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APPENDIX A. RECOMMENDED CLEANING AND DISINFECTION SCHEDULE

AREA TO BE CLEANED	FREQUENCY OF CLEANING	FREQUENCY OF DISINFECTION
Windows/Window Ledges	Daily	Daily
Toilets/Sinks	Daily	Daily
Trash Receptacles	Empty three times daily, or as needed; clean daily	Daily
Floors, Stairs, and Other Walking Surfaces	Sweep and damp-mop daily	Daily
Telephones	Multiple times daily	After each use
Microwave Ovens	Clean daily and when visibly dirty	Daily
Drinking Fountains	Multiple times daily	Disinfect when cleaning
Door/Door Jams	Multiple times daily	Disinfect when cleaning
Mop Sinks	Rinse and clean after every use	After each use
Mop Buckets	Empty and rinse after every use	After each use
Wet-Mop Heads	Replace with a clean mop head after each use	Launder used mop heads daily
Dust-Mop Heads	Replace with a clean mop head after each use	Launder used mop heads daily
Furnishings	Daily cleaning of multi-use common area furniture (chairs, tables, etc.)	Disinfect when cleaning

APPENDIX B. DISINFECTING WITH HALT™

Consult the manufacturer's recommendations and the safety data sheet for appropriate PPE to be worn during preparation and use of this product.

CONTROL OF HALT CONCENTRATE AND SOLUTION

- **STORAGE OF 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.
- **MIXING HALT DILUTED SOLUTION FOR DISINFECTING:** Mix using dilution dispensers provided by the manufacturer. If a dispenser is not available, mixing must be done under **DIRECT STAFF SUPERVISION**. (See **PREPARATION OF HALT SOLUTION** below.)
- **USE OF DILUTED SOLUTION:** Once the solution is diluted, no special supervision is required for inmate use.

PREPARATION OF HALT SOLUTION USING MANUFACTURER'S GUIDANCE

- **IF A DISPENSER IS AVAILABLE:** Connect the dispenser and distribute the concentrate as needed into spray bottles or mop buckets, following the manufacturer's instructions.
- **IF NO DISPENSER IS AVAILABLE:** A gallon jug may be used. Under **DIRECT STAFF SUPERVISION**, add 2 ounces of HALT concentrate to the jug and fill the rest of it with cold water. Label the jugs as "HALT solution," with the date that the solution was prepared.
- The manufacturer recommends that a fresh solution be mixed daily for greatest efficacy however, they indicate that mixed solutions may be able to last up to a week and maintain efficacy.

HOW TO USE SOLUTION

- If surfaces are dirty, they should first be cleaned with detergent or soap and water—prior to disinfection with HALT solution.
- Apply HALT solution to hard, non-porous surfaces.
- All surfaces must **REMAIN WET FOR 10 MINUTES** for maximum disinfection. After the 10-minute wet time, allow to air-dry or wipe surfaces to dry and remove any residue.
 - **FLOORS** do not need to be rinsed unless they are to be coated with finish or restorer.
 - **FOOD CONTACT SURFACES**—such as appliances and kitchen countertops—must be **RINSED WITH POTABLE WATER**.
 - **Do NOT use HALT on glassware, utensils, or dishes!**

APPENDIX C. DISINFECTING WITH HDQC®2

Consult the manufacturer's recommendations and the safety data sheet for appropriate PPE to be worn during preparation and use of this product.

CONTROL OF HDQC 2 CONCENTRATE AND SOLUTIONS

- **STORAGE OF HDQC 2 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.
- **MIXING HDQC 2 DILUTED SOLUTION FOR DISINFECTING:** Mix using dilution dispensers provided by the manufacturer. If a dispenser is not available, mixing must be done under **DIRECT STAFF SUPERVISION**. (See **PREPARATION OF HDQC 2 SOLUTION** below.)
- **USE OF DILUTED SOLUTION:** Once the solution is diluted, no special supervision is required for inmate use.

