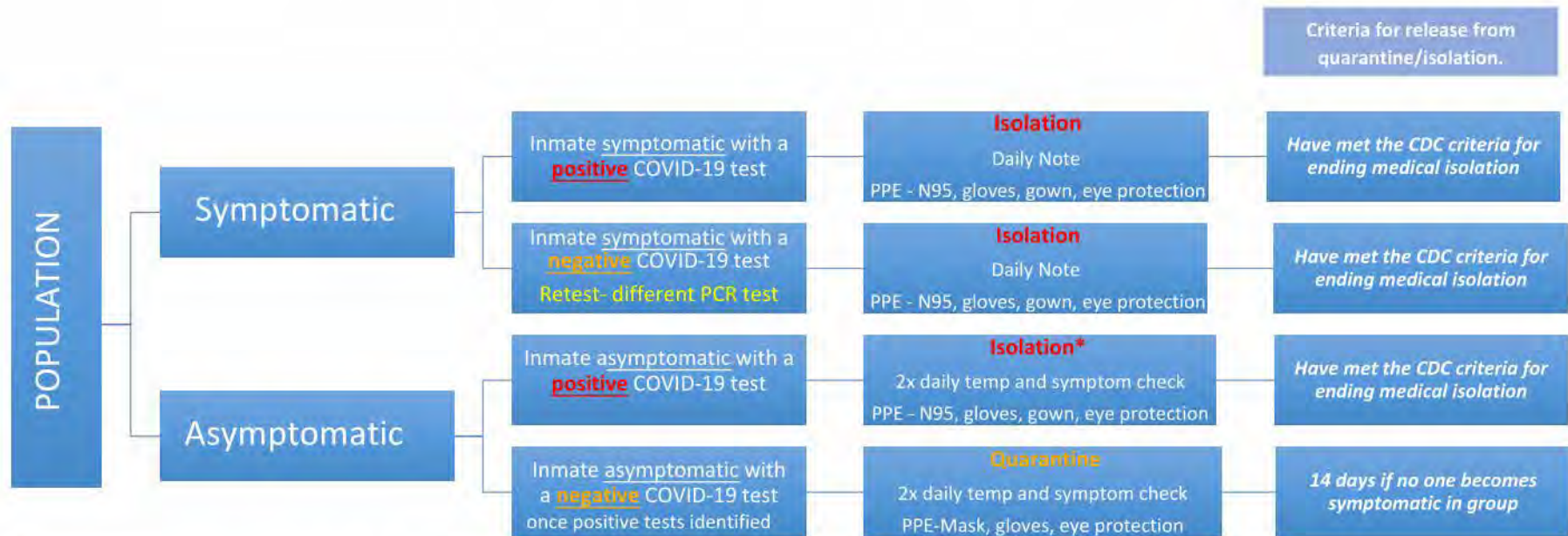
| Flow Sheets | Effective Date | COVID-19 RNA | Provider |
|-----------------------|----------------------|--------------|-----------------------------|
| AIMS | 04/27/2020 10:44 SST | Positive | PracticeProvider, Advanc... |
| Device/Equipment | | | |
| Immunizations | | | |
| Intake & Output | | | |
| Latent TB | | | |
| Pain Management | | | |
| Point of Care Testing | | | |
| ...Blood Glucose | | | |
| ...ESR | | | |
| ...Fecal Occult Blood | | | |
| ...Gastric pH | | | |
| ...Hemoglobin | | | |
| ...INR | | | |
| ...Rapid HIV | | | |
| ...Rapid Strep | | | |
| ...Rapid Flu | | | |
| ...COVID-19 RNA | | | |
| ...Spun Hematocrit | | | |
| ...Urine Dipstick | | | |
| ...Urine Pregnancy | | | |
| Supplies | | | |
| Treatments | | | |
| Vitals | | | |

Review Save Cancel Close

Test Test Test Test

April 27, 2020, Version 1.0

TESTING POPULATIONS WITH ABBOTT RAPID ID - FLOW ALGORITHM



Key Concept: "SEPARATE THE SICK FROM THE WELL" positive test or positive symptoms

*If asymptomatic positive becomes symptomatic - initiate daily clinical encounter and use release criteria for symptomatic persons

Criteria for Release from Isolation

COVID positive (HP U07.1) **OR COVID negative/symptomatic** (HP U07.2 COVID probable/suspect):

- The individual has been free from fever for at least 72 hours without the use of fever-reducing medications AND
- other symptoms have improved (e.g., cough, shortness of breath) AND
- **At least 10 days** have passed since the first symptoms appeared

COVID positive/asymptomatic: (HP U07.1)

- **At least 10 days** have passed since the date of the individual's first positive COVID-19 test AND
- The individual has had no subsequent illness

COVID negative/asymptomatic: (HP Z0489q)

- **Quarantine for 14 days**
- If any persons in contact with case become COVID positive, the 14 day quarantine resets to day 0.

<https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html#Medicalisolation>

GUIDANCE FOR COVID-19 PERSONAL PROTECTIVE EQUIPMENT

APRIL 30, 2020

Who should be donning (wearing) Personal Protective Equipment (PPE) for COVID-19?

Persons who are:

- Performing screenings for COVID-19 temperatures and symptoms
- In quarantine units
- In isolation units
- Transporting inmates with known or possible COVID-19 including those who have respiratory symptoms or meet the criteria for quarantine/isolation.

What PPE should staff be wearing and when?

The type of PPE recommended may differ based on the type of separation (quarantine vs. isolation), the type of room utilized (Airborne Infection Isolation Room with anteroom, single cell / room without anteroom or open dorm type space.), and PPE availability.

- For screening (staff and inmates)
 - Wear gloves, surgical mask, and face shield/goggles.
- Entry into **QUARANTINE** for temperatures, assessments, medical care or as unit officer:
 - PPE should be readily available at point of entry to the quarantine area (facilities may want to have a accountability log for tracking PPE use)
 - There should be a location outside of the quarantine area designated for donning PPE.
 - i.e., a cart or table with PPE supplies or ready for use (RFU) packs
 - Wear gloves, surgical mask, face shield/goggles and gown*
 - *Depending on *setting* (i.e., open bay, open bar cells) or *contact anticipated*, and availability, a gown is considered in quarantine.
 - Inmates should wear surgical masks, when in common areas, when less than 6 feet apart and when staff enters the room or area.
- Entry into **ISOLATION** for temperatures, assessments or medical care or as unit officer:
 - PPE should be readily available at point of entry to the isolation area or cell.
 - Entry cart or table with PPE supplies appropriate for space (consider log for accountable property)
 - Signage for Donning and Doffing areas PPE required
 - Wear gloves, gown, and N-95 respirator and face shield/goggles ("full PPE"). A surgical mask is an acceptable alternative ONLY if there are no N-95s and the isolated inmate is also wearing a surgical mask.
 - Staff in units that are *open dorms or have cells with open bars* should be wearing full PPE when on the range or in the unit.
 - Staff in units with inmates housed in single cells with closed, solid doors can modify PPE when on the range to surgical masks and gloves (wear eye protection and N-95 if opening trap door), and should apply full PPE if entering rooms or cells.
 - Staff passing medication through hard door traps should utilize gloves, N-95, surgical masks, eye protection and hand hygiene between inmates.

- Inmates cohorted in an isolation unit should wear surgical masks.

What are PPE Doffing (Removal) procedures ?

- There should be an area for doffing (removal) of PPE at exit from Quarantine and Isolation areas.
 - This may be a taped off area to stand in when doffing or
 - An area created by facilities with barrier materials (makeshift anteroom)
- **Under no circumstances should PPE worn in the Isolation or Quarantine areas be worn to other areas of the institution. REMOVE PPE in doffing area at exit.**
- The doffing area should have an alcohol based hand hygiene product or sink with soap and water, a receptacle for reusable items (face shields or goggles), a large waste bin with a clear trash bag, cleaner/disinfectant and may include an area to hang gowns if there is a critical shortage only (command strip hangers).
 - Consider a cart or table separate from the donning area to hold receptacle for reusable items, cleaner/disinfectant and hand hygiene supplies
- Doff All PPE after exiting QUARANTINE or ISOLATION, within a doffing designated taped area or a makeshift anteroom. Do this slowly and carefully in order not to contaminate oneself. Hand hygiene (washing with soap and water, or using hand sanitizer) should be accomplished before leaving the area.
- If Utility belts are worn over PPE they are removed and belt and items on belt cleaned and disinfected as appropriate.
- Create a system to clean and disinfect the equipment to be reused (i.e., the person that used the equipment sprays and wipes it off – per manufacturer’s wet time – and then places in donning area for reuse).
- Hang or bag recycled items for reuse (i.e., a command strip hanger for reuse of gowns, with ID written on gown, or paper bags with IDs for N-95s).
 - Under normal circumstances gowns and N-95s are not reused or used for extended time periods. This strategy is only used if there is a critical shortage (see below).
 - PPE in extended use is disposed of at end of shift.

When is it acceptable to reuse PPE?

- **Critical Shortage Reuse of PPE**
 - N-95 respirators are in short supply nationwide. The CDC has issued guidance for alternative respiratory protection strategies for optimized use of respirators at:
 - [Strategies for Optimizing the Supply of N95 Respirators](#)
 - [Strategies to Optimize the Supply of PPE and Equipment](#)
 - [What Law Enforcement Personnel Need to Know about Coronavirus Disease 2019 \(COVID-19\)](#)
- **Reuse of N-95* - Important Points**
 - Discard respirator:
 - After it has been used five separate times,
 - When visibly soiled
 - When difficult to breathe through
 - After one use in the following situations:

- Following use during aerosol generating procedures such as bronchoscopy or sputum collection
 - Contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients or if damaged
 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/checklist-n95-strategy.html>
- **Donning procedures (crisis strategy only) for previously used N-95 respirator**
 - Use a new pair of clean (non-sterile) gloves when donning a used N-95 respirator and performing a user seal check.
 - Discard gloves after the N-95 respirator is donned and any adjustments are made to ensure the respirator is sitting comfortably on your face with a good seal.
- **Reuse of Gown (crisis strategy only)**
 - Cloth isolation gowns that can be rewashed are preferred over reusing disposable gowns.
 - Disposable gowns are not typically amenable to being doffed and re-used because the ties and fasteners typically break during doffing.
 - If a disposable gown must be used more than once, wipe off any obvious contamination on front of gown with new gloves on. Remove gloves, hand hygiene and don new gloves and then:
 - Remove Gown
 - Release the ties at neck and waist, then grasp the gown at the inside shoulder area, and pull the gown down and away from your body.
 - 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.
 - Hang gown up on designated hanger with inside facing out.
 - Re-don the gown with clean gloves on, only touching the inside of gown. Remove gloves, hand hygiene and apply new gloves. Have someone secure back of gown with ties or tape.
 - Dispose of gown at end of shift.

Personal Protective Equipment Reference

| PPE | Length of Use | Disposal | Reuse / Disinfection | Storage |
|--|---|---------------|----------------------|---|
| Face shield | Multiple | Regular Trash | Yes/Yes | Specified place for PPE |
| Goggles | Multiple | Regular Trash | Yes/Yes | Specified place for PPE |
| Gown | One-Time | Regular Trash | No | No |
| Gown <i>Shortage - crisis strategy</i> | Multiple | Regular | Yes/No | Hang in designated spot outside of doffing area with ID |
| Gloves | One-Time | Regular Trash | No | No |
| Surgical Mask (general use) | Limited Re-Use | Regular Trash | Yes/No | Paper Bag with ID |
| Surgical Mask - Staff Screening | Extended Use for shift | Regular Trash | Yes/No | No |
| Surgical Mask - Quarantine or Isolation | One -Time Use Doff upon exit | Regular Trash | No | No |
| N95 Respirator (N, R, P) Isolation | One –Time Use Doff upon exit | Regular Trash | Yes/No | No |
| N95 Respirator (N, R, P) Isolation <i>Shortage - crisis strategy only</i> (consider covering with surgical mask to protect) <i>*See specific donning procedure above</i> | Doff upon exit and store for use up to 5x or until soiled or difficult to breathe through | Regular Trash | Yes/No | Paper Bag with ID |

CDC Strategies to Optimize PPE: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

| Personal Protective Equipment Reference (from CDC Correctional Guidance) | | | | | |
|---|---|---|-----------------------|---------------|----------------------------|
| Classification of Individual Wearing PPE | N95 Respirator | Surgical mask | Eye Protection | Gloves | Gown/Coveralls |
| Inmates | | | | | |
| Asymptomatic (Quarantine Close Contact)* | Apply surgical masks for source control as feasible based on local supply, especially if housed as a cohort | | | | |
| Symptomatic (Confirmed or Suspect COVID-19) | | X | | | |
| Cleaning Crew for COVID Isolation | Additional PPE may be needed based on product label. | | | X | X |
| Staff | | | | | |
| Asymptomatic Quarantine Inmates – no medical care (R&D, count, temperatures from door) | | Surgical mask, eye protection and gloves as local supply and scope of duties allows | | | |
| Correctional – Performing duties in Quarantine Area within an open dorm, barracks, range with open bar cells | | Surgical mask, eye protection and gloves | | | X Based on availability |
| Direct Contact –Temperature Checks or Medical Care Quarantined Inmates | | X | X | X | X Based on availability |
| Correctional Officer – Isolation Area within dorm, open barrack, range with open bar cells | X | | X | X | X |
| Direct Contact - Isolation Symptomatic COVID Suspect or Confirmed Inmate** (including inmate transport) | X | | X | X | X |
| Staff Present during Aerosol Procedure of COVID Suspect or Confirmed Case | X | | X | X | X |
| Staff Handling Laundry or FS Items from a COVID Case or Contact | | | | X | X^ |
| Staff Cleaning COVID Case Area | Additional PPE may be needed based on product label | | | X | X |

**A NIOSH-approved N95 is preferred. However, if no N95 available, surgical masks are an acceptable alternative when the supply chain of respirators cannot meet the demand as long as the symptomatic / isolated inmate also wears a surgical mask during the time of close / direct contact. When respirators are in short supply, available respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to staff.

^IF laundry is double bagged out of isolation the person handling the bagged laundry would not need to be gowned.

Modified from <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>

See PPE donning and doffing videos on Sallyport COVID site:

http://sallyport.bop.gov/video.jsp?path=hsd/infectious_disease/ppe_donning_doffing_instructions

COVID Isolation Flowchart

INMATE POPULATION

The goal is to identify and isolate "sick" inmates from the population

Define Sick:

- Fever >100.4
- Cough
- Shortness of breath
- Loss of smell
- Extreme fatigue
- Body aches
- Headache
- GI Symptoms

SICK

Having 4 areas for isolation is best practice. The minimum requirement is an isolation area

Inmate symptomatic with a COVID-19 test pending

Inmate symptomatic with a positive COVID-19 test

Inmate symptomatic with a negative COVID-19 test

Inmate asymptomatic with a positive COVID-19 test

Isolation is a 10 day duration defined as a secure physical environment which has a controlled entry point and a physically separate area attached for the donning and doffing of PPE.

Post Isolation

Can be transferred to the Post COVID-19 Recovery area when they meet the CDC guidelines.

POST COVID-19 RECOVERY AREA

This is a defined separate physical area where inmates can maintain social distancing and recover. Time in the Post COVID-19 Recovery area can vary dependent on the needs of the institution. Generally, 7-14 days is recommended.

Post Recovery

Back to general population

CORONAVIRUS DISEASE 2019 (COVID-19) STAFF SCREENING TOOL

DATE: _____

| | |
|---|---|
| 1. Temperature: _____ °F Method: Mouth Ear Forehead | |
| <input type="checkbox"/> If Temperature (Mouth) $\geq 100.4^{\circ}\text{F}$, or Temperature (Ear) $\geq 101^{\circ}\text{F}$, or Temperature (Forehead) $\geq 100^{\circ}\text{F}$ Then Deny Access , Place on Leave (Not Safety & Weather Leave) for 3 days + STOP HERE & Proceed to Section 3 | |
| 2. Signs (Employee Complete) | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | New On-Set Cough # of Days _____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | New Onset Trouble Speaking because of Needing to take a Breath |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Chills |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Repeated Shaking with Chills |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Body Aches |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Sore Throat |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | New Loss of Taste or Smell |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Stuffy/Runny Nose |
| <p>➤ Contact the Medical Officer on Call for the Institution to provide Disposition</p> <p>✓ Disposition by Medical Officer Assessment: <input type="checkbox"/> Leave <input type="checkbox"/> Work</p> | |
| 3. Notification of Local Human Resources Department | |
| <input type="checkbox"/> If Individual is placed on leave for Section 1 or 2, Then share document with HR Office for T&A purpose | |
| ➤ <u>HR</u> | |
| <input type="checkbox"/> Please have HSD place this document in the Employee's Medical Folder (Blue Folder) if leave is indicated | |

Staff Name (Last, First): _____ Year of Birth (Year): _____

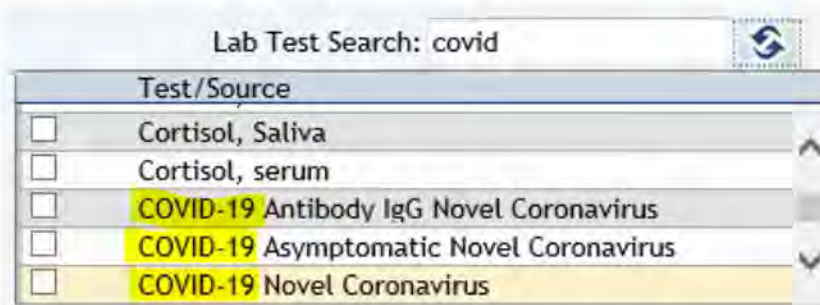
Institution: _____ State: _____

Lab Testing Guidance: COVID-19

For inmates who staff are considering testing for COVID19

SENDOUT Testing

For all sites there are three SENDOUT COVID-19 Lab Tests available under LIS Tests tab. Type “covid” in the Lab Test Search box:



POC/waived inhouse testing - Instructions [Here](#)

For those sites with the Abbott ID NOW instrument for POC waived inhouse testing, COVID-19 RNA is ordered as NMOS or directly resulted in the Flow Sheets under COVID-19 RNA.



- Contact your Regional Medical Director.
- *Contact local/state Department of Health to verify if testing is needed/meets the state risk factors.*
- Contact the site where testing will be sent for specific sample requirements/collection instructions.
- 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.