PREPARATION OF HDQC 2 SOLUTION USING MANUFACTURER'S GUIDANCE

- **IF A DISPENSER IS AVAILABLE:** Connect the dispenser and distribute the concentrate as needed into spray bottles or mop buckets, following the manufacturer's instructions.
- **IF NO DISPENSER IS AVAILABLE:** A gallon jug may be used. Under **DIRECT STAFF SUPERVISION**, add 2 ounces of hdqC 2 concentrate to the jug and fill the rest of it with cold water. Label the jugs as "hdqC 2 solution," with the date that the solution was prepared.
- The manufacturer recommends that a fresh solution be mixed daily for greatest efficacy; however, they indicate that mixed solutions may be able to last up to a week and maintain efficacy.

HOW TO USE SOLUTION

- If surfaces are dirty, they should first be cleaned with detergent or soap and water—prior to disinfection with hdqC 2 solution.
- Apply hdqC 2 solution to hard, non-porous surfaces.
- All surfaces must **REMAIN WET FOR 10 MINUTES** for maximum disinfection. After the 10-minute wet time, allow to air-dry or wipe surfaces to dry and remove any residue.
 - **FLOORS** do not need to be rinsed unless they are to be coated with finish or restorer.
 - **FOOD CONTACT SURFACES**—such as appliances and kitchen countertops—must be **RINSED WITH POTABLE WATER**.
 - **Do NOT use hdqC 2 on glassware, utensils, or dishes!**

APPENDIX D. DISINFECTING WITH VIREX® II/256

Consult the manufacturer's recommendations and the safety data sheet for appropriate PPE to be worn during preparation and use of this product.

CONTROL OF VIREX II/256 CONCENTRATE AND SOLUTIONS

- **STORAGE OF 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.
- **MIXING VIREX II/256 DILUTED SOLUTION FOR DISINFECTING:** Mix using dilution dispensers provided by the manufacturer. If a dispenser is not available, mixing must be done under **DIRECT STAFF SUPERVISION**. (See **PREPARATION OF VIREX II/256 SOLUTION** below.)
- **USE OF DILUTED SOLUTION:** Once the solution is diluted, no special supervision is required for inmate use.

PREPARATION OF VIREX II/256 SOLUTION USING MANUFACTURER'S GUIDANCE

- **IF A DISPENSER IS AVAILABLE:** Connect the dispenser and distribute the concentrate as needed into spray bottles or mop buckets, following the manufacturer's instructions.
- **IF NO DISPENSER IS AVAILABLE:** A gallon jug may be used. Under **DIRECT STAFF SUPERVISION**, add ½ ounce of Virex II/256 concentrate to the jug and fill the rest of it with cold water. Label the jugs as "Virex II/256 solution," with the date that the solution was prepared.
- The shelf life of the diluted solution is 1 year.

HOW TO USE SOLUTION

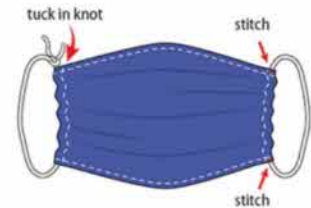
- If surfaces are dirty, they should first be cleaned with detergent or soap and water—prior to disinfection with Virex II/256 solution.
- Apply Virex II/256 solution to hard, non-porous surfaces.
- All surfaces must **REMAIN WET FOR 10 MINUTES** for maximum disinfection. After the 10-minute wet time, allow to air-dry or wipe surfaces to dry and remove any residue.
 - **FLOORS** do not need to be rinsed unless they are to be coated with finish or restorer.
 - **FOOD CONTACT SURFACES**—such as appliances and kitchen countertops—must be **RINSED WITH POTABLE WATER**.
 - **Do NOT use Virex II/256 on glassware, utensils, or dishes!**

APPENDIX E. INFORMATION FOR ALL STAFF – CLOTH FACE COVERINGS

Cloth Face Coverings

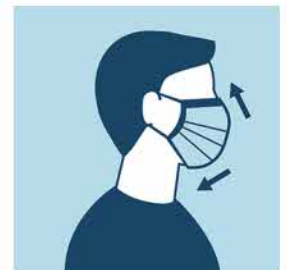
Help Slow the Spread of COVID-19

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



How to Wear a Cloth Face Covering

- Make sure it fits snugly, but comfortably, against the side of the face. Secure with ties or ear loops.
- Use a covering with multiple layers of fabric, but make sure it allows for breathing without restriction.
- It should withstand laundering and machine drying without damage or change to shape.
- Be careful not to touch your eyes, nose, or mouth when removing—and wash hands immediately after.
- Do not put used face coverings where others can touch them.
- Do not touch or use anyone else's face covering. Assume that used masks are contaminated until they are laundered. Keep a bag with you to store your face covering if you will be taking it off in the car or other non-social space.
- If you take off your face covering (e.g., to eat) and then put it back on, be sure that the outside stays on the outside (consider marking the outside or inside).



Routinely Wash Cloth Face Coverings

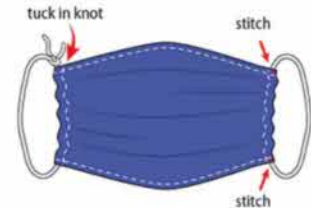
- The covering should be washed before the first use.
- It is recommended that staff wash cloth face coverings at home after each shift. They can be washed with other clothing.
- Launder items using the warmest water setting, and dry completely.
- Clean and disinfect clothes hampers or use a liner that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

APPENDIX F. INFORMATION FOR INMATES – CLOTH FACE COVERINGS (ENGLISH)

Cloth Face Coverings

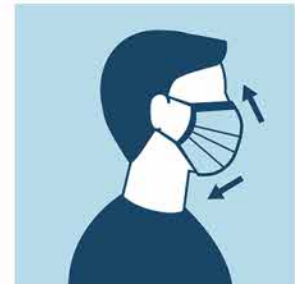
Help Slow the Spread of COVID-19

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



How to Wear a Cloth Face Covering

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



Routinely Wash Cloth Face Coverings

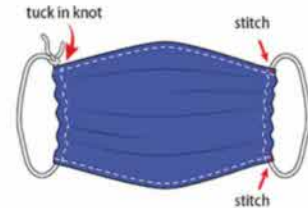
- The covering should be washed before the first use.
- Inmates should send cloth face coverings through the institution wash cycles with other clothing.
- Launder face coverings using the warmest water setting, and dry completely.

APPENDIX G. INFORMATION FOR INMATES – CLOTH FACE COVERINGS (SPANISH)

Máscara faciales de tela

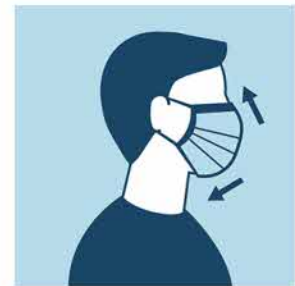
Ayuda a disminuir/evitar la propagación de COVID-19