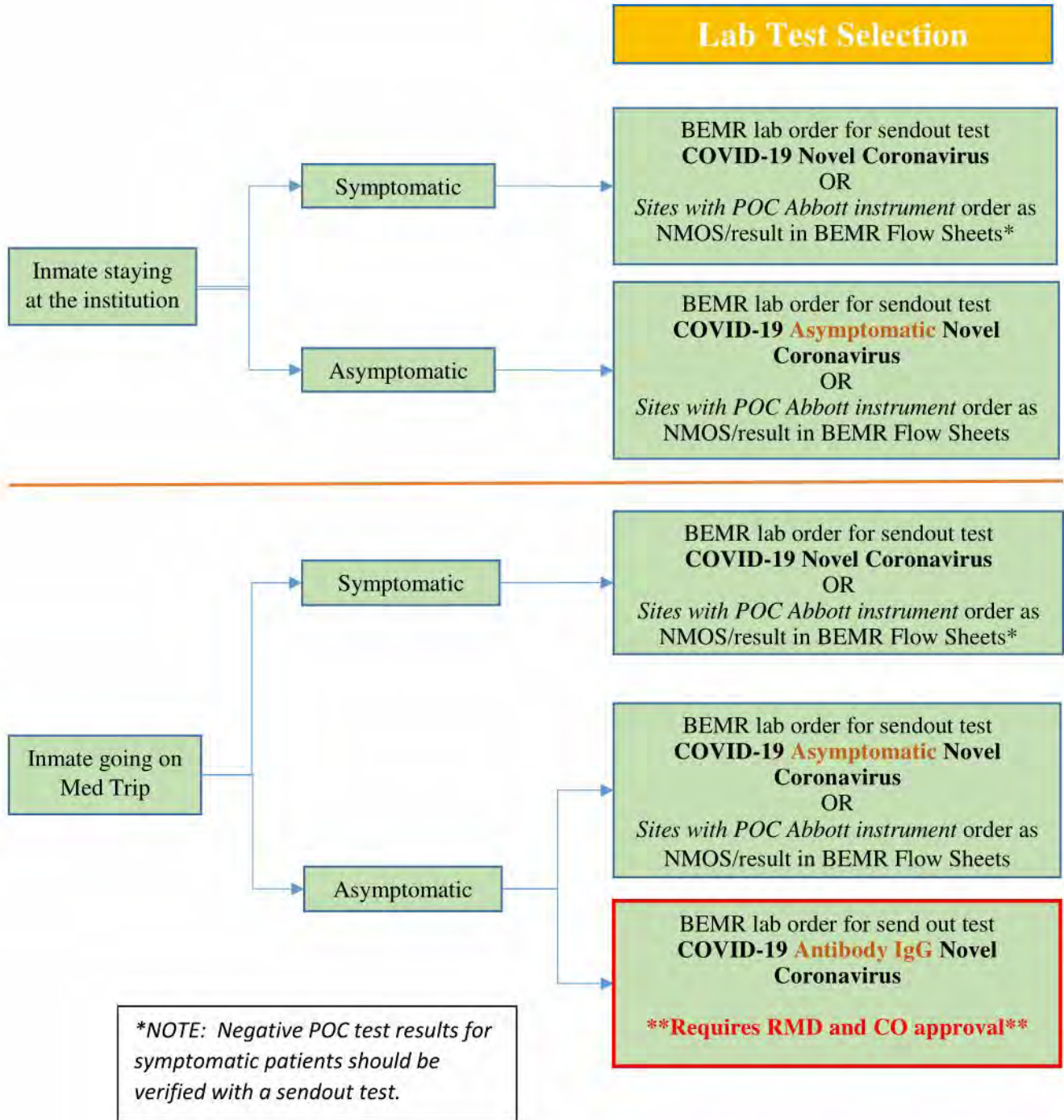
COVID-19 Antibody IgG Novel Coronavirus Notice:

- These tests require consultation and approval by Central Office or the Regional Medical Director.
- Antibody testing should not be used to diagnosis disease
- According to the CDC it's unclear if antibodies (IgG) to COVID 19 can provide immunity against future infected.
- Currently, these tests are only offered through laboratories who are designated at moderately/highly complex as identified by CLIA, which would be your locally contracted reference laboratory.

****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

Selecting the appropriate send out Lab Test to order:



BOP QUARANTINE GUIDANCE: NEW ADMITS, CONTACTS OF COVID-19, AND PENDING RELEASE

DEFINITIONS

- **QUARANTINE** in the context of COVID-19 refers to separating (in an individual room or unit) asymptomatic persons who may have been exposed to the virus to **(1)** observe them for symptoms and signs of the illness during the **INCUBATION PERIOD** and **(2)** keep them apart from other incarcerated individuals.
- **CASE** refers an individual who has a positive test for COVID **OR** who has symptoms consistent with COVID-19, but has not yet been tested.
- **CLOSE CONTACTS:** In the context of COVID-19, an individual is considered a close contact if they have:
 - Been within 6 feet of a COVID-19 case for a prolonged period of time **OR**
 - Had direct contact with infectious secretions of a COVID-19 case.Considerations when assessing close contacts include the duration of exposure and the clinical symptoms of the person with COVID-19 (i.e., coughing likely increases exposure risk as does an exposure to severely ill persons).
- **COHORTING** refers to housing inmates together rather than in single cells.

INDICATIONS FOR COVID-19 QUARANTINE

The following inmates should be placed in quarantine:

- Close contacts of a suspected or confirmed case of COVID-19
 - New admissions to a BOP facility
 - Inmates returning from the community to a BOP facility after a potential exposure (e.g. an extended time in an emergency department or crowded waiting area, residing overnight in the community or alternative setting including hospitalization, furlough, writ return, etc...).
 - Inmates being released back into the community (residential reentry center, home confinement, or full-term release), prior to their release.
- ➔ See [*Additional Procedures Related to Specific Types of Quarantine*](#) below for information specific to *Routine Intake Quarantine and Inmate Quarantine Prior to Release/Transfer*.

IDENTIFICATION OF QUARANTINE ROOMS

GENERAL GUIDANCE ON QUARANTINE HOUSING

- ➔ ***To reduce the risk of transmission while in quarantine, facilities should make every effort to quarantine inmates INDIVIDUALLY in cells with solid walls and doors.***
- Cohorting should **ONLY** be practiced if there are no viable options to house them individually.
- Ideally, do **NOT** cohort individuals who are at higher risk of severe illness and mortality from COVID-19, including persons 65 and older or with certain co-occurring conditions.

→ See the CDC's guidance "People Who Are at Higher Risk for Severe Illness" at:
<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>

- If an entire housing unit is under quarantine due to contact with a case from the same housing unit, the entire housing unit may need to be treated as a cohort and quarantine in place.
- At Medical Referral Centers (MRCs), the facility's quarantine area for COVID-19 should be in a separate area from the medical units (Nursing Care Center [NCC] units, ambulatory care units, etc.), whenever possible.
 - MRC transfers that need to be quarantined on a medical unit due to care level for other medical conditions should be quarantined in a single room with solid walls and door, placed on droplet and standard transmission precautions with full COVID-19 PPE worn by staff when entering the room. Donning and doffing PPE appropriately and practicing hand hygiene is critical. To the extent possible, staff interventions with the inmate in quarantine should be limited.
- Consider low-census housing units, old SHU areas, or areas such as the visiting room, gym, chapel, education, Unicor areas for potential quarantine space, or climate-controlled tents.

CDC GUIDANCE ON QUARANTINE HOUSING

CDC guidance lists options for housing inmates in quarantine—in order of preference from top to bottom:

- Separately, in single cells with solid walls 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, a solid door that closes fully, and at least 6 feet of personal space assigned to each individual in all directions.
- As a cohort, in a large, well-ventilated cell with solid walls and at least 6 feet of personal space assigned to each individual in all directions, but without a solid door.
- As a cohort, in single cells without solid walls or solid doors, preferably with an empty cell between occupied cells creating at least 6 feet of space between individuals.
- As a cohort, in multi-person cells without solid walls or solid doors, preferably with an empty cell between occupied cells. Employ social distancing strategies.
- As a cohort, in the individuals' regularly assigned housing unit, but with no movement outside the unit. Employ social distancing strategies to maintain at least 6 feet of space between individuals. Place beds head-to-foot instead of head-to-head to create more space.
- Safely transfer to another facility with capacity to quarantine.
 - *Transfer should be avoided due to the potential to introduce infection to another facility; proceed ONLY if no other options are available.*

QUARANTINE PROCEDURES

- **ADMISSION TO QUARANTINE:**
 - *When an inmate is identified as requiring quarantine, the Health Services Administrator, or designee, will contact the Chief Psychologist to request consultation. Refer to:*
https://sallyport.bop.gov/co/hsd/infectious_disease/covid19/docs/covid19_quarantine_isolation_guidance_20200322.pdf
 - An **INMATE** being moved to quarantine should wear a surgical mask.

- **ESCORTING STAFF** should wear gloves, surgical mask, and face shield or goggles.
- **DURATION OF QUARANTINE** is 14 days.
 - ➔ *If quarantined as a **COHORT**, the 14-day quarantine period must be reset to zero if an inmate in the cohort becomes symptomatic or new inmates are added to the quarantine.*
- **DOOR SIGNAGE:**
 - The door to the quarantine room should remain closed.
 - A sign indicating “**Quarantine Precautions**,” listing the recommended PPE, should be placed on the door.
 - ➔ *See **Attachment** for a printable sign. See the **Quarantine Checklist** for specific guidance about what to post.*
- **RECOMMENDED PPE FOR STAFF** interacting with asymptomatic inmates in quarantine:
 - **DIRECT, CLOSE CONTACT (LESS THAN 6 FEET APART):** Wear surgical mask, eye protection, and gloves. In addition, a gown should be worn when taking temperatures, performing assessments, or providing medical care (i.e., whenever direct contact is anticipated with the inmate).
 - ➔ *These recommendations apply to staff entering individual or double-bunked cells or cohorted living areas, **AND** when interacting through non-solid doors (i.e., bars) whenever the staff person is within 6 feet of the inmate.*
 - **IN THE SAME ROOM, BUT NOT IN CLOSE CONTACT (6 FEET OR MORE APART):** Wear surgical mask, eye protection, and gloves.
 - ➔ *This includes activities such as dropping off food trays and performing inmate counts in open bay situations, and opening doors to quarantine rooms or units.*
 - **NOT IN DIRECT CONTACT (INTERACTION THROUGH THE SLOT OF A SOLID DOOR):** Gloves only.
 - ➔ *This includes passing medication and food trays through the slot in a solid door.*
 - ➔ *When there are critical shortages of PPE, refer to the CDC’s recommendations for alternative PPE strategies at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>.*
- **FACE MASKS OR COVERINGS FOR INMATES:**
 - **Cohorted quarantine:** To minimize the likelihood of disease transmission, inmates quarantined as a cohort for close contact with a COVID-19 case should be required to wear a surgical mask covering routinely. Surgical masks should be replaced as needed.
 - **Staff protection:** When housed in a single cell, inmates should apply a surgical mask covering whenever staff enter the room.
- **PLACEMENT OF BEDS IN COHORTED QUARANTINE:** As feasible, the beds/cots of inmates quarantined as a cohort should be placed at least 6 feet apart. Consider alternating head-to-foot sleeping position, if feasible.
 - ➔ *See [CDC Guidance on Quarantine Housing](#) above.*
- **MONITORING:** Inmates in quarantine should be screened twice daily for COVID-19 symptoms, including subjective fever and taking a temperature reading.
 - **Inmates who become symptomatic need to be isolated.**
 - **Inmates who are quarantined for 14 days prior to community release** may have a symptom screen and temperature check once daily—if there are no COVID cases at the institution.

- **MEALS:** Meals should be provided to quarantined individuals in their quarantine spaces.
 - Cohorted inmates may be allowed to go as a group to meals, but only when they can eat separately as a group and should maintain social distancing when doing so. They should wear surgical masks while they are out of the quarantine area. The area must then be cleaned and disinfected prior to others eating in the same area.
 - Disposable food service items can be disposed of in regular trash. Individuals handling used food service items should wear gloves and wash their hands after their removing gloves. Dishes should be washed in hot water.
- **LAUNDRY:** Laundry from quarantined persons can be washed with other inmate laundry.
 - Individuals handling laundry from quarantined persons should wear disposable gloves, discard them after each use, and then clean their hands after.
 - Dirty laundry should not be shaken, so as to minimize the possibility of dispersing virus through the air.
 - Launder items using the hottest appropriate water setting and dry items completely.
 - Clean and disinfect clothes hampers according to guidance for cleaning surfaces posted on Sallyport. If permissible, consider using a bag liner that is either disposable or can be laundered.
- **RESTRICTIONS ON MOVEMENT:** To the extent possible, quarantined inmates should be restricted from being transferred, having visits, or mixing with the general population.
 - **Recreation:** Inmate recreation will be suspended while on quarantine. The institution will provide other means for inmates to occupy their time such as reading materials, educational materials, etc.
 - **Telephone privileges** may be afforded to inmates in quarantine only when the CDC/BOP sanitation procedures can be adhered to. Social distancing needs to be maintained during phone use and phones need to be cleaned and disinfected after each use.
 - **Staff should be assigned to one post only**, to the extent possible, to limit staff movement among different inmate populations / units at the institution.
- **For inmates quarantined in a SPECIAL HOUSING UNIT (SHU):**
 - Special Housing Units are a modified form of **ADMINISTRATIVE DETENTION**. Refer to *Program Statement 5270.11, Special Housing Units*, for specific procedures to follow.
 - Staff will complete electronic or paper form-292 according to policy for each inmate for the duration of the quarantine

ADDITIONAL PROCEDURES RELATED TO SPECIFIC TYPES OF QUARANTINE

- **ROUTINE INTAKE QUARANTINE:** **With community spread of COVID-19 throughout the U.S., the BOP requires a 14-day quarantine of all new admissions and all returns to a BOP facility** (new commitments, inmates returning from writ, voluntary surrenders, U.S. Marshals Service, Justice Prisoner and Alien Transportation Service, Customs and Border Patrol, and Immigration and Customs Enforcement). Some same-day returns to a facility may not require quarantine.
 - ➔ *Routine intake quarantine applies so long as these individuals are asymptomatic and have no known exposure to a COVID-19 case.*
 - **To prevent possible transmission, these inmates should be housed separately from individuals who are quarantined due to contact with a COVID-19 case.**

- If not housed in a single cell, individuals under routine intake quarantine should wear surgical masks.
- If at all possible, do not add more individuals to an existing routine intake quarantine cohort after the 14-day quarantine has started, so as to avoid resetting the quarantine period back to day 1.
- Institutions should attempt to coordinate movement with other agencies and correctional systems on a 14-day cycle, when possible, as a way to simplify routine intake quarantine procedures.
- **INMATE QUARANTINE PRIOR TO RELEASE/TRANSFER:**
 - **All inmates releasing or transferring from BOP facilities to the community will be placed in quarantine or be required to “shelter in place” for the 14 days immediately prior to their release/transfer.** This includes but is not limited to Full Term Releases, Good Conduct Time Releases, Detainer Releases, Furloughs, and Transfers to Residential Re-entry Centers/Home Confinement.
 - In institutions where there are active cases of COVID-19, releasing inmates should be placed in **quarantine** for the 14 days prior to release; ideally, they will be housed individually or cohorted separately from other quarantine groups.
 - In institutions where there are no active COVID-19 cases, releasing inmates may “**shelter in place**” for the 14 days prior to release.
 - **Inmates pending release or transfer, as described above, should have a temperature check and symptom screening daily,** assuming no known or suspected COVID-19 exposure for the 14 days prior to release or transfer. A screening and temperature check should be noted in the release paperwork on the day of release from the facility.
 - ➔ Refer to:
https://sallyport.bop.gov/co/hsd/infectious_disease/covid19/docs/covid19_hs_release_guidance_during_20200417.pdf

Version 1.0; 5/7/20

QUARANTINE COVID-19

| | |
|---|--|
| Move to Quarantine <ul style="list-style-type: none"> • New Intakes • Contacts | Quarantine is used to separate asymptomatic persons who have Risk Factors or who are Contacts to a person with COVID-19 during the incubation period (up to 14 days). Escort inmate, in mask, 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 at a minimum surgical mask, eye protection, and gloves. |
| Implement Transmission Based Precautions - Standard/Contact/ Eye Protection/ Droplet. <p style="text-align: center;">PPE</p> | Standard precautions/Contact/Eye Protection/Droplet Isolation 1) Hand hygiene (before and after wearing gloves) 2) PPE (<i>gloves, gown, eye protection, surgical mask</i>) for entry into room and direct contact. 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). Inmate should wear mask or facial coverings, if able. - Prior to room entry: Perform hand hygiene. Apply (don) gloves, gown,* surgical mask and eye protection before room entry or inmate contact. <i>See donning checklist.</i> (*gown if available supply) - Doffing 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. <i>See doffing checklist. Deposit used PPE in a trash receptacle designated for this purpose near the doffing area.</i> |
| 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 and facial covering. Provide education sheet. |
| Communication and Documentation | 1) Notify facility leadership, infection prevention and control (QIIPC)/health services, Incident Command, Chief Psychologist and Regional QIIPC Consultants. 2) Conduct temperature checks twice daily, this can be conducted by non-healthcare staff after training. Any positive symptoms or febrile temperatures, move to isolation and notify health services staff (if screening conducted by non-health care staff) See Medical Care Below 3) Place a medical hold in BEMR and Sentry for the duration of the quarantine. Code inmate as Z0489-q. |
| 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 | Isolate inmate(s) if symptomatic (cough, SOB, HA, dizziness, fatigue, loss of taste or smell, sore throat, chest pain) and/or a temperature ≥ 100.4 F. Positive symptoms require Clinical Encounter. Limit close or direct contact as much as possible. Provide necessary medical care as needed. |
| 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 after each use with a product from the EPA registered disinfectant List N. |
| Trash | For disposal of trash, wear gloves and double bag in clear waste bags; <i>Ensure it is not processed by recycling.</i> |
| 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, 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 quarantine ends, the inmate(s), if possible, should clean the area. If inmates in quarantine became symptomatic, wait 24 hours (if possible), and then the 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 (i.e., if splashes are anticipated, wear mask and eye protection). |

GUIDANCE FOR ABBOTT ID NOW COVID-19 POINT OF CARE TESTING

5/8/2020

The following guidance is for institutions that have an Abbott ID NOW instrument and test kits for performing CLIA-waived rapid, point of care COVID-19 testing.

- **Allocation and distribution of instruments and test kits will be determined by Central Office Health Services Division based on institutional needs and agency priorities.**

INDICATIONS FOR TESTING

- ➔ Limitations in the number of tests that can be performed may require prioritization of testing with the Abbott ID Now instrument. If institutions require additional testing supplies they should consult with their Regional Infection, Prevention and Control Consultant and the Regional Medical Director and then send the request to BOP-HSD/AIMS@bop.gov . The following are BOP-recommended priorities for COVID-19 testing.

High priority for testing

- Symptomatic inmates (currently being done across the board)
- Asymptomatic inmates in open housing or a medical unit with a diagnosed case of COVID-19

Asymptomatic or presymptomatic testing strategy usually requires a greater number of test kits, may identify large numbers of COVID-19 positive inmates, and may require multiple areas for quarantine and isolation. Prior to performing this type of testing, it should be discussed with institution executive staff and with Regional and Central Office EOCs and health services staff.

Intermediate priority

- Asymptomatic inmates on admission to or discharge from quarantine as new intakes or close contacts of a confirmed or suspected case of COVID-19 (staff or inmate)
- Asymptomatic inmates required to be tested in order to be seen at a civilian health care system.
- Asymptomatic inmates transferring to / arriving at a BOP Medical Referral Center
- Asymptomatic inmates returning from hospitalizations

Low priority

- Asymptomatic inmates departing a BOP facility for home confinement, regional reentry center, or full term / good conduct time release, especially if there are any cases of COVID at the institution.
- As a test-based strategy for release from isolation (asymptomatic or symptomatic)

GENERAL MANAGEMENT BASED ON SYMPTOMS AND TEST RESULTS

Management of the four basic categories is determined by symptoms (asymptomatic or symptoms suggestive of COVID-19) and test results (positive or negative).

- **Asymptomatic and symptomatic POSITIVE test cases are placed in isolation**
 - Follow BOP and CDC guidance for isolation including appropriate PPE.

- These groups may be cohorted together in isolation if single cell housing with solid doors, or separate cohort areas are not available, and correctional atmosphere allows.
- **Symptomatic NEGATIVE COVID test cases in isolation**
 - Isolate separately from positive COVID test cases
 - Retest with a different COVID-19 PCR test performed by a clinical lab or health authority.
 - If second test confirms positive, relocate to isolation area for COVID positive cases.
 - Follow BOP and CDC guidance for isolation including appropriate PPE.
- **Asymptomatic NEGATIVE test cases**
 - Follow BOP guidance for Quarantine. Place in QUARANTINE if criteria are met.

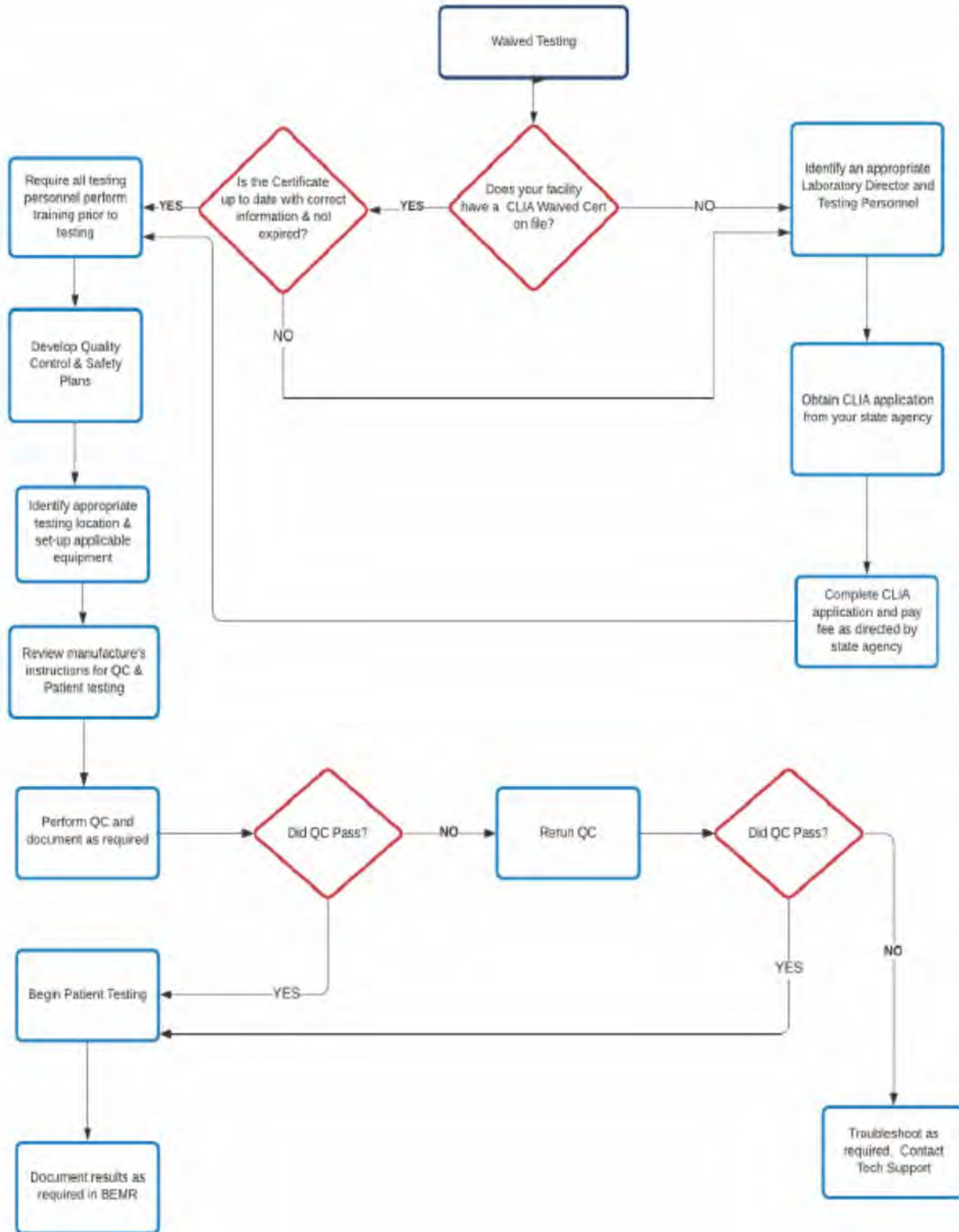
This rest of this reference document includes:

1. Lab testing implementation algorithm
2. ID Now intended use
3. **Instructions for Charting (ONLY FOR FACILITIES WITH ABBOTT ID NOW)**
4. Training checklists (Persons utilizing the instrument should have training and documentation of ability)
5. References
 - a. Modules 1-8 Videos available at:
 - i. <https://www.alere.com/en/home/support/product-demos/id-now-training-videos.html>
 - b. Helpful documents:
 - i. <https://www.alere.com/en/home/product-details/id-now-covid-19.html>

*Please be aware that the original instructions for the ABBOTT RAPID ID COVID-19 instrument included use of viral transport media for testing that would not take place immediately or at point of care. This has been found to dilute sample and may lead to false negative results. Thus, the use of viral transport media should not be used for samples being tested by the Abbott Rapid ID instrument.

See <https://www.abbott.com/corpnewsroom/product-and-innovation/customer-update-on-our-idnow-covid-19-test.html>

BOP IMPLEMENTATION OF COVID - 19 LAB TESTING



ID NOW™

COVID-19

INTENDED USE

ID NOW COVID-19 assay performed on the ID NOW Instrument is a rapid molecular *in vitro* diagnostic test utilizing an isothermal nucleic acid amplification technology intended for the qualitative detection of nucleic acid from the SARS-CoV-2 viral RNA in direct nasal, nasopharyngeal or throat swabs who are suspected of COVID-19 by their healthcare provider. *Testing is authorized for laboratories certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. §263a, to perform moderate complexity/high complexity tests and has been CLIA waived during the current COVID pandemic. The ID NOW COVID-19 assay is also authorized to be distributed and used in patient care settings outside of the clinical laboratory environment.*

Results are for the identification of SARS-CoV-2 RNA. The SARS-CoV-2 RNA is generally detectable in respiratory samples during the acute phase of infection. Positive results are indicative of the presence of SARS-CoV-2 RNA; clinical correlation with patient history and other diagnostic information is necessary to determine patient infection status. **Positive results do not rule out bacterial infection or co-infection with other viruses. Testing facilities within the United States and its territories are required to report all positive results to the appropriate public health authorities.**

Negative results do not preclude SARS-CoV-2 infection and should not be used as the sole basis for patient management decisions. Negative results must be combined with clinical observations, patient history, and epidemiological information.

The ID NOW COVID-19 test is intended for use by medical professionals or trained operators who are proficient in performing tests using the ID NOW Instrument. The ID NOW COVID-19 test is only for use under the Food and Drug Administration's Emergency Use Authorization.

SUMMARY and EXPLANATION of the TEST

An outbreak of respiratory illness of unknown etiology in Wuhan City, Hubei Province, China was initially reported to WHO on December 31, 2019.¹ Chinese authorities identified a novel coronavirus (2019-nCoV), which has resulted in thousands of confirmed human infections in multiple provinces throughout China and in several Southeast Asian countries, Europe and more recently the United States. Cases of severe illness and deaths have been reported. The International Committee for Taxonomy of Viruses (ICTV) renamed the virus SARS-CoV-2.²

ID NOW COVID-19 is a rapid (13 minutes or less), instrument-based isothermal test for the qualitative detection and diagnosis of SARS-CoV-2 from nasal, nasopharyngeal and throat swabs. The ID NOW Instrument has a small footprint and easy to use graphical user interface for convenience within a busy hospital or near patient testing environments. The ID NOW COVID-19 kit contains all components required to carry out an assay for SARS-CoV-2 on the ID NOW Instrument.

PRINCIPLES of the PROCEDURE

ID NOW COVID-19 is an automated assay that utilizes isothermal nucleic acid amplification technology for the qualitative detection of SARS-CoV-2 viral nucleic acids. It is comprised of a Sample Receiver, containing elution/lysis buffer, a Test Base, comprising two sealed reaction tubes, each containing a lyophilized pellet, a Transfer Cartridge for transfer of the eluted sample to the Test Base, and the ID NOW Instrument.

The reaction tubes in the Test Base contain the reagents required for amplification of SARS-CoV-2, as well as an internal control. The templates (similar to primers) designed to target SARS-CoV-2 RNA amplify a unique region of the RdRp segment. Fluorescently-labeled molecular beacons are used to specifically identify each of the amplified RNA targets.

To perform the assay, the Sample Receiver and Test Base are inserted into the ID NOW Instrument. The sample is added to the Sample Receiver and transferred via the Transfer Cartridge to the Test Base, initiating target amplification. Heating, mixing and detection are provided by the instrument.

PRECAUTIONS

1. For *in vitro* diagnostic use.
 2. For use under an Emergency Use Authorization Only.
 3. Federal Law restricts this device to sale by or on the order of a licensed practitioner (US only).
 4. Laboratories within the United States and its territories are required to report all positive results to the appropriate public health laboratories.
 5. To be used in conjunction with the ID NOW Instrument.
 6. Treat all specimens as potentially infectious. Follow universal precautions when handling samples, this kit and its contents.
 7. **Proper sample collection, storage and transport are essential for correct results.**
 8. **Leave test pieces sealed in their foil pouches until just before use.**
 9. **Do not tamper with test pieces prior to or after use.**
 10. **Do not use kit past its expiration date.**
 11. Do not mix components from different kit lots or from other ID NOW assays.
 12. Solutions used to make the control swabs are inactivated using standard methods. However, patient samples, controls, and test pieces should be handled as though they could transmit disease. Observe established precautions against microbial hazards during use and disposal.
 13. If any assay components are dropped, cracked, found to be damaged or opened when received, DO NOT USE and discard. Do not use scissors or sharp objects to open foil pouches as damage to test pieces can occur.
 14. **Do not open the Sample Receiver before placing in the instrument.** It will prohibit the Elution Buffer from reaching temperature and may impact test performance.
 15. If the Sample Receiver is spilled while opening, clean the instrument per instructions provided in the instrument User Manual and cancel test. Repeat test with a new Sample Receiver.
 16. All test pieces must be removed from the instrument according to removal instructions displayed on the instrument and disposed of according to country and local requirements. Pieces must not be separated once they are assembled.
 17. **All test pieces are single use items. Do not use with multiple specimens.**
-

1. Once reacted, the Test Base contains large amounts of amplified target (Amplicon). Do not disassemble the Test Base and Transfer Cartridge. **In the case of a positive sample, this could lead to amplicon leakage and potential ID NOW COVID-19 false positive test results.**
2. **At a low frequency, clinical samples can contain inhibitors that may generate invalid results. Site to site invalid rates may vary.**
3. Due to the high sensitivity of the assays run on the instrument, contamination of the work area with previous positive samples may cause false positive results. Handle samples according to standard laboratory practices. **Clean instruments and surrounding surfaces according to instructions provided in the cleaning section of the instrument User Manual.** Refer to Section 1.6, Maintenance & Cleaning, for further information.

STORAGE and STABILITY

Store kit at 2-30°C. The ID NOW COVID-19 kit is stable until the expiration date marked on the outer packaging and containers. Ensure all **test components are at room temperature before use.**

QUALITY CONTROL

ID NOW COVID-19 has built-in procedural controls. The result of the Procedural Control is displayed on the screen and is automatically stored in the instrument with each test result. This can be reviewed later by selecting Review Memory on the instrument.

Procedural Controls:

ID NOW COVID-19 contains an internal control that has been designed to control for sample inhibition and assay reagent function. In positive samples where target amplification is strong, the internal control is ignored

and the target amplification serves as the 'control' to confirm that the clinical sample was not inhibitory and that assay reagent performance was robust. **At a very low frequency, clinical samples can contain inhibitors that may generate invalid results.**

Procedural Control Valid displayed on the instrument screen indicates that the assay reagents maintained their functional integrity and the sample did not significantly inhibit assay performance.

External Positive and Negative Controls:

Good laboratory practice suggests the use of positive and negative controls to ensure that test reagents are working and that the test is correctly performed. **ID NOW COVID-19 kits contain Positive and Negative Control Swabs. These swabs will monitor the entire assay.** Test these swabs once with each new shipment received and once for each untrained operator. Further controls may be tested in order to conform with local, state and/or federal regulations, accrediting groups, or your lab's standard Quality Control procedures.

CONTROL SWAB PROCEDURE

External Positive and Negative Control swabs are provided and should be tested following the Run QC Test instructions on the ID NOW Instrument. Refer to Quality Control Swab Test Procedure or Instrument User Manual for further details.

Note: The ID NOW Instrument reports QC results as Pass or Fail.

If the correct control results are not obtained, do not perform patient tests or report patient results. Contact Technical Support during normal business hours before testing patient specimens.

SPECIMEN COLLECTION and HANDLING

Use freshly collected specimens for optimal test performance. Inadequate specimen collection or improper sample handling/storage/transport may yield erroneous results. Refer to the CDC Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons for Coronavirus Disease 2019 (COVID-19) <https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html>.

Throat Swab

For optimal test performance, use the swabs provided in the test kit. Alternatively foam, polyester, HydraFlock® and nylon flocked throat swabs can be used to collect throat swab samples.

Rayon swabs are not suitable for use in this assay.

Collect patient specimen by swabbing the posterior pharynx, tonsils and other inflamed areas. Avoid touching the tongue, cheeks and teeth with the swab.³

Nasal Swab

For optimal test performance, use the swabs provided in the test kit. Alternatively, rayon, foam, HydraFlock® Flocked swab (standard tip), HydraFlock® Flocked swab (mini tip), Copan Mini Tip Flocked Swab, or Copan Standard Flocked swabs can be used to collect nasal swab samples.

Puritan PurFlock Standard Tip Ultra Flocked Swabs, Puritan PurFlock Mini Tip Ultra Flocked Swabs and Copan Standard Rayon Tip Swabs are not suitable for use in this assay.

To collect a nasal swab sample, carefully insert the swab into the nostril exhibiting the most visible drainage, or the nostril that is most congested if drainage is not visible. Using gentle rotation, push the swab until resistance is met at the level of the turbinates (less than one inch into the nostril). Rotate the swab several times against the nasal wall then slowly remove from the nostril. Using the same swab, repeat sample collection in the other nostril.

Nasopharyngeal Swab

Use **sterile rayon, foam, polyester or flocked flexible-shaft NP swabs** to collect a nasopharyngeal sample.

To collect a nasopharyngeal swab sample, carefully insert the swab into the nostril exhibiting the most visible drainage, or the nostril that is most congested if drainage is not visible. Pass the swab directly backwards without tipping the swab head up or down. The nasal passage runs parallel to the floor, not

parallel to the bridge of the nose. Using **gentle rotation**, insert the swab into the anterior nares parallel to the palate advancing the **swab into the nasopharynx**, leave in place for a few seconds, and then slowly rotate the swab as it is being withdrawn.

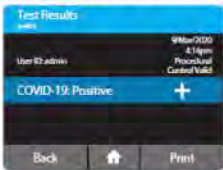

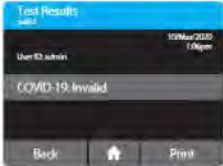
To ensure proper collection, the swab should be passed a distance that is halfway of that from the nose to the tip of the ear. This is about half the length of the swab. DO NOT USE FORCE while inserting the swab. The swab should travel smoothly with minimal resistance; if resistance is encountered, withdraw the swab a little bit without taking it out of the nostril. Then elevate the back of the swab and move it forward into the nasopharynx.

SPECIMEN TRANSPORT and STORAGE

Direct nasal, throat or nasopharyngeal swabs should be **tested as soon as possible after collection**. If immediate testing is not possible, the nasal, throat or nasopharyngeal **swab can be held in its original package at room temperature (15-30°C) for up to two (2) hours prior to testing**. If a direct nasal, throat or nasopharyngeal swab specimen will be held longer than two (2) hours, it must be refrigerated at 2-8°C and tested within 24 hours from the time of sample collection.

RESULT INTERPRETATION

When the test is complete, the results are clearly displayed on the instrument screen.

| Instrument Display | Interpretation of Results and Follow-up Actions |
|---|--|
|  | <p>COVID-19 Positive</p> <p>Positive results do not rule out bacterial infection or co-infection with other viruses.</p> |
|  | <p>COVID-19 Negative</p> <p>This result does not rule out co-infections with other pathogens.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Perform regular COVID-19 PCR test if the Abbott ID Now test is negative and person is symptomatic.</p> </div> |
|  | <p>The presence or absence of COVID-19 Viral RNAs cannot be determined.</p> <p>Repeat testing of the sample using new test components. If repeated Invalid results are obtained, results should be confirmed by another method prior to reporting the results.</p> |

***Negative results do not preclude SARS-CoV-2 infection and should not be used as the sole basis for patient management decisions.** Negative results must be combined with clinical observations, patient history, and epidemiological information.

Abbott RAPID ID Testing Charting

The COVID-19 RNA testing is available in the BEMR flowsheets. All COVID waived testing must be documented in the Flow Sheets.

Please follow the instructions that were sent out by David Hamilton in reference to using the Abbott ID Now machine for POC testing.

Instructions for entering results in BEMR Flowsheets

1. Navigate to the chart menu, select Flowsheets.
2. Enter inmate name or Reg # in the Reg # field
3. Select COVID-19 RNA from the menu on the left.
4. Click the Add button.
5. From the dropdown menu enter result; positive, negative or invalid
6. For Positive values click the save and refer to provider which will begin a clinical encounter and save it.
7. For negative or invalid tests click the Ok button to return to the previous screen.
8. Click the Save button.

Additional BEMR Tools, Tips and Instructions are available on our Sallyport web page at:
http://sallyport.bop.gov/co/hsd/health_info/index.jsp



ID NOW™ Certification of Training

FLU A/B 2 ___ Strep A 2 ___ RSV ___ COVID-19 ___ (Check all that apply)

This is to verify that personnel responsible for running the ID NOW™ at _____ have been thoroughly in-serviced on the test and the test procedure. This has included:

- Review of the package insert
- Demonstration of the product assay
- Successful performance of the ID NOW™ assays and interpretation of results

Names of the personnel who have been trained with the ID NOW™ and are responsible for reporting patient results:

| PRINT NAME | SIGNATURE | DATE |
|------------|-----------|------|
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Signature of Laboratory Director(s) responsible for personnel and testing:

SIGNATURE

DATE

SIGNATURE

DATE

TRAINER

DATE

Training Evaluation Instructions¹

Purpose:

The individual overseeing testing acts as an advocate for employees by gathering and distributing the resources needed by employees in order for them to be able to do a good job and by providing positive encouragement for a job well done. They should display the interpersonal skills required to engage employees and enhance their self-confidence.