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



Cómo usar una cubierta/ máscara facial

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



Lave rutinariamente la tela que cubre la cara

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

APPENDIX H. PPE DONNING SKILL TESTING SHEET

COVID-19 Personal Protective Equipment Donning SKILLS TESTING SHEET

STUDENT NAME: _____

DATE: _____

Skill Step	Critical Performance Criteria	✓ if done correctly
<p>Following the protocol for PPE placement (donning) minimizes the risk for disease transmission:</p> <ul style="list-style-type: none"> • The DONNING PROCEDURE can be used for both quarantine and isolation transmission-based precautions. • Exact PPE may differ based on availability, as well as type of room utilized (AIR with anteroom, single room without anteroom, or dorm type space). • EQUIPMENT: Gloves, gown, N95 OR surgical mask, eye goggles, mask with shield or face shield (PPE availability), non-touch waste container close to door inside room and just outside door at entry. 		
1.	<ul style="list-style-type: none"> • Address personal hygiene issues, hydration, and importance of not touching face. • Remove unnecessary jewelry and equipment. • Kevlar vest/protective vest are worn per policy. 	
2.	<ul style="list-style-type: none"> • Perform hand hygiene. 	
3.	<ul style="list-style-type: none"> • Don gloves. 	
4.	<ul style="list-style-type: none"> • Don gown. • Tie or secure in the back. 	
5.	<p>Depending on use of N95 respirator, surgical mask, or surgical mask with eye shield:</p> <p>a. Don N95 respirator:</p> <ul style="list-style-type: none"> • Only fit-tested individuals may wear N95s; facial hair cannot interfere with mask seal. See NIOSH site for facial hair styles that can interfere with the respirator seal: https://www.cdc.gov/niosh/npptl/pdfs/FacialHairWmask11282017-508.pdf • Adjust to fit. • Conduct a user seal check: Exhale to check for air leakage; inhale and check for slight mask collapse. <p>b. Don surgical mask or surgical mask with eye shield:</p> <ul style="list-style-type: none"> • Adjust to fit. 	
6.	<p>Don safety glasses, goggles, or face shield:</p> <ul style="list-style-type: none"> • Glasses, goggles or face shield sit on top or go over the mask • Adjust for vision and coverage 	
<p>Donning PPE Skills (circle one): PASS FAIL</p> <p>Instructor Signature: _____</p> <p>Instructor Printed Name: _____</p>		
<p><i>PPE Donning SKILLS TESTING SHEET, Page 1 of 1</i></p>		

APPENDIX I. PPE DOFFING SKILLS TESTING SHEET

COVID-19 Personal Protective Equipment Doffing SKILLS TESTING SHEET

STUDENT NAME: _____

DATE: _____

Skill Step	Critical Performance Criteria	✓ if done correctly
<p>Following the protocol for PPE removal (doffing) minimizes the risk for disease transmission:</p> <ul style="list-style-type: none"> • The DOFFING PROCEDURE can be used for both quarantine and isolation transmission-based precautions. • Exact PPE may differ based on availability, as well as type of room utilized (AIR with anteroom, single room without anteroom, or dorm type space). • Doffing has been modified to accommodate a lack of anteroom and the possibility of eye protection re-use. Facilities may create a doffing space or tape-off a designated doffing area immediately outside of room. • Hand hygiene can be performed between any step of the process. • EQUIPMENT: A non-touch waste container close to door inside room and just outside door at exit. Receptacle for contaminated eye protection/face shield. 		
1.	<ul style="list-style-type: none"> • If no anteroom is available, exit out of room to doff all PPE. If anteroom is available doff gloves and gown in room. • Ensure that the doffing area contains a non-touch waste bin, hand sanitizer, and a receptacle for contaminated eye protection and reusable face shields. 	
2.	<ul style="list-style-type: none"> • Remove and discard gloves (pull off slowly and do not snap). • Dispose of gloves in waste bin next to door. 	
3.	<p>Remove Gown:</p> <ol style="list-style-type: none"> a. Release the tie; then, grasp the gown at the hip area, and pull the gown down and away from the sides of your body. b. Once the gown is off your shoulders, pull one arm at a time from the sleeves of the gown so that the gown arms are bunched at your wrists. c. Remove gown from wrists. c. Roll the exposed side of the gown inward until it's a tight ball. d. Dispose of the gown in waste bin next to door. 	
5.	<ul style="list-style-type: none"> • Immediately perform hand hygiene. 	
6.	<p>Based on type of eye protection:</p> <ol style="list-style-type: none"> a. Remove safety glasses/goggles. <ul style="list-style-type: none"> • Carefully grasp edges only, without touching skin or eye. • Place in container designated for contaminated glasses or goggles to be cleaned and disinfected. b. Remove face shield. <ul style="list-style-type: none"> • Tilt your head forward slightly, grab the back strap with one hand, close eyes and pull it up and over head. (<i>Do not touch front of face shield.</i>) • Dispose of the face shield or • Place in container designated for contaminated face shields to be cleaned and disinfected. 	
PPE DOFFING SKILLS TESTING SHEET, Page 1 of 2		