Feedback from employees on the training experience provides valuable information to employers seeking to improve or identify gaps in their training programs. This method also opens an avenue of communication between the employee and employer.

Many training programs fail to deliver the expected organizational benefits. Having a well-structured measuring system in place can help you determine where the problem lies.

Contents:

There are many ways to evaluate training. A blank evaluation form is included for your use, along with an example evaluation form that demonstrates how to correctly enter site specific information.

1. Blank Training Evaluation.

Instructions for Completing the Training Evaluation:

1. After training is completed, the trainee should complete the Training Evaluation.
2. The trainee should be honest and open about the training experience without fear of remedial action or other adverse reactions as a result of the evaluation.
3. Management should review and compile the results to assess the training program's effectiveness and make improvements and changes to the program as necessary.

¹ From https://www.cdc.gov/labquality/docs/waived-tests/15_255581-test-or-not-test-booklet.pdf Accessed April 23, 2020.

Facility:

Location:

Training Checklist

Trainee: _____

Date: _____ Trainer: _____

Test: _____

Trainer should review all material listed below and verify that the trainee has read the appropriate procedures or manufacturer instructions involved and understands them. File completed form appropriately.

| Checklist | Date Completed | Trainee Initials | Trainer Initials |
|---|-----------------------|-------------------------|-------------------------|
| 1. Trainee reads and understands procedure | | | |
| 2. Trainer discusses principle of test procedure so that trainee understands scope and purpose of the test. | | | |
| 3. Trainer identifies materials to perform test and trainee knows location of materials needed. | | | |
| 4. Trainee observes proper sample collection and handling. | | | |
| 5. Trainee observes test procedure performed by trainer. | | | |
| 6. Trainee performs the procedure and should be able to: a. Identify proper sample type, use of the appropriate collection device, labeling, and handling of samples b. Organize work area for testing c. Perform quality control (QC) samples & training panel prior to performing patient samples. d. Set up timer and follow incubation times per the procedure e. Interpretation of results 1) positive 2) negative 3) invalid f. Decontaminate and clean work area, including proper disposal of hazardous waste and sharps | | | |
| 7. Data entry/Computer. a. Test order and accessioning b. QC and interpretation of results c. Report results and log QC data | | | |

Trainee Comments: _____

Trainee Signature: _____ Date: _____

Trainer Comments: _____

Trainer Signature: _____ Date: _____

Competency and Performance Assessment Instructions²

Purpose:

The ability of each person to perform their duties should be assessed following training and periodically thereafter. Retraining and reassessment of employee performance needs to be done when problems are identified with employee performance. The training and assessment program should be documented and specific for each job description. Activities requiring judgment or interpretive skills need to be included in the assessment.

Performance assessment can

- identify key training areas,
- identify processes that need improvement,
- provide supervisors and managers with data on employee performance, and
- provide evidence to customers and management that the laboratory assures quality with trained staff.

Some elements of performance assessment include:

- observing routine patient test performance, including sample handling, processing and testing;
- monitoring recording and reporting of test results;
- reviewing intermediate test results or worksheets, QC records, proficiency testing results, and preventive maintenance records;
- observing performance of instrument maintenance and function checks;
- assessing test performance through testing previously analyzed samples, internal blind testing samples, or external proficiency testing samples; and
- evaluating problem-solving skills.

Contents:

There are many ways to assess testing competency. A blank assessment is included for your use, along with an example assessment that demonstrates how to correctly enter site-specific information.

1. Blank Performance Assessment.

Instructions for Completing the Performance Assessment:

1. Record the facility name and location.
2. Record the employee's name and the procedure being observed.
3. Have the employee perform the procedure.
4. Record whether the steps completed were satisfactory or unsatisfactory, note any comments, and document any corrective action needed.
5. Sign and date the form.
6. Have the employee sign and date the form and provide comments.

² From https://www.cdc.gov/labquality/docs/waived-tests/15_255581-test-or-not-test-booklet.pdf Accessed April 23, 2020.

Facility: _____

Location: _____

TEMPERATURE LOG

Refrigerator/freezer Location _____

Month/Year _____

Acceptable temperature range _____

| Date | Temperature | Checked by: | Date | Temperature | Checked by: |
|------|-------------|-------------|------|-------------|-------------|
| 1 | | | 17 | | |
| 2 | | | 18 | | |
| 3 | | | 19 | | |
| 4 | | | 20 | | |
| 5 | | | 21 | | |
| 6 | | | 22 | | |
| 7 | | | 23 | | |
| 8 | | | 24 | | |
| 9 | | | 25 | | |
| 10 | | | 26 | | |
| 11 | | | 27 | | |
| 12 | | | 28 | | |
| 13 | | | 29 | | |
| 14 | | | 30 | | |
| 15 | | | 31 | | |
| 16 | | | | | |

** Enter 0 for weekends and holidays when temperature is not monitored.*

Corrective Action for Out of Range Temperature

| Date | Action Taken | Initials |
|------|--------------|----------|
| | | |
| | | |

Reviewed by: _____

Date: _____

Quality Control Log Instructions³

Purpose:

The Clinical Laboratory Improvement Amendments of 1988 (CLIA) requirements for waived testing state that a testing site must follow the current manufacturer's instructions provided with the test. This includes instructions for quality control (QC).

QC is designed to detect problems that might arise because of reagent or test kit deterioration, instrument malfunction, improper environmental conditions, or operator error. Performing QC testing procedures provides assurance that the test is performing as expected and alerts the user when problems occur. QC procedures should describe the type of controls to be used, how to perform QC testing, frequency of QC testing, and actions to be taken when QC results are unacceptable.

QC material should be treated the same as patient samples by being tested in the same way that patient samples would be tested. QC is usually performed with:

- 1 each new operator,
- 2 after an instrument is serviced,
- 3 when reagent lots are changed,
- 4 when test kit temperatures exceed the manufacturer's limits,
- 5 after calibration, and
- 6 when patient results seem questionable.

Refer to the manufacturer's instructions for specific QC requirements for each test that your facility performs. Each testing site should determine the appropriate QC frequency for each test system. Keep in mind that the frequency of QC testing cannot be less than what is specified in the manufacturer's instructions.

Contents:

There are many ways to log QC results. A blank QC log is included for your use, along with an example log that demonstrates how to correctly enter site specific information.

- Example Quality Control-Qualitative Test Log Completed.
- Blank Quality Control-Qualitative Test Log.
- Example Quality Control-Quantitative Test Log Completed.
- Blank Quality Control-Quantitative Test Log.

Note: Qualitative tests are interpreted as positive, negative; reactive, non-reactive; or invalid. Quantitative tests give a number result that corresponds to the amount of substance being measured, are reported in specific measurement units, and have an expected range.

³ From <https://www.cdc.gov/clia/docs/waived-tests/ready-set-test-booklet.pdf>. Accessed April 23, 2020.

Instructions for Performing External Control Testing and Recording Results:

- 1 Obtain the QC material. Check the expiration date and check that the material has been stored and handled according to the manufacturer's requirements and instructions.
- 2 Record the initials of the person performing the test, test date, test name, lot number, and expiration date of the test on the QC Log.
- 3 Record the lot number for the QC material on the QC Log.
- 4 Test the QC material following the manufacturer's instructions and record the results on the QC Log.
- 5 If the results are acceptable, QC passes, and patient results can be reported.
- 6 If controls do not give the expected results, patient results should not be reported until the problem is identified and corrected.
 - Check to see if the instructions in the manufacturer's instructions were followed correctly.
 - Look for possible sources of error such as outdated reagents or test devices.
 - Check to see if reagents were stored correctly.
 - Make sure controls or reagents were not cross-contaminated by accidentally switching caps on kit or control vials.
 - Follow the troubleshooting steps in the manufacturer's instructions or site specific procedure.
 - For additional assistance, contact the manufacturer, technical representative, and/or the person who directs or supervises the testing.
 - Once the problem is identified and corrected, repeat QC testing. If the QC results are acceptable, re-test patient samples and report the final acceptable results.



Instructions for Logging or Recording Results

Purpose:

Recording test results legibly, completely, and filing records in an organized, easy to find manner are recommended practices for all testing.

Contents:

There are many ways to record results. A blank Results log is included for your use, along with an example log that demonstrates how to enter site specific information.

1. Blank Results Log – Qualitative Test.

Instructions for Logging or Recording Results:

Results Log – Qualitative Test

1. Record the facility information and test name on the top of the form.
2. Enter the date of the test, sample number, patient name or identification, test results, lot number and expiration date of test.
3. The person performing the test should initial the results after verifying all of the information has been entered correctly.

Results Log with QC – Qualitative Test

1. Record the facility information and test name on the top of the form.
2. Record the QC material lot number, expiration date, positive and negative control results.
3. If the results are acceptable, QC passes and patient results can be reported.
4. If the results are not acceptable, QC fails. Troubleshoot (check expiration dates, storage condition etc.), re-test the QC and document the corrective action taken.

Facility:

Location:

Results Log – Qualitative Test

Test Name: _____

| | Date | Sample ID / Patient ID | Patient Name | Test Result | Test Lot number / Test Exp. Date | Initials |
|----|------|------------------------|--------------|-------------|----------------------------------|----------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
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| 14 | | | | | | |
| 15 | | | | | | |



Respiratory Precautions

Airborne/Contact/Eye Protection

CPAP or BiPAP IN USE

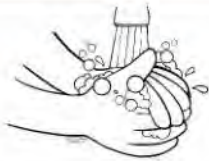
PRECAUCIONES de Sala de Cuarentena



TO PREVENT THE SPREAD OF INFECTION,

ANYONE ENTERING THIS ROOM SHOULD USE:

*Para prevenir el esparcimiento de infección,
cualquiera que entre a esta habitación debe utilizar:*



HAND HYGIENE

Hygiene De Las Manos



N-95 RESPIRATOR (Fit-Tested)

Respirador N-95



GOWN

Bata



Eye Protection

Protección para los ojos si contacto cercano



Gloves

Guantes



Door to this room remains closed at all times.

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

BOP GUIDANCE ON AEROSOL GENERATING PROCEDURES (AGPs)

5/11/2020

Since the emergence of the COVID-19 pandemic, much has been learned about the SARS-CoV-2 virus and its means of transmission. Its primary mode of spread appears to be through respiratory droplets that are expelled by an infected person from actions such as coughing or sneezing. These droplets are then inhaled by another person or spread from high touch surfaces onto another person when they touch the surface and then touch their eyes, nose or mouth. Another manner by which infective respiratory droplets are produced is with aerosol -generating -procedures (AGPs). Therefore, strong consideration must be taken to minimize the use of AGPs as much as possible to mitigate the risk of COVID-19 transmission. Some AGPs that may be utilized within a BOP institution include Continuous Positive Airway Pressure (CPAP), Bi-level Positive Airway Pressure (BiPAP), nebulizer treatments and pulmonary function testing (PFT). Institutions should retrieve a report from BEMR identifying inmates who have been issued a nebulizer or CPAP machine and follow the recommendations below.

Please note: dental procedures are not addressed in this document. Please refer to additional information on dental procedures located on the Sallyport COVID-19 page under the [Health Care Provider Guidance Section](#).

GENERAL PRINCIPLES

- Determine whether the AGP is medically necessary. The risk of the procedure given the current situation should be weighed against the risk of temporary discontinuation
- Consider any alternatives that may be available and feasible
- Educate and discuss with the patient the reasoning, including the risks and benefits, for the continued use or discontinuation of a particular AGP.
- If the procedure is deemed medically necessary, implement strategies to mitigate the risk of exposure to other inmates and staff

NEBULIZER TREATMENTS

- Nebulizers are typically used in the setting of an acute exacerbation of chronic obstructive or restrictive pulmonary disease i.e. COPD or asthma. They should not be utilized for chronic baseline disease management.
- To the maximum extent possible, the use of a metered dose inhaler (MDI) should be used instead of a nebulizer. Even in the acute setting, the use of a MDI with a spacer has been shown to be at least as effective as a nebulizer when used correctly. Be aware that it may be necessary to use more doses per event or more frequent dosing than the baseline prescription for the medication.
- If a nebulizer must be used:
 - Administer the treatment in an airborne infection isolation (AII) room when possible. If not available, use a single room with a solid door
 - Attach an in-line viral filter (e.g. Airlife 001851) at the end of the 6 inch flex tube that extends from the nebulizer kit
 - Minimize number of staff involved in administering the nebulizer and the amount of time spent in the room.

- When in the room, staff should use appropriate PPE to include: N95 mask, face shield or eye protection, gown and gloves
- Room and equipment must be disinfected when finished

CPAP/ BiPAP

- Most patients use a CPAP machine for sleep apnea. In most cases, it may be reasonable to consider that the risks of aerosolization of the SARS CoV-2 virus leading to transmission of the disease during a pandemic outweigh the risks of the short-term discontinuation of CPAP use.
- In cases where CPAP use is considered to be for mild to moderate sleep apnea with no significant co-morbidities, the CPAP machines should be retrieved from the patient until the risks of transmission at the institution in the setting of the COVID pandemic have abated.
- In patients with severe sleep apnea with co-morbidities such as morbid obesity, pulmonary hypertension, cardiomyopathy, etc., even the temporary discontinuation of BiPAP or CPAP may constitute a higher risk. When the decision is made to allow the patient to continue using CPAP/BiPAP, the following procedures should be considered for implementation in an effort to mitigate the spread of COVID-19:
 - If possible, these patients should be tested for COVID-19
 - Patients that test positive should be placed in isolation.
 - A contact investigation should be performed and any identified close contacts as well as inmates bunking nearby should be tested for COVID-19, have a symptom screen and temperature check, and placed in quarantine or isolation as indicated.
 - For patients that test negative, housing adjustments should be made as feasible. In order of preference:
 - They should be single celled with a solid door that closes. The door should be closed when BiPAP or CPAP is in use.
 - The door should be closed when BiPAP or CPAP is in use.
 - The [CPAP/BiPAP Sign](#) should be posted on the door to alert staff regarding necessary PPE if entering the room.
 - When in the room, staff should use appropriate PPE to include: N95 mask, face shield or eye protection, gown and gloves
 - Minimize number of staff and the amount of time spent in rooms where CPAP/BiPAP are in use.
 - Room and equipment must be disinfected prior to allowing a new patient to occupy a room previously used by a CPAP/BiPAP user.
 - If single cells are limited, prioritize use of these rooms to patients under quarantine.
 - Cohort CPAP wearers to one area of unit in a lower bunk
 - House them maximally distanced from others
 - CPAP/BiPAP must be set up and used with a full-face, non-vented CPAP mask with an in-line viral filter attached to the intake and exhalation ports. The viral filters should be changed daily. **See attached diagram for setup.**

- If the recommended setup is not readily obtainable, the humidifier chamber should be removed from the device when possible or the device be used without humidification.
- Minimize number of staff and the amount of time spent in rooms where CPAP/BiPAP are in use.
- When in the room, staff should use appropriate PPE to include: N95 mask, face shield or eye protection, gown and gloves
- As of the writing of this guidance, there are no special or increased cleaning recommendations for CPAP/ BiPAP equipment or machines. Patients should be reminded to perform their usual regularly scheduled daily and weekly cleaning regimens as recommended by the equipment manufacturers.
- Room and equipment must be disinfected prior to allowing a new patient to occupy a room previously used by a CPAP/BiPAP user.

PULMONARY FUNCTION TESTING/ PEAK FLOWS

- The performance of PFTs and peak flow testing are generally not considered necessary in the acute setting and should be deferred until concerns of the pandemic have abated

SUPPLEMENTAL OXYGEN

- Within BOP institutions, the use of supplemental oxygen is typically low flow via the use of nasal cannula. This is not considered to be an AGP and should not require specific precautions.
- Use of high flow oxygen, humidified trach masks or non-rebreathers **do** involve AGPs and their use should be performed with the same precautions and measures as with the use of CPAP/ BiPAP above

REFERENCES

Adapted from California Correctional Health Care Services Memorandum: Aerosol-Generating Procedures (AGPs); April 8, 2020

Tran, K., Cimon, K., Severn, M., Pessoa-Silva, C. L., & Conly, J. (2012, April 26). *PLoS One* 2012; 7(4): e35797. Retrieved April 2020, from NCBI: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3338532/>
<https://www.embeds.co.uk/wp-content/uploads/2020/03/advice-on-acute-niv-technical-aspects-final-16-march-2020.pdf>

Guidance regarding coronavirus (COVID-19) and Obstructive Sleep Apnea (OSA): for people who routinely use continuous positive airway pressure (CPAP), their families and health care workers, 20 March 2020; British Thoracic Society; <https://brit-thoracic.org.uk/about-us/covid-19-information-for-the-respiratory-community/>

Switch to a non-vented full face mask
(Resmed Non vented full face mask – Small #61739, Med #61740, Lge #61741)
covers mouth and nose and has no holes in the mask or elbow attachment on
the mask.



From the elbow on the mask, attach a swivel connector (Respironics - #7041).



From there, attach a viral filter (Airlife - #001851).



From the viral filter, attach an exhalation port (Respironics - #312149).



The remainder of the CPAP set-up is unchanged!

Should you treat for bacterial superinfections in patients with suspected or confirmed COVID-19?

1. Are bacterial superinfections a common finding in patients COVID-19?

There is no reliable evidence regarding the incidence or prevalence of bacterial superinfections in patients with COVID-19, however they do not appear to be a common finding. Data is limited.

2. Should you empirically treat for bacterial pneumonia (CAP) in patients with suspected or confirmed COVID-19?

In patients with suspected or confirmed COVID-19, empiric therapy for bacterial pneumonia is not routinely recommended in mild disease. Empiric treatment may be reasonable in moderate to severe disease with clinical suspicion for bacterial superinfection (i.e. in patients presenting with worsening dyspnea, new productive cough, pleuritic chest discomfort, or secondary fever with new consolidations on chest imaging).

Below are recommendations from the [NIH COVID-19 Treatment Guidelines](#) for empiric management of bacterial superinfections in patients with suspected or confirmed COVID-19 based on disease severity.

Asymptomatic/Presymptomatic disease: Positive COVID-19 test, but lacking symptoms; or positive COVID-19 test and not yet exhibiting any symptoms.

- Patients should be isolated.
- No additional lab testing or treatment is indicated.

Mild disease: Positive/suspected COVID-19 test, symptomatic with fever, cough, sore throat, malaise, headache, and/or muscle pain WITHOUT shortness of breath, dyspnea, or abnormal imaging studies. These patients are typically managed in an outpatient setting.

- Empiric antibiotics are not routinely recommended in mild disease.
- No additional laboratory testing is necessary in otherwise healthy patients with mild disease.

Moderate disease: Positive/suspected COVID-19 test with evidence of lower respiratory disease involvement on imaging/physical exam. Maintain an O₂ saturation of >93% on room air. Moderate disease may progress rapidly to severe/critical illness.