7.	Remove surgical mask or N95 respirator. (Surgical mask may have eye shield.) ➔ <i>It is important that you not touch the front of the mask!</i> a. Tilt your head forward slightly. b. Use two hands to grab the bottom strap; close eyes; pull out and over the head. c. Next, use both hands; grab the upper strap; close eyes; pull out and over the head. d. Keep tension on upper strap as you remove it, which will let the mask fall forward. e. Dispose of the mask or N-95, <i>OR</i> place it into labeled container (paper bag labeled with person's name) to be reused.	
8.	Perform hand hygiene at sink or use hand sanitizer.	
Doffing PPE Skills (circle one): PASS FAIL		
Instructor Signature: _____		
Instructor Printed Name: _____		
PPE DOFFING SKILLS TESTING SHEET, Page 2 of 2		

APPENDIX J. ABBOTT ID NOW COMPETENCY AND PERFORMANCE ASSESSMENT

Abbott ID NOW™ Competency and Performance Assessment (PAGE 1)

SKILLS TESTING SHEET

STUDENT NAME: _____ DATE: _____

Skill Step	Critical Performance Criteria	✓ if done correctly
Trainer should review all material listed below and verify that the trainee has read and understands the appropriate procedures or manufacturer instructions involved.		
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 the materials needed to perform test, and trainee knows location of these materials.	
4.	Trainee observes proper sample collection and handling.	
5.	Trainee observes test procedure being performed by trainer.	
6.	Trainee performs the procedure and should be able to: <ul style="list-style-type: none"> 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 and training panel prior to performing patient samples. d. Set up timer and follow incubation times per the procedure. e. Interpret the results: <ul style="list-style-type: none"> • Positive • Negative • Invalid f. Decontaminate and clean work area, including proper disposal of hazardous waste and sharps. 	
7.	Data entry/computer: <ul style="list-style-type: none"> a. Test order and accessioning. b. QC and interpretation of results. c. Report results and log QC data. 	
Trainee Comments: _____ Trainee Signature: _____ Trainer Comments: _____ Trainer Signature: _____		

Abbott ID NOW™ Competency and Performance Assessment (PAGE 2)

INSTRUCTIONS FOR TRAINER

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.

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.
- 7.** Complete forms should be filed with the staff member's credentialing and training documents

Adapted from:

https://www.cdc.gov/labquality/docs/waived-tests/15_255581-test-or-not-test-booklet.pdf

APPENDIX K. ABBOTT ID NOW TRAINING LOG

Abbott ID NOW™ Certification of Training

Check all that apply: ☐ FLU A/B 2 ☐ Strep A 2 ☐ RSV ☐ COVID-19

The following personnel are responsible for running the ID NOW at _____
and have been thoroughly in-serviced on the test and test procedure.

Training has included:

- Review of the package insert.
- Demonstration of the product assay.
- Successful performance of the ID NOW assays and interpretation of results.
- Completion of **APPENDIX J. Abbott ID Now Competency and Performance Assessment**

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

Staff Person's Name (printed)	Staff Person's Signature	Date of Signature

Signature of Supervisor responsible for personnel and testing:

Signature

Date of Signature

APPENDIX L. SAMPLE INCIDENT REPORT NARRATIVE FOR INMATES REFUSING COVID-19 TESTING

On _____(date), _____(inmate's name) , Reg. No. _____(number), refused a direct order to submit to testing for the COVID-19 virus as part of the testing initiative to prevent the transmission of a life-threatening disease to other staff and inmates. The Bureau tests an inmate for an infectious or communicable disease when the test is necessary to verify transmission following exposure to bloodborne pathogens or to infectious body fluid. An inmate who refuses diagnostic testing is subject to an incident report for refusing to obey an order (Program Statement 6190.04).