- If secondary bacterial pneumonia or sepsis is suspected, empiric antibiotic treatment may be initiated based on Community Acquired Pneumonia Guidelines. These patients will likely be admitted for close observation.
- It is strongly recommended that imaging studies be performed and a sputum culture obtained at the initiation of antibiotic therapy. Evaluate daily to determine if bacterial

pneumonia may be excluded and de-escalate or stop antibiotics as clinical picture evolves.

Severe disease: Positive COVID-19 test with O₂ saturation \leq 93% on room air, a respiratory rate $>$ 30, or lung infiltrates $>$ 50%. These patients may rapidly deteriorate. Patients with severe disease will/should be hospitalized. Recommendations for empiric management for suspected secondary bacterial pneumonia or sepsis is similar to those with moderate disease. Depending on a patient's specific clinical course, a decision to treat for ventilator associated (VAP) or hospital acquired pneumonia (HAP) may be more appropriate.

Link to current recommendations: <https://covid19treatmentguidelines.nih.gov/critical-care/>

The final recommendation by the NIH:

- In patients with COVID-19 and severe or critical illness, there are insufficient data to recommend empiric broad-spectrum antimicrobial therapy in the absence of another indication.
- If antimicrobials are initiated, the Panel recommends that their use should be reassessed daily in order to minimize the adverse consequences of unnecessary antimicrobial therapy.

3. How long should you treat for suspected CAP in patients with COVID-19 if you initiate empiric antibiotic therapy?

If empiric antibiotic therapy is initiated, continued use should be re-assessed on a daily basis. In hospitalized patients with moderate to severe CAP, a confirmatory diagnosis should be pursued. This would include microbiologic testing such as (blood cultures, sputum gram stain/cultures, and urinary antigen testing).

Antibiotic therapy should be continued until the patient achieves clinical stability for no less than 5 days. Most studies support the use of 5 to 7 days of therapy, however the duration may vary by patient.

4. What does viral pneumonia caused by COVID-19 look like on radiographic imaging? When should an alternative diagnosis be considered?

Viral pneumonia is a common clinical syndrome of COVID-19 and often appears as ground glass opacities or patchy alveolar opacities. Imaging often indicates involvement bilaterally, peripherally, and in the lower lung. Other infectious or noninfectious processes should be considered in the absence of typical signs and symptoms of COVID-19. Also, consider non-COVID-19 etiologies if imaging shows the presence of isolated lobar/segmental consolidation without ground glass opacities, discrete small nodules, lung cavitation, or smooth interlobular septal thickening with pleural effusion on imaging. Note that radiographic appearance alone should not be used to definitively differentiate viral pneumonia caused by COVID-19 with alternative diagnoses.

References

<https://covid19treatmentguidelines.nih.gov/critical-care/pharmacologic-interventions/>

Guan W, et al. N Engl J Med. 2020 Feb 28. doi: 10.1056/NEJMoa2002032. [Epub ahead of print].

McIntosh, K. (2020). Coronavirus disease 2019 (COVID-19): Epidemiology, virology, clinical features, diagnosis, and prevention. In. A. Bloom (Ed.). *UpToDate*. Retrieved on May 4, 2020 from https://www.uptodate.com/contents/coronavirus-disease-2019-covid-19-epidemiology-virology-clinical-features-diagnosis-and-prevention?search=covid%2019&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1#H3937614273

COVID-19 SCREENING AND TESTING PROCEDURES FOR NEW BOP ADMISSIONS TO DETENTION CENTERS, JAILS, AND QUARANTINE/TESTING SITES

New BOP admissions from USMS / JPATS will be directed primarily to BOP detention centers, jails, and quarantine/testing sites.

- Detention and jail facilities include ATL, BRO, CCC, DAN, ENG, FTW, GUA, HON, HOU, LOR, LOS, MCK, MEM, MEN, MIL, MIM, NYM, OKL, PHL, RBK, SDC, SEA, SET, SHE, TAL, TCN.
- Quarantine/testing sites include OKL, YAZ, VIX.
- Voluntary surrenders and all other new admissions to these locations also need to follow these procedures.

All new admissions to BOP detention centers, jails, and quarantine/testing sites will be tested at intake for COVID-19 using nasopharyngeal swabs for Polymerase Chain Reaction (PCR) in addition to being screened for COVID-19 symptoms and a temperature check.

- There are two primary ways to obtain COVID-19 PCR testing - 1) in-house testing with an Abbott ID Now instrument and COVID-19 test kits, or 2) as a commercial lab test using the national commercial lab contract.
- The Abbott system provides rapid results but is limited by the time required to run individual tests (10-15-minutes per test), the availability of staff to perform the testing, and false negative results in some symptomatic patients.
 - At least one Abbott instrument will be allocated and distributed to each detention center, jail, and quarantine/testing site. Test kits will be distributed weekly to each location by the BOP Central Fill And Distribution pharmacy (CFAD).
 - The Abbott system may be better suited for testing smaller numbers of inmates. The BOP recommends using the Abbott machine for testing symptomatic inmates, with COVID-19 negative cases being retested and the test sent out to a commercial lab.
 - At this time, the BOP does not recommend use of the Abbott system as a test-based strategy for release from isolation or quarantine. Rather, it is recommended the commercial lab test be used for this purpose (see additional guidance below).
- A commercial lab is recommended for higher volume testing of asymptomatic detainees and inmates.
 - Each institution will need to obtain testing supplies (nasopharyngeal swabs and viral transport media) in advance, ordering sufficient quantities to arrive in time for inmates arriving the next week.
 - Established procedures should be followed for ordering and shipping specimens.
- The preferred location for performing COVID-19 screening (symptoms, temperature checks, and collection of respiratory specimens) is outdoors. If testing indoors is necessary, it should be done in a well-ventilated room with solid walls and doors.
 - If a room is repeatedly used for consecutive testing of inmates, a method of purifying the air is recommended, such as an airborne infection isolation room (AIIR), or a room

with a portable HEPA filter. Taking into consideration room size and filter specifications, sufficient time must be allowed between specimen collections to allow the air to be filtered at least once.

- Rooms used for testing must be cleaned / disinfected after each inmate is tested.

Management of New Inmates Based on Test Results

- All BOP and CDC guidance for isolation, quarantine, testing, and PPE are to be followed.
 - All other BOP and CDC recommendations for hand/health hygiene, cleaning/disinfection, communication/education/training, limitations on internal institution movement of staff and inmates, are also to be followed.
 - BOP guidance for COVID-19 may be found on Sallyport at https://sallyport.bop.gov/co/hsd/infectious_disease/covid19/covid19_guidance.jsp
- Each site needs to identify individual cells (preferred) or units for potentially significant numbers in quarantine and isolation.
 - Collaboration with the Regional Infection Prevention Consultant is recommended for identification and management of isolation and quarantine locations.
- All new admissions to the BOP will be placed either in isolation or in quarantine, based on their COVID-19 test results.
 - Refer to BOP and CDC guidance for more specific instructions on management of isolation and quarantine.
 - https://sallyport.bop.gov/co/hsd/infectious_disease/covid19/covid19_guidance.jsp
 - <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>
 - Inmates who test positive or have symptoms consistent with COVID-19 will be placed in isolation.
 - Inmates who are asymptomatic on arrival, and either test negative or have pending test results, will be placed in quarantine. Those who test positive will be relocated to an isolation cell or cohort.
- COVID-19 positive inmates (asymptomatic or symptomatic) will remain in isolation until they meet the current CDC release-from-isolation criteria.
- Asymptomatic COVID-19 negative inmates will be placed in quarantine for 14 days and have twice daily symptom screening and temperature checks.
 - If they develop COVID-19 symptoms during the 14 days, they will be retested for COVID-19 and placed in isolation. Their cell mate or cohort would need to be retested and restart the 14-day quarantine if they test negative and are asymptomatic.
 - If new inmates are added to a cohort during the 14-day quarantine, the quarantine period must be restarted for the entire cohort.
 - At the end of the 14-day quarantine, an inmate will be retested for COVID-19 using a nasal swab sent to a commercial lab. Results from this test may take several days, during which time the inmate(s) should remain in quarantine. If the test is negative,

they are allowed to transfer from the quarantine/testing site to their designated institution or to be housed at the current facility based on their custody/security requirements. Note: retesting strategies of asymptomatic COVID-19 negative cases in quarantine are not clearly defined and are likely to change over time. The FDA does not recommend utilizing a negative test from an Abbott ID Now to release from quarantine because of the potential for false negatives.

Inmate transfers after completion of isolation or quarantine will be by the most direct route to the designated institution.

- Inmate movement creates the potential for new exposures to COVID-19. Limiting the number of stops and the number of staff interacting with the inmates will reduce the risk of transmission.
- Transferring inmates to their designated facility by the most direct route possible limits potential exposures.
 - Use of the bus hubs should be avoided, if at all possible, because of the significant risk of COVID-19 transmission. If this is not possible, inmates will need to be re-quarantined for another 14 days upon arrival at their designated institution. Consultation with the Regional Infection Prevention Consultant is recommended for additional guidance during movement.
- Inmates who are being transferred must have completed isolation or quarantine requirements. Surgical masks are to be worn by both staff and inmates during transfer. Gloves are also to be worn by staff.

Initial implementation of movement is recommended with smaller groups of inmates followed by incremental increases after successfully managing the initial movements.

- Initially, USMS/JPATS movements would ideally be once every two weeks, and subsequently be increased to once weekly.
- More frequent movements could be accomplished as an institution develops effective protocols to manage larger numbers of inmates with a variety of release schedules from quarantine and isolation.
- The number of inmates and the frequency of new intakes at a given location are likely to vary based not only on bed space, but also the available staff resources.

NATIONAL PROTOCOL: COVID 19

| ORIGINAL PROTOCOL Language | ROS/EXAM OBSERVATIONS- (Data fields in BEMR- Changes from Original Protocol language) | ADDITIONAL COMMENTS |
|---|--|--|
| | ROS/INFECTIOUS DISEASE>COVID 19 | |
| S1 . Known or possible exposure history, onset and duration of symptoms | Known or possible exposure history Known onset of symptoms Known duration of symptoms | + Describe + Describe + Describe |
| S2. Age 65+ and any comorbidities including asthma, chronic lung, cardiac, liver or kidney disease, diabetes, obesity or immunocompromised | Age 65 or older History of asthma or chronic lung disease History of cardiac, liver or kidney disease History of diabetes, obesity or immunocompromised | + Describe + Describe + Describe |
| S3. What unit patient came from and whether other inmates known to have similar symptoms | Similar symptoms in current housing unit | + Unit/Describe |
| S4. Cough or shortness of breath | Cough or shortness of breath | + Describe |
| S5. Nasal congestion, runny nose, sore throat | Nasal Congestion, runny nose, sore throat | + Describe |
| S6. Fatigue, aches and pains | Fatigue, aches and pains | |
| S7. Headache, persistent pain in chest | Headache, persistent pain in chest | + Describe |
| S 8. Loss of taste and/or sense of smell | Loss of taste and/or sense of smell | |
| S9. Diarrhea or vomiting | Diarrhea Vomiting | |
| S10. Had contact with anyone having COVID or flu like symptoms | Contact with anyone having COVID Contact with anyone having flu like symptoms | + Describe + Describe |
| S11. Meds, allergies and health problems reviewed a. Any new medications started recently b. Self-treatment including any antipyretics in last 72 hours | Meds, allergies and health problems reviewed New medications started recently Self-treatment incl. antipyretics in last 72 hrs | + Describe + Describe |
| | EXAM>INFECTIOUS DISEASE> COVID 19> | |
| O1. Vital Signs including oxygen saturation | Vital Signs w/O2 sat recorded in flowsheet | |
| O 2. Assess lung sounds and respiratory effort | Lung sounds clear bilaterally Adequate respiratory effort | - Describe - Describe |
| O 3. Using accessory muscles | Using accessory muscles | |
| O 4. Assess level of consciousness | Alert and oriented | - Describe |

| ORIGINAL PROTOCOL Language | ORDER SET | ADDITIONAL COMMENTS |
|---|--|------------------------|
| <p>PRESENTING PROBLEM Patient complaining of flu like symptoms that may be coronavirus related: cough, fever, shortness of breath, fatigue, headache, loss of taste or sense of smell. Some may experience aches and pains, nasal congestion, runny nose, sore throat, persistent pain in the chest, and vomiting or diarrhea. https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html</p> | <p>Note: PRESENTING PROBLEM <i>Patient complaining of flu like symptoms that may be coronavirus related: cough, fever, shortness of breath, fatigue, headache, loss of taste or sense of smell. Some may experience aches and pains, nasal congestion, runny nose, sore throat, persistent pain in the chest, and vomiting or diarrhea. https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html</i></p> | <p>+ O2 sat/liters</p> |
| <p><u>PRECAUTIONS</u></p> <ol style="list-style-type: none"> 1. Patient should wear surgical mask during assessment. <ol style="list-style-type: none"> a. If not already wearing one issue a surgical mask. 2. Responding or Evaluating staff: <ol style="list-style-type: none"> a. Proper Personal Protective Equipment <ol style="list-style-type: none"> i. Goggles/face shield ii. N95 Mask iii. Gown iv. Gloves 3. Exam are: <ol style="list-style-type: none"> a. Ideally, patient should be evaluated on the unit b. If transport is necessary, patient should have surgical mask on c. <u>Terminal clean room on completion of assessment</u> | <p>Important: PRECAUTIONS</p> <ol style="list-style-type: none"> 1. Inmate should wear mask during assessment. <ol style="list-style-type: none"> a. If not already wearing one issue a surgical mask. 2. Responding or Evaluating staff: <ol style="list-style-type: none"> a. Proper Personal Protective Equipment <ol style="list-style-type: none"> i. Goggles/face shield ii. N95 Mask iii. Gown iv. Gloves 3. Exam area: <ol style="list-style-type: none"> a. Ideally, patient should be evaluated on the unit b. If transport is necessary, patient should have surgical mask on c. Terminal clean room on completion of assessment | |
| <p>PLAN</p> <ol style="list-style-type: none"> 1. Whenever possible, allow the patient to assume position of comfort. 2. Ensure adequate respiratory effort and apply oxygen by appropriate means. 3. If acute beta agonist (albuterol) is indicated, avoid use of nebulizer; use of HFA with a spacer is at least as effective when used properly. | <p>EXAM – Supplemental Oxygen required Plan of Care Note: 1. Whenever possible, allow the patient to assume position of comfort. 2. Ensure adequate respiratory effort and apply oxygen by appropriate means. 3. If acute beta agonist (albuterol) is indicated, avoid use of nebulizer; use of HFA with a spacer is at least as effective when used properly.</p> | <p>O2 sat/liters</p> |

| | | |
|--|--|--|
| <p>4. Immediate Isolation placement in designated area at institution if symptomatic or if asymptomatic with a positive COVID 19 test</p> <p>5. Determine whether patient's condition can be effectively and appropriately managed at the institution; if not, proceed directly to Step 6 below.</p> | <p><i>4. Immediate Isolation placement in designated area at institution if symptomatic or if asymptomatic with a positive COVID 19 test.</i></p> <p><i>5. Determine whether patient's condition can be effectively and appropriately managed at the institution; if not, proceed directly to Step 6 below.</i></p> | |
| <p>6. If suspected COVID-19:</p> <p>a. Administer Acetaminophen (Tylenol) 650mg and order TID PRN for 30 days PO, if not contraindicated</p> <p>b. Isolation precautions, including: daily assessment, temperature and symptom check per CDC guidelines.</p> <p>c. STAT Order 2 view Chest x-ray (If available)</p> <p>d. Perform on site (if available) COVID 19 rapid POC Nasopharyngeal swab test or send out Nasopharyngeal swab COVID 19 test.</p> <p>e. Consider Influenza testing, particularly if other non-COVID influenza –like illnesses present at institution</p> <p>f. When collecting diagnostic respiratory specimens (e.g., nasopharyngeal swab) from a patient with possible COVID-19, the following should occur:</p> <p>i. Specimen collection should be performed in a normal examination room with the door closed. If performing mass testing and outside testing is available, this would be preferable.</p> <p>ii. HCP in the room should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown.</p> <p>iii. If respirators are not readily available, they should be prioritized for other procedures at higher risk for producing infectious aerosols (e.g., intubation), instead of for collecting nasopharyngeal swabs.</p> | <p><i>6. If suspected COVID-19:</i></p> <p><i>a. Administer Acetaminophen (Tylenol) 650mg and order TID PRN for 30 days PO, if not contraindicated.</i></p> <p><i>b. Isolation precautions, including: daily assessment, temperature and symptom check per CDC guidelines.</i></p> <p><i>c. STAT Order 2 view Chest x-ray (If available)</i></p> <p><i>d. Perform on site (if available) COVID 19 rapid POC Nasopharyngeal swab test or send out Nasopharyngeal swab COVID 19 test.</i></p> <p><i>e. Consider Influenza testing, particularly if other non-COVID influenza like illnesses present at institution.</i></p> <p><i>f. When collecting diagnostic respiratory specimens (e.g., nasopharyngeal swab) from a patient with possible COVID-19, the following should occur:</i></p> <p><i>i. Specimen collection should be performed in a normal examination room with the door closed. If performing mass testing and outside testing is available, this would be preferable.</i></p> <p><i>ii. HCP in the room should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown.</i></p> <p><i>iii. If respirators are not readily available, they should be prioritized for other procedures at higher risk for producing infectious aerosols (e.g., intubation), instead of for collecting nasopharyngeal swabs.</i></p> <p>Medication:</p> <p>Acetaminophen 325 MG Tablet 650mg Orally One Time Dose Given x 0 day(s)</p> <p>Acetaminophen 325 MG Tablet 650mg Orally - three times a day PRN x 30 day(s)</p> | |

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| | <p>Labs: COVID-19 Novel Coronavirus One Time Stat 1 CBC w/diff; Comprehensive Metabolic Profile (CMP) One Time Stat 1 Procalcitonin One Time Routine 3</p> <p>NMOS: COVID-19 RNA One Time Nasopharyngeal swab test IF AVAILABLE ON SITE ONLY Isolation Precautions One Time Temperature Daily 14 and symptom check per CDC guidelines Temperature BID 14 and symptom check per CDC guidelines</p> <p>XRays: General Radiology-Chest-2 Views One Time Today 1 COVID screening</p> | |
| <p>g. If Negative COVID 19 rapid POC test.</p> <ul style="list-style-type: none"> i. Send out to local referral lab for secondary confirmation by COVID 19 send out test. ii. If Negative COVID 19 rapid POC test, but symptomatic, maintain isolation precautions until COVID 19 send out test confirms. <p>h. Order Lab tests:</p> <ul style="list-style-type: none"> i. CBC w/Diff, CMP (STAT) ii. Pro-Calcitonin level <p>7. If severe distress is evident or respiratory arrest appears imminent:</p> <ul style="list-style-type: none"> a. Immediately notify Lieutenant or Control to activate 911 for transfer to local ED. <ul style="list-style-type: none"> i. Caller should notify dispatcher that this is a suspected COVID patient. b. Ensure rescue airway equipment is readily available. c. If patient becomes emergent move on to appropriate protocol using the following additional precautions: <ul style="list-style-type: none"> i. Clinicians should exercise caution if an aerosol-generating procedure (e.g., bag valve mask (BVM) ventilation, oropharyngeal suctioning, endotracheal intubation, nebulizer treatment, continuous positive airway pressure (CPAP), bi-phasic positive airway pressure | <p>Important: g. If Negative COVID 19 rapid POC test.</p> <ul style="list-style-type: none"> i. Send out to local referral lab for secondary confirmation by COVID 19 send out test. ii. If Negative COVID 19 rapid POC test, but symptomatic, maintain isolation precautions until COVID 19 send out test confirms. <p>h. Order Lab tests:</p> <ul style="list-style-type: none"> i. CBC w/Diff, CMP (STAT) ii. Pro-Calcitonin level <p>7. If severe distress is evident or respiratory arrest appears imminent:</p> <ul style="list-style-type: none"> a. Immediately notify Lieutenant or Control to activate 911 for transfer to local ED. <ul style="list-style-type: none"> i. Caller should notify dispatcher that this is a suspected COVID patient. b. Ensure rescue airway equipment is readily available. c. If patient becomes emergent move on to appropriate protocol using the following additional precautions: | |

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| <p>(biPAP), or resuscitation involving emergency intubation or cardiopulmonary resuscitation (CPR)) is necessary.</p> <p>ii. BVMs, and other ventilatory equipment, should be equipped with HEPA filtration to filter expired air.</p> | <p>i. Clinicians should exercise caution if an aerosol-generating procedure (e.g., bag valve mask (BVM) ventilation, oropharyngeal suctioning, endotracheal intubation, nebulizer treatment, continuous positive airway pressure (CPAP), bi-phasic positive airway pressure (biPAP), or resuscitation involving emergency intubation or cardiopulmonary resuscitation (CPR)) is necessary.</p> <p>ii. BVMs, and other ventilatory equipment, should be equipped with HEPA filtration to filter expired air.</p> <p>Consultations: Emergency Room Emergent 1 respiratory distress, r/o COVID 19</p> | |
| <p>PATIENT EDUCATION</p> <ol style="list-style-type: none"> 1. Instruct on activities that may exacerbate symptoms 2. Instruct on the mandatory use of a face mask at all times. 3. Social distance from others 6 feet when available. 4. Alternate head to toe sleeping patterns for upper/lower bunkmates. 5. Instruct to cover cough and sneezes (with a cloth or into elbow crease). 6. Instruct to wash hands frequently. 7. Avoid touching your face with unwashed hands. 8. Avoid sharing personal hygiene items with other inmates. 9. Do not share bedding, cups, plates, utensils with other inmates. 10. Limit movement to bunk area as much as possible. 11. Alert medical staff of worsening of symptoms. | <p>Orders</p> <p>Important: PATIENT EDUCATION</p> <ol style="list-style-type: none"> 1. Instruct on activities that may exacerbate symptoms. 2. Instruct on the mandatory use of a face mask at all times. 3. Social distance from others 6 feet when available. 4. Alternate head to toe sleeping patterns for upper/lower bunkmates. 5. Instruct to cover cough and sneezes (with a cloth or into elbow crease). 6. Instruct to wash hands frequently. 7. Avoid touching your face with unwashed hands. 8. Avoid sharing personal hygiene items with other inmates. 9. Do not share bedding, cups, plates, utensils with other inmates. 10. Limit movement to bunk area as much as possible. 11. Alert medical staff of worsening of symptoms. <p>Patient Education Topics: Counseling Access to Care Counseling Diagnosis Counseling Compliance - Treatment Counseling Equip/Device Instructions</p> | |

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| | Counseling Hand & Respiratory Hygiene Counseling Plan of Care | |
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CORONAVIRUS (COVID 19)

PRESENTING PROBLEM

Patient complaining of flu like symptoms that may be coronavirus related: cough, fever, shortness of breath, fatigue, headache, loss of taste or sense of smell. Some may experience aches and pains, nasal congestion, runny nose, sore throat, persistent pain in the chest, and vomiting or diarrhea.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>

PRECAUTIONS

1. Patient should wear surgical mask during assessment.
 - a. If not already wearing one issue a surgical mask.
2. Responding or Evaluating staff:
 - a. Proper Personal Protective Equipment
 - i. Goggles/face shield
 - ii. N95 Mask
 - iii. Gown
 - iv. Gloves
3. Exam area:
 - a. Ideally, patient should be evaluated on the unit
 - b. If transport is necessary, patient should have surgical mask on
 - c. **Terminal clean room on completion of assessment**

SUBJECTIVE

1. Known or possible exposure history, onset and duration of symptoms
2. Age 65+ and any comorbidities including asthma, chronic lung, cardiac, liver or kidney disease, diabetes, obesity or immunocompromised
3. What unit patient came from and whether other inmates known to have similar symptoms
4. Nasal congestion, runny nose, sore throat
5. Cough or shortness of breath
6. Fatigue, aches and pains
7. Headache, persistent pain in chest
8. Loss of taste and/or sense of smell
9. Vomiting or Diarrhea
10. Had contact with anyone having COVID or flu like symptoms
11. Meds, allergies and health problems reviewed
 - a. Any new medications started recently
 - b. Self-treatment including any antipyretics taken in last 72 hours

OBJECTIVE

1. Assess level of consciousness
2. Assess lung sounds and respiratory effort. (including respiratory rate)
3. Vital Signs including oxygen saturation(before and after O2)
4. Using accessory muscles

ASSESSMENT

1. Ineffective airway clearance related to increased pulmonary secretions
2. Impaired gas exchange related to bronchospasm (Wheezing)
3. Impaired spontaneous ventilation (Respiratory Depression or Respiratory Arrest)
4. Pneumonia based on Radiologist interpretation
5. Positive rapid POC **COVID 19** test or pending test result for a send out **COVID 19** test.

PLAN

1. Whenever possible, allow the patient to assume position of comfort.
2. Ensure adequate respiratory effort and apply oxygen by appropriate means.
3. If acute beta agonist (albuterol) is indicated, avoid use of nebulizer; use of HFA with a spacer is at least as effective when used properly.
4. Immediate Isolation placement in designated area at institution if symptomatic or if asymptomatic with a positive COVID 19 test
5. Determine whether patient's condition can be effectively and appropriately managed at the institution; if not, proceed directly to Step 6 below.
6. If suspected **COVID-19**:
 - a. Administer **Acetaminophen (Tylenol) 650mg and order** TID PRN for **30** days PO, if not contraindicated
 - b. Isolation precautions, including: daily assessment, temperature and symptom check per CDC guidelines.
 - c. **STAT** Order 2 view Chest x-ray (If available)
 - d. Perform on site (if available) **COVID 19 rapid POC** Nasopharyngeal swab test or send out Nasopharyngeal swab **COVID 19** test.
 - e. Consider Influenza testing, particularly if other non-COVID influenza –like illnesses present at institution
 - f. When collecting diagnostic respiratory specimens (e.g., nasopharyngeal swab) from a patient with possible COVID-19, the following should occur:
 - i. Specimen collection should be performed in a normal examination room with the door closed. If performing mass testing and outside testing is available, this would be preferable.
 - ii. HCP in the room should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown.

- iii. If respirators are not readily available, they should be prioritized for other procedures at higher risk for producing infectious aerosols (e.g., intubation), instead of for collecting nasopharyngeal swabs.
 - g. If Negative **COVID 19 rapid POC** test.
 - i. Send out to local referral lab for secondary confirmation by **COVID 19** send out test.
 - ii. If Negative COVID 19 rapid POC test, but symptomatic, maintain isolation precautions until COVID 19 send out test confirms.
 - h. Order Lab tests:
 - i. CBC w/Diff, CMP (STAT)
 - ii. Pro-Calcitonin level
- 7. If severe distress is evident or respiratory arrest appears imminent:
 - a. Immediately notify Lieutenant or Control to activate 911 for transfer to local ED.
 - i. **Caller should notify dispatcher that this is a suspected COVID patient.**
 - b. Ensure rescue airway equipment is readily available.
 - c. If patient becomes emergent move on to appropriate protocol using the following additional precautions:
 - i. Clinicians should exercise caution if an aerosol-generating procedure (e.g., bag valve mask (BVM) ventilation, oropharyngeal suctioning, endotracheal intubation, nebulizer treatment, continuous positive airway pressure (CPAP), bi-phasic positive airway pressure (biPAP), or resuscitation involving emergency intubation or cardiopulmonary resuscitation (CPR)) is necessary.
 - ii. BVMs, and other ventilatory equipment, should be equipped with HEPA filtration to filter expired air.

PATIENT EDUCATION

1. Instruct on activities that may exacerbate symptoms.
2. Instruct on the mandatory use of a face mask at all times.
3. Social distance from others 6 feet when available.
4. Alternate head to toe sleeping patterns for upper/lower bunkmates.
5. Instruct to cover cough and sneezes (with a cloth or into elbow crease).
6. Instruct to wash hands frequently.
7. Avoid touching your face with unwashed hands.
8. Avoid sharing personal hygiene items with other inmates.
9. Do not share bedding, cups, plates, utensils with other inmates.
10. Limit movement to bunk area as much as possible.
11. Alert medical staff of worsening of symptoms.

COVID-19 TESTING: INDICATIONS FOR TESTING OF INMATES IN THE FEDERAL BUREAU OF PRISONS 5/19/2020

The primary diagnostic test for the Sars-CoV-2 virus which causes COVID-19 is a molecular test performed on respiratory secretions using nucleic acid amplification technology (NAAT), usually a reverse transcriptase-polymerase chain reaction (RT-PCR, or PCR). In the outpatient setting, the sample of is usually obtained from the upper respiratory tract by a nasopharyngeal swab. Other methods of obtaining upper respiratory specimens may be less accurate in detecting Sars-CoV-2. A lower respiratory tract specimen may also be obtained from expectorated sputum in a patient with a productive cough. Sputum induction is not recommended in this setting due to increased risk for exposure to respiratory droplets or aerosols. The role of salivary samples in testing for COVID-19 has not been established. Testing for COVID-19 antibodies in the blood is also available but is not currently recommended for diagnosing COVID-19. In addition, its role in determining immunity is not yet defined. In general, the BOP does not recommend the use of this test unless it is required by civilian health care entities for a patient to be evaluated.

COVID-19 PCR tests are performed by local / state health authorities, or commercial laboratories using an FDA-approved test. Rapid, point-of-care (POC) tests that are FDA-approved are also available. All of the currently available POC tests must be performed by a lab certified for moderate/high complexity tests with the exception of the Abbott ID Now system which is temporarily CLIA-waived for COVID-19 testing.

- Institutions are strongly encouraged to identify a variety of sources for swabs/transport media and materials for the Abbott ID now system.
 - Communication and collaboration with local/state health authorities regarding institution testing strategies is recommended.
 - Utilization of the BOP national contract for COVID-19 testing is preferred at institutions.
 - If institutions require additional testing supplies and they are unable to obtain supplies from the sources above, they should consult with their local contract laboratory representative, Regional Infection, Prevention and Control Consultant and the Regional Medical Director and then send the request to BOP-HSD/AIMS@bop.gov.
- Allocation and distribution of Abbott instruments and test kits will be determined by Central Office Health Services Division based on institutional needs and agency priorities.
 - The major advantage to using the Abbott system is obtaining rapid test results. Potential limitations include false negative test results and the time required to run individual tests (10 to 15 minutes per test).
 - Testing symptomatic inmates is the primary reason for use of the Abbott test in the BOP. A negative test result requires a nasopharyngeal specimen to be recollected and sent to a commercial lab.
 - ➔ A negative Sars-CoV-2 test result from an Abbott ID Now test should not be used as the sole basis for patient management decisions due to concerns about higher rates of false negative results.

INDICATIONS AND PRIORITIES FOR TESTING

Initially, the primary indication for testing was the presence of symptoms consistent with COVID-19. With the increased availability of testing supplies and increased understanding of the epidemiology of transmission, the indications and priorities for testing have expanded to include asymptomatic populations with compelling reasons to be tested.

Specific indications for testing in the BOP are listed below. The BOP suggests the following priorities if there are limitations in the number of tests that can be performed at a given location.

High priority for testing

- Symptomatic inmates
- Asymptomatic inmates who have had close or direct contact with a confirmed or suspected case of COVID-19 (staff or inmate)
 - Close contact means spending at least 10 to 15 minutes with someone within six feet, or about two-arms-length away.
 - Direct contact refers to exposure to respiratory secretions from a cough or sneeze.
- ➔ A contact investigation should be performed promptly when the first case of COVID-19 is identified in either a staff or an inmate at an institution. Inmates identified as close contacts should be tested for COVID-19 in addition to screening for symptoms and temperature checks. Staff identified as close contacts should be promptly notified and encouraged to seek guidance from a civilian health care professional and their local public health agency.
- Asymptomatic inmates who are new BOP admissions/intakes
 - ➔ Testing of new BOP admissions/ intakes does not negate the need for a full 14-day quarantine
- Asymptomatic inmates just prior to planned release from quarantine
- Asymptomatic inmates in open housing or medical units with possible widespread transmission of COVID-19
 - ➔ Testing such large numbers of inmates usually requires a greater number of test supplies, may identify large numbers of COVID-19 positive cases, and may require multiple areas for quarantine and isolation. Prior to performing this type of testing, it should be discussed with institution executive staff and with Regional and Central Office EOCs and health services staff.

Intermediate priority

- Asymptomatic inmates required to be tested in order to be seen at a civilian health care system.
- Asymptomatic inmates transferring to / arriving at a BOP Medical Referral Center
- Asymptomatic inmates returning from hospitalizations, writ returns, etc...
- Retesting of asymptomatic inmates seven days after initially testing negative in the context of a contact investigation, mass surveillance testing, or routine intake quarantine
- Asymptomatic inmates departing a BOP facility for home confinement, regional reentry center, or full term / good conduct time release, especially if there are any cases of COVID at the institution.

- Asymptomatic inmates departing a BOP facility as a transfer to another BOP facility or other correctional jurisdiction.
- As a test-based strategy for release from isolation (asymptomatic or symptomatic)
 - The BOP's preferred strategies for release from isolation include symptom-based and time-based strategies.
 - Alternative to either symptom-based or time-based strategies is a testing strategy. Institutions should not implement testing-based strategies without first consulting their Regional Infection, Prevention and Control Consultant; Regional Medical Director; or other Central Office Health Services Staff.
 - Current data suggest that viable virus is unlikely to persist for more than 10 days after symptom onset. Prolonged persistence of detectable virus is of uncertain significance.
 - Traditional PCR lab testing rather than rapid Abbott ID Now PCR testing of respiratory specimens is preferred for this purpose due to the uncertain meaning of a negative rapid test result from the Abbott ID Now in this setting.

Low priority

- Testing all inmates at an institution without any known COVID-19 cases as part of an institution-wide surveillance program.
 - ➔ The effectiveness and role of this type of testing in a correctional setting is not clearly defined and requires considerable staffing and testing resources. It should only be performed under the direction of Central Office and the Medical Director.

INFECTION PREVENTION DURING TESTING

- Appropriate personal protective equipment (PPE) should be worn during respiratory specimen collection and cleaning/disinfection activities. Please refer to the guidance titled COVID-19 Testing: Specimen Collection - Swab Testing located at https://sallyport.bop.gov/co/hsd/infectious_disease/covid19/covid19_guidance.jsp#1_9 for additional information on PPE, preferred locations for testing, and an example of a Collection Procedure.

GENERAL MANAGEMENT BASED ON SYMPTOMS AND TEST RESULTS

Please see the BOP guidance on [Isolation](#) and [Quarantine](#) for housing of inmates based upon results of testing.

COVID-19 TESTING: SPECIMEN COLLECTION PROCEDURE GUIDANCE

Specimen Collection Procedure

*** For [CDC information](#), [instructions](#) and a [video](#) on how to obtain a nasopharyngeal swab please see the BOP Sallyport COVID-19 site. ***

The preferred location for performing SARS-CoV-2 specimen collection is outdoors.

- 1) Maintain 6 feet between collection stations, and between individuals waiting.
- 2) If an individual coughs or sneezes during specimen collection, wait 10 minutes before admitting another individual to that station.
- 3) Follow 7-19 below.

If testing indoors is necessary, the facility will identify appropriate areas for intake testing or mass testing of inmates. .

- 1) Collection should be performed in a well-ventilated room with solid walls and doors.
- 2) The floor in the room should not have carpet.
- 3) If a room is repeatedly used for consecutive testing of inmates, a method of purifying the air is recommended, such as an airborne infection isolation room (AIIR), or
- 4) A room with a portable high-efficiency particulate air or HEPA filter or
 - a. A HEPA filter unit can speed up air exchange in the room. Utilize a sufficient HEPA filter for the size of the room (consult with HVAC), and base the wait time between individuals on the clean air delivery rate (CADR) for the filters, or
- 5) Coordinate with facilities to determine if room(s) can have the air flow adjusted to vent outside or to increase the air exchanges in room without a HEPA filter.
- 6) On the door, **Biohazard sign** in red mentioning COVID testing being conducted. Only authorized personnel can enter.
- 7) The number of personnel present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present for specimen collection.
- 8) Don appropriate PPE in the order indicated below prior to testing.
 - a. Staff collecting specimens: gown, N95, eye protection (face shield or goggles), and one or two pair of gloves (single or double gloving optional and may depend on type of gown or other PPE and handling of specimens)
 - b. Staff handling specimens – labeling or running items to lab (If there is a second person): gown, N95, eye protection (face shield or goggles), and gloves.
 - c. Intake staff conducting interviews: Surgical mask, eye protection (face shield or goggles), gloves, and optional gown
- 9) Inmates have been issued cloth masks provided by BOP. They will be encouraged to wear the cloth mask into the testing area and pull it down below their nose, leaving their mouth covered during the collection of the specimen.
- 10) Sample labeling:
 - a. Labels may be printed prior to testing for paperwork and sample packet with the ID confirmed at time of testing OR
 - b. Labels may be printed at time of visit for paperwork and sample packet with the ID confirmed at time of inmate testing.
- 11) After entry to room – and in specified area close to HEPA filters or under the air intake if air is filtered outside, have the inmate blow nose with provided tissues and dispose of in the trash can.

COVID-19 TESTING: SPECIMEN COLLECTION PROCEDURE GUIDANCE

- 12) Provide hand sanitizer for inmate to sanitize hands. Proceed to screening questions and explain procedure allowing time to answer inmate questions.
- 13) Orient the inmate being swabbed toward a wall so that if they cough or sneeze, the respiratory droplets will not be directed toward another person or a space where others will walk.
- 14) In between each sample collected, staff collecting specimens will doff gloves or outside gloves, perform hand hygiene, and put on a new pair of gloves.
- 15) Avoid contact of gown with incarcerated persons during swabbing to minimize contamination of gown
- 16) If a gown becomes soiled (e.g., incarcerated person sneezes on gown during specimen collection), staff member will:
 - a. Doff gown in collection room
 - b. Perform hand hygiene
 - c. Doff gloves
 - d. Perform hand hygiene
 - e. Proceed directly to exit
 - f. Perform hand hygiene
 - g. If eye protection is also soiled:
 - Don clean gloves
 - Doff eye protection using strap from the back
 - Eye protection can either be disposed of in trash or cleaned with a EPA disinfectant wipe and wipe off residue with a moist towelette
 - Doff gloves and dispose of in trash
 - Perform hand hygiene
 - h. Don a new gown, gloves, and face shield (if soiled), outside the testing area
 - i. Return to testing area

*If a staff member needs to take a break and leave the testing area, the procedure will be the same as above.