APPENDIX M. RESPIRATORY INFECTION MEDICAL ISOLATION ROOM SIGN

On the following page is a printable *Respiratory Medical Isolation Precautions* sign for posting on the doors of **MEDICAL ISOLATION UNITS**.



Respiratory/ Eye Medical Isolation Precautions

PRECAUCIONES de aislamiento médico



ANYONE ENTERING THIS ROOM SHOULD USE:
todas las personas que entren a esta habitación tienen que:

	<p>HAND HYGIENE <i>Hygiene De Las Manos</i></p>
	<p>N95 RESPIRATOR (fit-tested) <i>Respirador N95</i></p>
	<p>GOWN <i>Bata</i></p>
	<p>EYE PROTECTION <i>Protección para los ojos si contacto cercano</i></p>
	<p>GLOVES <i>Guantes</i></p>
	<p>PATIENT WEARS CLOTH FACE COVERING WHEN OTHERS ENTER ROOM AND DURING MOVEMENT. <i>Lleva cubierta de tela para la cara.</i></p>
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p style="background-color: #007bff; color: white; padding: 2px 5px; margin: 0;">NOTICE</p> <p style="margin: 0;">KEEP THIS DOOR CLOSED</p> </div>	<p>KEEP DOOR CLOSED AT ALL TIMES! <i>Mantenga la puerta cerrada en todo momento</i></p>

APPENDIX N. QUARANTINE ROOM SIGN

On the following page is a [*Respiratory Infection Quarantine Precautions*](#) sign for posting on the doors of housing units being used for **QUARANTINE**.



Respiratory/ Eye Quarantine Precautions



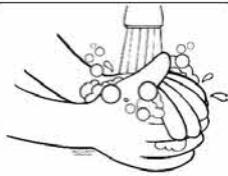
PRECAUCIONES de Sala de Cuarentena

TO PREVENT THE SPREAD OF INFECTION,

ANYONE ENTERING THIS ROOM SHOULD USE:

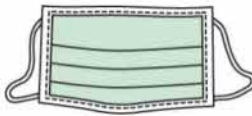
Para prevenir el esparcimiento de infecciones,

todas las personas que entren a esta habitación tienen que:



HAND HYGIENE

Hygiene De Las Manos



SURGICAL MASK

**PATIENT WEARS CLOTH FACE COVERING WHEN OTHERS
ENTER ROOM AND DURING MOVEMENT.**

Lleva cubierta de tela para la cara.