- 17) Surfaces such as the chair and table within a 6-foot radius of the swabbing location will be wiped down with bleach wipes between each individual.
- 18) If excessive coughing or sneezing occurs during the collection process, in addition to wiping down surfaces, there will be a 10-minute wait before the next individual enters the testing room.
- 19) At the end of the swab testing the room will be cleaned and wiped down and mopped with appropriate EPA approved disinfectant per manufacturers' directions for dilution, contact time, and safe handling.

COVID-19 TESTING: SPECIMEN COLLECTION PROCEDURE GUIDANCE

Appendix A: Sample Specimen Collection Procedure for Unit Testing

Materials/Supplies needed for specimen collection

- 6 tables (96 in by 30 in)
- 12 chairs
- 4 computer for BEMR access
- 2 extension cords (50ft)
- 2 power strips
- 10 fine tips sharpies
- 3 large coolers (temporary specimen storage)
- Ice
- EPA disinfectant wipes effective against SARS-CoV-2
- 5 trash cans
- Trash bags
- Tissues
- Hand washing, or hand sanitizing (sanitizer with at least 60% alcohol), station
- Air purifiers with HEPA filters will be placed in each of the collection rooms. Filtration units have been selected for each room to remove 92-96% of air within 10 minutes after collection. These units will provide an air exchange rate >12 air changes per hour for each collection room.

PPE Supplies

- N95 respirator, eye protection (face shield or goggles), gloves, and solid-front gown

Don PPE in addition to the N95 in the order indicated below prior to entering the pod.

Staff collecting specimens: gown, eye protection (face shield or goggles), and 2 pairs of gloves

Staff handling specimens: gown, eye protection (face shield or goggles), and 1 pair of gloves

Staff conducting interviews: eye protection (face shield or goggles), 1 pair of gloves, and optional gown

- Incarcerated persons have been issued cloth masks provided by BOP. They will be encouraged to wear the cloth mask into the testing area and pull it down below their nose, leaving their mouth covered during the collection of the specimen.
- In between each sample collected, staff collecting specimens will doff outer gloves, perform hand hygiene on inner gloves, and put on a new pair of outer gloves
- Avoid contact of gown with incarcerated persons during swabbing to minimize contamination of gown
- If a gown becomes soiled (e.g., inmate sneezes on gown during specimen collection), staff member will:
 - j. Doff gown in collection room
 - k. Perform hand hygiene
 - l. Doff gloves (both pairs if double gloved)
 - m. Perform hand hygiene
 - n. Proceed directly to exit the living quarters
 - o. Perform hand hygiene
 - p. If eye protection is also soiled:
 - Don clean gloves
 - Doff eye protection using strap from the back

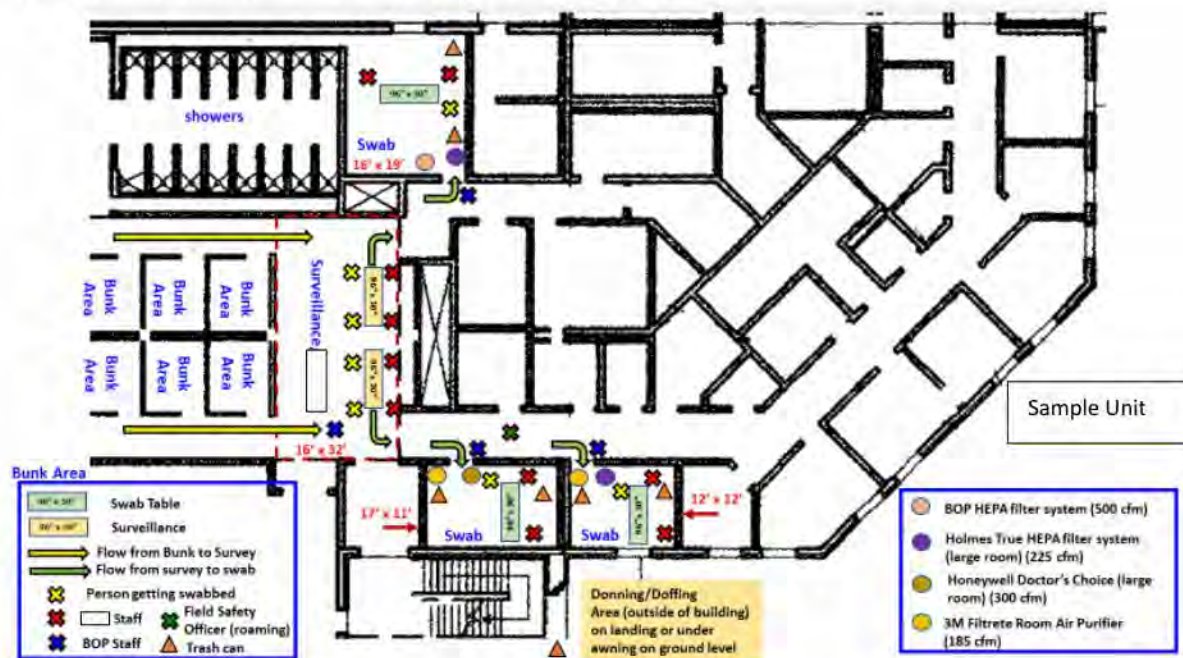
COVID-19 TESTING: SPECIMEN COLLECTION PROCEDURE GUIDANCE

- Eye protection can either be disposed of in trash or cleaned with a bleach wipe and wipe off bleach residue with a moist towelette
 - Doff gloves and dispose of in trash
 - Perform hand hygiene
- q. Don a new gown, gloves, and face shield (if soiled), outside the living quarters
- r. Return to testing area

*If a staff member needs to take a break and leave the living quarters, the procedure will be the same as above.

- Surfaces such as the chair and table within a 6-foot radius of the swabbing location will be wiped down with bleach wipes between each individual.
- If excessive coughing or sneezing occurs during the collection process, in addition to wiping down surfaces, there will be a 10-minute wait before the next individual enters the testing room. During this time 92-96% of air in the collection rooms will be removed.

Flow of Incarcerated Individuals Through the Testing Area



- 1) 30 minutes prior to specimen collection, testing rooms will be disinfected by staff.
- 2) Individuals (4 at a time) will stand on marked areas (**yellow X**), which will be ≥ 6 ft apart in front of the screening table and maintain social distancing while waiting.
- 3) After completion of screening, individuals will move to the swab table.
- 4) Individuals will be asked to blow their nose using provided tissues before the NP swabbing. Individuals will be provided with hand sanitizer to perform hand hygiene.
- 5) NP swab will be collected (~3-5 minutes including packaging of sample).
- 6) After completion of swabbing, individuals will leave the testing area and return to the bunk area.

COVID-19 TESTING: SPECIMEN COLLECTION PROCEDURE GUIDANCE

- 7) Testing room will be disinfected between specimen collections.
 - 8) Once pod specimen collection is completed, testing rooms will be disinfected and specimens will be taken to the lab to be prepared for shipping or processing.
- Upon completion of activities in a unit for the day:
 1. Staff collecting specimens will doff outer gloves in the swab rooms
 2. All staff perform hand hygiene on gloves
 3. Staff will gather any necessary materials (e.g., coolers) and exit the living quarters
 4. Doff gown
 5. Perform hand hygiene
 6. Doff gloves
 7. Perform hand hygiene
 8. Any staff bringing materials out of the testing area will:
 - a. Don a clean pair of gloves
 - b. Wipe down all surfaces of the materials using EPA wipes
 - c. Dispose of wipes and gloves in the trash
 - d. Perform hand hygiene
 9. Doff eye protection. Eye protection can either be disposed of in trash or cleaned. If cleaning eye protection:
 - a. Don a clean pair of gloves
 - b. Clean eye protection with a EPA disinfectant wipe with appropriate contact time and store in a re-sealable bag until it can be rinsed with copious amounts of water to remove the residue.
 - c. Dispose of wipes and gloves in trash
 - d. Perform hand hygiene
 10. Leave N95 respirator in place and proceed out of area
 11. Doff N95 respirator and place in trash
 12. Perform hand hygiene
 13. Exit secured area and don surgical mask or face covering.

Disinfecting with Bleach Solution

**Bleach should only be used if other less hazardous disinfecting products are not available.*

Control of Bleach and Bleach Solutions

Bleach is a hazardous product when not used correctly!

Full Strength Bleach - Must be stored in accordance with institution policy on the storage of hazardous products (Secured, Bin Cards, etc.). **Must be under direct staff supervision at all times.**

Bleach Solution for Disinfecting – Must be mixed under direct staff supervision.

Inmates may use mixed Bleach Solution under indirect staff supervision. **Inmates may not store bleach solution in their cells.**

Prepare Solution using CDC Guidance

Quart Bottle - (4 teaspoons) household bleach and fill rest of container with cold water

Gallon Jug – (1/3 cup) household bleach and fill rest of container with cold water

- **Label the bottles and jugs of the mixed solution and include the date of solution was prepared.**
- **Store solution out of direct sunlight.**
- **Make a new solution every day. Discard any unused solution from the prior day.**

How to Use Solution

1. If surfaces are dirty, they should be cleaned with detergent or soap and water prior to disinfection with bleach solution.
2. Apply bleach solution to hard, non-porous surfaces. All surfaces must remain wet for 10 minutes for maximum disinfection.
3. Air Dry. If needed, wipe surfaces to dry and remove any residue, or rinse with potable water as necessary.

Do Not Mix Bleach with any other chemicals!

Disinfecting with HALT

Control of HALT and HALT Solutions

HALT Concentrate - Must be stored in accordance with institution policy on the storage of hazardous products (Secured, Bin Cards, etc.). **Must be under direct staff supervision at all times or in locked dispensers.**

HALT Diluted Solution for Disinfecting – Mix using dilution dispensers. **If a dispenser is not available, mixing must be done under direct staff supervision.**

After solution is diluted, no other special supervision is required for inmate use.

Prepare Solution using Manufacturer Guidance

If you have a dispenser, connect per dispenser instructions and then distribute as needed in spray bottles or mop buckets.

If no dispenser is available:

Gallon Jug – (2 ounces) HALT and fill rest of container with cold water

- **Label the bottles and jugs of the mixed solution and include the date of solution was prepared.**
- **The manufacturer recommends fresh solution be mixed daily for greatest efficiency, however, they indicate mixed solutions may be able to last up to a week and maintain efficiency.**

How to Use Solution

1. If surfaces are dirty, they should be cleaned with detergent or soap and water prior to disinfection with HALT solution.
2. Apply HALT solution to hard, non-porous surfaces. All surfaces must remain wet for 10 minutes for maximum disinfection.
3. Air Dry. If needed, wipe surfaces to dry and remove any residue, or rinse with potable water as necessary.

Note: Rinsing is not necessary unless floors are to be coated with finish or restorer. All food contact surfaces such as appliances and kitchen countertops must be rinsed with potable water. **Do not use on glassware, utensils or dishes.**

Disinfecting with hdqC2

Control of hdqC2 and hdqC2 Solutions

hdqC2 Concentrate - Must be stored in accordance with institution policy on the storage of hazardous products (Secured, Bin Cards, etc.). **Must be under direct staff supervision at all times or in locked dispensers.**

hdqC2 Diluted Solution for Disinfecting – Mix using dilution dispensers. **If a dispenser is not available, mixing must be done under direct staff supervision.**

After solution is diluted, no other special supervision is required for inmate use.

Prepare Solution using Manufacturer Guidance

If you have a dispenser, connect per dispenser instructions and then distribute as needed in spray bottles or mop buckets.

If no dispenser is available:

Gallon Jug – (2 ounces) hdqC2 and fill rest of container with cold water

- **Label the bottles and jugs of the mixed solution and include the date of solution was prepared.**
- **The manufacturer recommends fresh solution be mixed daily for greatest efficiency, however, they indicate mixed solutions may be able to last up to a week and maintain efficiency.**

How to Use Solution

1. If surfaces are dirty, they should be cleaned with detergent or soap and water prior to disinfection with hdqC2 solution.
2. Apply hdqC2 solution to hard, non-porous surfaces. All surfaces must remain wet for 10 minutes for maximum disinfection.
3. Air Dry. If needed, wipe surfaces to dry and remove any residue, or rinse with potable water as necessary.

Note: Rinsing is not necessary unless floors are to be coated with finish or restorer. All food contact surfaces such as appliances and kitchen countertops must be rinsed with potable water. **Do not use on glassware, utensils or dishes.**

Directions for Disinfecting with Virex II/256

Control of Virex II/256 and Virex II/256 Solutions

Virex II/256 Concentrate - Must be stored in accordance with institution policy on the storage of hazardous products (Secured, Bin Cards, etc.). **Must be under direct staff supervision at all times or in locked dispensers.**

Virex II/256 Diluted Solution for Disinfecting – Mix using dilution dispensers. **If a dispenser is not available, mixing must be done under direct staff supervision.**

After solution is diluted, no other special supervision is required for inmate use.

Prepare Solution using Manufacturer Guidance

If you have a dispenser, connect per dispenser instructions and then distribute as needed in spray bottles or mop buckets.

If no dispenser is available:

Gallon Jug – (1/2 ounce) Virex II/256 and fill rest of container with cold water

- **Label the bottles and jugs of the mixed solution.**
- **Shelf life of diluted solution is 1 year.**

How to Use Solution

1. If surfaces are dirty, they should be cleaned with detergent or soap and water prior to disinfection with Virex II/256 solution.
2. Apply Virex II/256 solution to hard, non-porous surfaces. All surfaces must remain wet for 10 minutes for maximum disinfection.
3. Air Dry. If needed, wipe surfaces to dry and remove any residue, or rinse with potable water as necessary.

Note: Rinsing is not necessary unless floors are to be coated with finish or restorer. All food contact surfaces such as appliances and kitchen countertops must be rinsed with potable water. **Do not use on glassware, utensils or dishes.**

QUICK USE DISINFECTANT GUIDE AND USEFUL LINKS:



EPA listing of approved disinfectants used to eradicate COVID-19:

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

EPA Frequently Asked Questions Regarding Disinfectants:

<https://www.epa.gov/pesticide-registration/frequently-asked-questions-about-list-n-disinfectants-use-against-sars-cov-2>

CDC Disinfection Recommendations:

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

CDC Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19 in Healthcare Settings:

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

COMMON COVID-19 DISINFECTANT SPECIFICATIONS:

| Product | Manufacturer | Concentration Rate | Wet Time | Shelf Life | Weblink: | EPA Number: |
|--|------------------|---------------------|----------|---------------------------------------|---|-------------|
| HDQC2 – Neutral Disinfectant | Spartan / Stepan | 2oz./Gallon | 10 Min. | 1 Year | https://www.spartanchemical.com/globalassets/sharepoint/product-literature--documentation---epidocuments/efficacy-bulletins/hdq-c-2---efficacy-bulletin.pdf | 1839-169 |
| TB-Cide Quat | Spartan Chemical | RTU Spray | 3 Min. | 1 Year | https://www.spartanchemical.com/globalassets/sharepoint/product-literature--documentation---epidocuments/product-literature/l1017_tb-cide_quat.pdf | 1839-83 |
| Virex II/256 | Diversify | 1:256 | 10 Min. | 3 Year Undiluted / 1 Year Diluted | https://1source.diverse.com/see3/28503-LIT028-Virex-LTR-en-HRNC_20180306140524.pdf | 70627-24 |
| Oxivir TB – Peroxide Product | Diversify | No Dilution | 1 Min. | 2 years | http://www.diverseyvericlean.com/images/DiverseyHumming/Oxivir-Tb_Efficacy-Summary_03-May-2019.pdf | 70627-24 |
| Oxivir Wipes – Peroxide Product | Diversify | RTU Wipes | 1 Min. | 1 Year | http://images.salsify.com/image/upload/s--mOx1cRj4-/oijldxxypts7aj5lt2.pdf | 70627-60 |
| Oxivir 1 Wipes – Peroxide Product | Diversify | RTU Wipes | 1 Min. | 2 Year | http://images.salsify.com/image/upload/s--0HqfDPeI-/mct7crvryuqykozieybh.pdf | 70627-77 |
| Cavicide 1 | Metrex | RTU Wipes and Spray | 3 Min. | 2 Years | https://embed.widencdn.net/download/kavokerr/e0fiwkbfdg/Metrex_SARS-CoV-2_CDC_update-MKT-20-0168_rev2.pdf?u=iywczu | 46781-12 |
| Cavicide – Alcohol Product | Metrex | No Dilution | 2 Min. | 2 Years | https://embed.widencdn.net/download/kavokerr/e0fiwkbfdg/Metrex_SAR_S-CoV-2_CDC_update-MKT-20-0168_rev2.pdf?u=iywczu | 46781-6 |
| Accel TB | Virox Tech. | RTU | 1 Min. | 2 Years | https://www3.epa.gov/pesticides/chem_search/ppls/074559-00001-20191122.pdf | 74559-1 |
| Accel (Concentrate) | Virox Tech. | | 5 Min. | 2 Years | https://www3.epa.gov/pesticides/chem_search/ppls/074559-00004-20171108.pdf | 74559-4 |
| Sani-Prime Wipe | PDI | RTU Wipes | 1 Min. | 1 Year | https://pdihc.com/wp-content/uploads/2018/08/Sani-Prime-Tech-Data-Bulletin_0120-UPDATE_02179076.pdf | 9480-12 |
| Sani-Prime Germicidal Spray | PDI | RTU Spray | 3 Min. | 1 Year | https://pdihc.com/wp-content/uploads/2018/08/Sani-Prime-Tech-Data-Bulletin_0120-UPDATE_02179076.pdf | 9480-10 |
| Super Sani-Cloth | PDI | RTU Wipes | 2 Min. | 1 Year | https://pdihc.com/wp-content/uploads/2018/08/SuperSani-ClothTechDataBulletin816001.pdf | 9480-4 |
| Sani-Cloth Bleach Wipes | PDI | RTU Wipes | 1 Min. | 1 Year | https://pdihc.com/wp-content/uploads/2018/08/Bleach-TDB.pdf | 9480-8 |
| Bleach (To sanitize after cleaning) | Various | 1/3 Cup / Gallon | 1 Min. | 6 Months Undiluted / 24 Hours Diluted | https://www.cdc.gov/coronavirus/2019-ncov/prepare/cleaning-disinfection.html | NA |

Covid-19 Guidance for Documenting Telework on your Timecard

Below are instructions for documenting telework hours on your timecard in response to Covid-19 precautionary measures. Telework reporting requirements make it imperative that telework hours are accurately captured. This guidance addresses documentation of telework for employees who currently telework; employees who will be teleworking only due to Covid-19 precautions; and, employees who will be teleworking as a result of exposure to the Covid-19 virus. Supervisors should ensure that employees who will be teleworking have signed telework agreements.

Employees Reporting to Work

Employees that are required to report to their duty stations or employees that perform any work at their duty stations will record those work hours with their normal Transaction Codes (TC) 01 (Regular Base Pay, Regular Base Hours, WG Sh 1-01, etc.).

Employees with Regularly Scheduled Telework Days

Employees with existing telework schedules should document their normally scheduled telework days using transaction code (TC) (i.e. **'Telework Home <=2 Days'**, **'Telework >2Days'**, etc.). Additional telework days should be documented with TC **'Telework Home Adhoc'**. If the employee has been permitted to telework at another location outside of their home they should code those telework hours using TC **'Telework Alt. Site Adhoc'**.

| Transaction | | Pfc Sfc Account | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | Wk 2 | Total |
|-----------------------------|-----|------------------------|----------------------|--|------|------|------|------|------|---|-------|------|------|------|------|------|------|------|-------|
| | | | | S | M | T | W | T | F | S | Wk 1 | S | M | T | W | T | F | S | |
| Work Time | | | | | | | | | | | | | | | | | | | |
| | | | | Time In | 9:00 | 9:00 | 9:00 | 9:00 | 9:00 | | | 9:00 | 9:00 | 9:00 | 9:00 | 9:00 | | | |
| | | | | Time Out | 5:30 | 5:30 | 5:30 | 5:30 | 5:30 | | | 5:30 | 5:30 | 5:30 | 5:30 | 5:30 | | | |
| Edi | Def | Reg Base Pay | | | 8:00 | | 8:00 | 8:00 | | | | | | | | | | | |
| Edi | Def | Telework Home Adhoc | (MFC Stored Account) | | | | | | | | 24:00 | | 8:00 | | 8:00 | | 8:00 | | 24:00 |
| Edi | Def | Telework Home <= 2days | | | 8:00 | | 8:00 | | | | 16:00 | | | 8:00 | | 8:00 | | | 16:00 |
| Nov | | | | Work Time Total | 8:00 | 8:00 | 8:00 | 8:00 | 8:00 | | 40:00 | | 8:00 | 8:00 | 8:00 | 8:00 | 8:00 | | 40:00 |
| Leave and Other Time | | | | | | | | | | | | | | | | | | | |
| | | | | Absence Start | | | | | | | | | | | | | | | |
| | | | | Absence End | | | | | | | | | | | | | | | |
| Nov | | | | (No Leave and Other Time transactions) | | | | | | | | | | | | | | | |
| Daily Total | | | | 8:00 | 8:00 | 8:00 | 8:00 | 8:00 | | | 40:00 | | 8:00 | 8:00 | 8:00 | 8:00 | 8:00 | | 40:00 |

Employees without Regularly Scheduled Telework Days

Employees without an existing regularly scheduled telework days should document all of their telework hours using transaction code TC 'Telework Home Adhoc'. Again, if the employee has been permitted to telework at another location outside of their home they should code those telework hours using TC 'Telework Alt. Site Adhoc'.

| Transaction | | Pfx/Sfx/Account | | 15 | 16 | 17 | Mar | | | | 22 | 23 | 24 | Mar | | | | | | | |
|-----------------------------|--|-----------------|--|--|------|------|------|------|------|-------|-------|------|------|------|------|------|------|---|------|-------|-------|
| | | | | S | M | T | W | T | F | S | Wk 1 | S | M | T | W | T | F | S | Wk 2 | Total | |
| Work Time | | | | | | | | | | | | | | | | | | | | | |
| Time In | | | | 7:30 | 7:30 | 7:30 | 7:30 | 7:30 | 7:30 | | | 7:30 | 7:30 | 7:30 | 7:30 | 7:30 | | | | | |
| Time Out | | | | 4:00 | 4:00 | 4:00 | 4:00 | 4:00 | 4:00 | | | 4:00 | 4:00 | 4:00 | 4:00 | 4:00 | | | | | |
| Reg Base Pay | | | | 8:00 | 8:00 | | | | | | 16:00 | | | | | | | | | | 16:00 |
| Edt | | | | (NFC Stored Account) | | | | | | | | | | | | | | | | | |
| Del | | | | | | 8:00 | 8:00 | 8:00 | 8:00 | 8:00 | 24:00 | 8:00 | 8:00 | 8:00 | 8:00 | 8:00 | 8:00 | | | 40:00 | 64:00 |
| New | | | | Work Time Total | | | | | | | | | | | | | | | | | |
| | | | | 8:00 | 8:00 | 8:00 | 8:00 | 8:00 | 8:00 | 40:00 | 8:00 | 8:00 | 8:00 | 8:00 | 8:00 | 8:00 | | | | 40:00 | 80:00 |
| Leave and Other Time | | | | | | | | | | | | | | | | | | | | | |
| Absence Start | | | | | | | | | | | | | | | | | | | | | |
| Absence End | | | | | | | | | | | | | | | | | | | | | |
| New | | | | (No Leave and Other Time transactions) | | | | | | | | | | | | | | | | | |
| Daily Total | | | | 8:00 | 8:00 | 8:00 | 8:00 | 8:00 | 8:00 | 40:00 | 8:00 | 8:00 | 8:00 | 8:00 | 8:00 | 8:00 | | | | 40:00 | 80:00 |

Employees exposed to the Covid-19 Virus

Employees that have been exposed to the Covid-19 virus and are self-quarantined should use TC 'Telework - Home/Medical' for all telework hours worked.

| Transaction | | Pfx/Sfx/Account | | 15 | 16 | 17 | Mar | | | | 22 | 23 | 24 | Mar | | | | | | | | |
|-----------------------------|--|-----------------|--|--|------|------|------|------|------|-------|-------|------|------|------|------|------|------|---|------|-------|-------|-------|
| | | | | S | M | T | W | T | F | S | Wk 1 | S | M | T | W | T | F | S | Wk 2 | Total | | |
| Work Time | | | | | | | | | | | | | | | | | | | | | | |
| Time In | | | | 7:30 | 7:30 | 7:30 | 7:30 | 7:30 | 7:30 | | | 7:30 | 7:30 | 7:30 | 7:30 | 7:30 | | | | | | |
| Time Out | | | | 4:00 | 4:00 | 4:00 | 4:00 | 4:00 | 4:00 | | | 4:00 | 4:00 | 4:00 | 4:00 | 4:00 | | | | | | |
| Reg Base Pay | | | | 8:00 | 8:00 | | | | | | 40:00 | | | | | | | | | | 40:00 | 80:00 |
| Edt | | | | (NFC Stored Account) | | | | | | | | | | | | | | | | | | |
| Del | | | | | | 8:00 | 8:00 | 8:00 | 8:00 | 8:00 | 40:00 | 8:00 | 8:00 | 8:00 | 8:00 | 8:00 | 8:00 | | | 40:00 | 80:00 | |
| New | | | | Work Time Total | | | | | | | | | | | | | | | | | | |
| | | | | 8:00 | 8:00 | 8:00 | 8:00 | 8:00 | 8:00 | 40:00 | 8:00 | 8:00 | 8:00 | 8:00 | 8:00 | 8:00 | | | | 40:00 | 80:00 | |
| Leave and Other Time | | | | | | | | | | | | | | | | | | | | | | |
| Absence Start | | | | | | | | | | | | | | | | | | | | | | |
| Absence End | | | | | | | | | | | | | | | | | | | | | | |
| New | | | | (No Leave and Other Time transactions) | | | | | | | | | | | | | | | | | | |
| Daily Total | | | | 8:00 | 8:00 | 8:00 | 8:00 | 8:00 | 8:00 | 40:00 | 8:00 | 8:00 | 8:00 | 8:00 | 8:00 | 8:00 | | | | 40:00 | 80:00 | |

Employees with a CWS schedule and Telework Days

Employees with an existing CWS should document their regular CWS schedule as normal and should document all of their telework hours using transaction code TC **‘Telework Home Adhoc’**.

| Transaction | | Pfx:Sfx/Account | | 15 | 16 | 17 | Mar | | | | | 22 | 23 | 24 | Mar | | | | | |
|-----------------------------|--|---|--|--|-------|-------|-------|-------|---|---|-------|----|-------|-------|-------|-------|---|---|-------|-------|
| | | | | S | M | T | W | T | F | S | Wk 1 | S | M | T | W | T | F | S | Wk 2 | Total |
| Work Time | | | | | | | | | | | | | | | | | | | | |
| | | Time In | | | 6:00 | 6:00 | 6:00 | 6:00 | | | | | 6:00 | 6:00 | 6:00 | 6:00 | | | | |
| | | Time Out | | | 4:00 | 4:00 | 4:00 | 4:00 | | | | | 4:00 | 4:00 | 4:00 | 4:00 | | | | |
| | | Reg Base Pay | | | 10:00 | 10:00 | | | | | 20:00 | | | | | | | | | 20:00 |
| Edit | | Telework Home Adhoc (NFC Stored Account) | | | | | 10:00 | 10:00 | | | 20:00 | | 10:00 | 10:00 | 10:00 | 10:00 | | | 40:00 | 60:00 |
| Del | | | | | | | | | | | | | | | | | | | | |
| | | Work Time Total | | | 10:00 | 10:00 | 10:00 | 10:00 | | | 40:00 | | 10:00 | 10:00 | 10:00 | 10:00 | | | 40:00 | 80:00 |
| Leave and Other Time | | | | | | | | | | | | | | | | | | | | |
| | | Absence Start | | | | | | | | | | | | | | | | | | |
| | | Absence End | | | | | | | | | | | | | | | | | | |
| | | | | [No Leave and Other Time transactions] | | | | | | | | | | | | | | | | |
| | | Daily Total | | | 10:00 | 10:00 | 10:00 | 10:00 | | | 40:00 | | 10:00 | 10:00 | 10:00 | 10:00 | | | 40:00 | 80:00 |

Step 1: Select the ‘New’ tab under ‘Work Time’ and then select the appropriate TC (i.e. ‘Telework Home <=2 Days’, ‘Telework Home Adhoc’, ‘Telework Alt. Site Adhoc’, etc.)

Step 2: Record all telework hours worked.

Step 3: Add any remarks and Save

Important Note: Supervisors **Must** ensure that all Telework hours are being recorded **accurately** on the timecard prior to certifying the timecard.

Reduction In Sentence Medical Review

| | | |
|---|--|--|
| INSTITUTION | COMPLETED BY <small>Clinician Name</small> | DATE <small>Pick Date</small> |
| INMATE NAME <small>Inmate's Full Name</small> | REG. NO. <small>Reg. No.</small> | INMATE AGE <small>Inmate Age</small> |
| SELECT RIS CATEGORY (CHOOSE ONLY ONE CATEGORY) | | |
| Terminal Medical Condition <input type="checkbox"/> | Debilitated Medical Condition <input type="checkbox"/> | Elderly with Medical Conditions <input type="checkbox"/> |
| SECTION 1: MEDICAL SUMMARY | | |
| RIS QUALIFYING PRIMARY DIAGNOSIS | | |
| TIMELINE OF RIS QUALIFYING MEDICAL CONDITION | | |
| RIS QUALIFYING MEDICAL AND SURGICAL HISTORY INCLUDING DIAGNOSTIC DATA, CONSULTATION REPORTS, RELEVANT HOSPITALIZATIONS AND TREATMENT, CANCER STAGING, ETC. | | |
| HISTORY OF TREATMENT COMPLIANCE | | |
| ASSISTIVE DEVICES/EQUIPMENT | | |
| PROGNOSIS | | |
| LIFE EXPECTANCY SUPPORTED BY SURVIVAL STATISTICS AND SPECIALIST REPORTS | | |
| RIS CASE REVIEW COMPLETED BY: | | |
| PRINTED NAME: | SIGNATURE: | |
| DATE: | | |
| PHYSICIAN PRINTED NAME: | | |
| SIGNATURE: | | |
| DATE: | | |

All RIS requests must include a staff assessment of ADLs and IADLs (attached)

Instrumental Activities of Daily Living (IADL)

Adapted for Use in the Correctional Environment

Circle the scoring point for the statement that **most closely corresponds** to the inmate's current functional ability for each task. Add each section number circled to arrive at the final score. The examiner should complete the scale based on information about the inmate from the inmate him/herself, cellmates, inmate care companions/nursing assistants, staff, and recent records. This tool is useful for indicating specifically how a person is performing at the present time.

| | |
|-------------|----------|
| Inmate Name | Reg. No. |
|-------------|----------|

| A. Ability to Use the Telephone | Score |
|---|-------|
| 1. Operates telephone on own initiative; looks up and dials numbers, etc. | 1 |
| 2. Dials a few well-known numbers | 1 |
| 4. Unable to use telephone without human assistance | 0 |

| B. Ability to use the Computer | Score |
|---|-------|
| 1. Uses the computer to communicate with staff and family via email | 1 |
| 2. Needs assistance to use the computer | 1 |
| 3. Unable to use computer at all | 0 |

| C. hopping | Score |
|---|-------|
| 1. Able to complete commissary list and manage commissary independently | 1 |
| 2. Needs assistance to complete commissary list and managing commissary | 0 |
| 3. Needs to be accompanied to commissary for full assistance | 0 |
| 4. Completely unable to shop | 0 |

| D. Food Preparation/Nutrition | Score |
|---|-------|
| 1. Able to independently plan and prepare snacks/meals outside of food services | 1 |
| 2. Needs assistance to plan and prepare snacks/meals outside of food services | 0 |
| 3. Does not maintain adequate diet by eating snacks or going to food service | 0 |
| 4. Needs complete assistance in obtaining meals | 0 |

| E. Housekeeping | Score |
|---|-------|
| 1. Maintains cell independently according to BOP Policy | 1 |
| 2. Performs light daily tasks such as dishwashing, bed making | 1 |
| 3. Performs light daily tasks but cannot maintain acceptable level of cleanliness | 0 |
| 4. Needs help with all housekeeping tasks | 0 |
| 5. Does not participate in any housekeeping tasks | 0 |

| F. Laundry | Score |
|---|-------|
| 1. Does personal laundry completely | 1 |
| 2. Launders small items; rinses socks, etc. | 1 |
| 3. All laundry must be done by others | 0 |

| G. Mode of Transportation if Released | Score |
|---|-------|
| 1. Able to travel independently on public transportation or drive own car | 1 |
| 2. Able to arrange own travel via taxi, but would not otherwise be able use public transportation | 1 |
| 3. Able to travel on public transportation when assisted or accompanied by another | 0 |
| 4. Travel would be limited to taxi or automobile with assistance of another | 0 |
| 5. Would not travel at all | 0 |

| H. Responsibility for Own Medications | Score |
|--|-------|
| 1. Is responsible for taking medication in correct dosages at correct time | 1 |
| 2. Takes responsibility if medication is prepared in advance in separate dosages | 0 |
| 3. Is not capable of managing own medication | 0 |

| I. Ability to Handle Finances | Score |
|---|-------|
| 1. Manages TRULINCS account independently | 1 |
| 2. Needs help managing account | 1 |
| 3. Incapable of managing account | 0 |

Scoring: The inmate receives a score of 1 for each section labeled A – I if his or her competence is rated at some minimal level or higher. Add the total points circled for A – I. The total score may range from 0 to 9.

A lower score indicates a higher level of dependence.

| | |
|--|--|
| Total Score for Sections A thru I | |
|--|--|

| | |
|--------------------|------------|
| Completed By _____ | Date _____ |
|--------------------|------------|

Adapted from: Lawton MP, Brody EM, *Assessment of Older People: Self-Maintaining and Instrumental Activities of Daily Living. Gerontologist 9(1969):179-186.*

Physical Self-Maintenance Scale (PSMS)

Adapted for Use in the Correctional Environment

Circle the scoring point for the statement that **most closely corresponds** to the inmate's current functional ability for each task. Add each section number circled to arrive at the final score. The examiner should complete the scale based on information about the inmate from the inmate him/herself, cellmates, inmate care companions/nursing assistants, staff, and recent records. This tool is useful for indicating specifically how a person is performing at the present time.

| | |
|-------------|----------|
| Inmate Name | Reg. No. |
|-------------|----------|

| A. Toilet | Score |
|-----------|-------|
|-----------|-------|

| | |
|---|---|
| 1. Care for self at toilet completely; no incontinence | 1 |
| 2. Needs to be reminded, or needs help in cleaning self, or has rare (weekly at most) accidents | 0 |
| 3. Soiling or wetting while asleep more than once a week | 0 |
| 4. Soiling or wetting while awake more than once a week | 0 |
| 5. No control of bowels or bladder | 0 |

| B. Feeding | Score |
|------------|-------|
|------------|-------|

| | |
|---|---|
| 1. Eats without assistance | 1 |
| 2. Eats with minor assistance at meal times and/or with special preparation of food, or help in cleaning up after meals | 0 |
| 3. Feeds self with moderate assistance and is untidy | 0 |
| 4. Requires extensive assistance for all meals | 0 |
| 5. Does not feed self at all and resists efforts of others to feed him or her | 0 |

| C. Dressing | Score |
|-------------|-------|
|-------------|-------|

| | |
|--|---|
| 1. Dresses, undresses, and wears uniform according to BOP Policy | 1 |
| 2. Dresses and undresses self, with adaptive equipment | 1 |
| 3. Needs moderate assistance in dressing | 0 |
| 4. Needs major assistance in dressing, but cooperates with efforts of others to help | 0 |
| 5. Completely unable to dress self and resists efforts of others to help | 0 |

| D. Grooming | Score |
|-------------|-------|
|-------------|-------|

| | |
|--|---|
| 1. Always neatly dressed, well-groomed, without assistance | 1 |
| 3. Needs moderate and regular assistance or supervision with grooming | 0 |
| 3. Needs total grooming care, but can remain well-groomed after help from others | 0 |

| E. Physical Ambulation | Score |
|------------------------|-------|
|------------------------|-------|

| | |
|--|---|
| 1. Moves about the unit and institution independently | 1 |
| 2. Ambulates only short distances | 0 |
| 3. Ambulates with assistance of (check one) <input type="checkbox"/> a. Another Person <input type="checkbox"/> b. Railing <input type="checkbox"/> c. Cane <input type="checkbox"/> d. Walker <input type="checkbox"/> e. Wheelchair: Transfers without help <input type="checkbox"/> Needs help to transfer <input type="checkbox"/> | 0 |
| 4. Sits unsupported in chair or wheelchair, but cannot propel self without help | 0 |
| 5. Bedridden more than half the time | 0 |

| F. Bathing | Score |
|------------|-------|
|------------|-------|

| | |
|---|---|
| 1. Bathes self (tub, shower, sponge bath) without human assistance | 1 |
| 2. Bathes self with help getting in and out of tub | 0 |
| 3. Washes face and hands only, but cannot bathe rest of body | 0 |
| 4. Does not wash self, but is cooperative with those who bathe him or her | 0 |
| 5. Does not try to wash self and resists efforts to keep him or her clean | 0 |

Scoring: The inmate receives a score of 1 for each section labeled A – F if his or her competence is rated at some minimal level or higher. Add the total points circled for A – F. The total score may range from 0 to 6.

A lower score indicates a higher level of dependence.

| | |
|---|--|
| Total Score for Section A thru F | |
|---|--|

| | |
|--------------|------|
| Completed By | Date |
|--------------|------|

Adapted from: Lawton MP, Brody EM, *Assessment of Older People: Self-Maintaining and Instrumental Activities of Daily Living. Gerontologist 9(1969):179-186.*