GLOVES

Guantes



GOWN FOR CLOSE CONTACT

Bata



EYE PROTECTION

Protección para los ojos

APPENDIX O. MEDICAL ISOLATION CHECKLIST

MEDICAL ISOLATION CHECKLIST FOR COVID-19	
CATEGORY	TASKS
MOVE TO MEDICAL ISOLATION:	<ul style="list-style-type: none"> Have the inmate wear a FACE COVERING en route to the designated medical isolation area. Staff escorts will wear PPE to include gloves, gown, eye protection and N95. Movement to medical isolation should be accomplished promptly for any inmate with confirmed or suspected COVID-19 infection.
TAKE TRANSMISSION-BASED PRECAUTIONS: <ul style="list-style-type: none"> STANDARD PRECAUTIONS; use of PPE and hand hygiene for contact, eye protection, and droplets. 	<p>Use (1) HAND HYGIENE (before & after gloves) and (2) PPE (gloves, gown, eye protection, N-95) for entry into room, direct contact, escort, or open grid units or dorms.</p> <ul style="list-style-type: none"> PRIOR TO ENTERING ROOM: Perform hand hygiene. Don (put on) gloves, gown, fit-tested respirator (N95), and eye protection. (See <i>PPE donning checklist Appendix H.</i>) EXITING ROOM WITH AN ANTEROOM: Stay ≥ 6 feet from patient, if possible; doff (remove) and dispose of gloves & gown, and then exit the room. In the anteroom, perform hand hygiene, doff eye protection, N-95 respirator, and repeat hand hygiene. IF NO ANTEROOM IS AVAILABLE: Exit room to doff all PPE in a designated doffing area (taped off area) located immediately outside of the room. (See <i>PPE doffing checklist Appendix I.</i>)
PLACE SIGNAGE	Place Respiratory/Eye Medical Isolation Precautions sign on the door. (See <i>Appendix M.</i>)
INMATE EDUCATION	Advise and educate the inmate regarding possible COVID-19 illness: Reportable signs and symptoms, social distancing, and wearing of face covering. Provide education sheets.
COMMUNICATION	<ul style="list-style-type: none"> Report COVID-19 case(s) to facility leadership, QIIPC, public health authority, and Regional QIIPC Consultants. If the inmate's condition deteriorates (respiratory distress) and emergent transportation to local hospital is necessary, call ahead for guidance and direction before transfer.
DOCUMENTATION	<ul style="list-style-type: none"> Place the inmate on MEDICAL HOLD in BEMR and Sentry for the duration of the isolation. HP code as U07.1 COVID confirmed (test positive) or U07.2 COVID suspect/probable in BEMR. Document inmate status DAILY in BEMR, including any test results and changes in condition.
STAFF INTERACTION	<ul style="list-style-type: none"> Limit the number of staff interactions with ill inmate(s); dedicate certain personnel, if possible. DIRECT CONTACT PPE includes N95, eye protection, gloves, and gown. Inmates should wear a face covering or mask when staff enters the room or when moving around the unit.
MEDICAL ISOLATION CHECKLIST, Page 1 of 2	

MEDICAL ISOLATION CHECKLIST FOR COVID-19	
CATEGORY	TASKS
MEDICAL EQUIPMENT & MEDICAL CARE	<ul style="list-style-type: none"> • Dedicate medical equipment to the area, if possible. • Provide supportive care, with frequent assessment for shortness of breath or O2 decompensation (pulse oximetry). • Have preparations in place for transfer to hospital, if needed.
FOOD SERVICE	Use regular or disposable dishware (dispose of in regular trash).
LAUNDRY	<ul style="list-style-type: none"> • Standard precautions; wear gown if contact with dirty laundry is expected. • Do not shake dirty laundry. • Double-bag when taking from isolation to laundry. Wash with normal laundry, in hot water and drying at high temperatures. • Disinfect dirty carts after use.
VISITS	In-person visits will be suspended until the end of medical isolation. Consult local leadership for exceptions.
TELEPHONE CALLS	Phone should be cleaned and disinfected with disposable towel and a product from EPA List N .
TRASH	<ul style="list-style-type: none"> • Double-bag in clear waste bags and dispose of as regular trash. • Ensure that trash is NOT processed by recycling.
CLEANING & DISINFECTION	<ul style="list-style-type: none"> • Provide supplies to clean/disinfect room. Utilize disinfectant from EPA List N. • Ideally, cleaning is performed by the inmate, or by staff at the time of inmate care to prevent additional entry into room.
RELEASE FROM MEDICAL ISOLATION FOR ASYMPTOMATIC INMATES	Utilize a TIME-BASED approach for releasing inmates with asymptomatic COVID-19 from medical isolation: <ul style="list-style-type: none"> • Asymptomatic inmates can be released from medical isolation 10 days after the date of their first positive PCR test.
RELEASE FROM MEDICAL ISOLATION FOR SYMPTOMATIC INMATES	Utilize a SYMPTOM-BASED approach for releasing inmates with symptomatic COVID-19 from medical isolation: <ul style="list-style-type: none"> • Inmates with MILD OR MODERATE SYMPTOMS can be released from medical isolation 10 days after symptom onset and resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms. • Inmates with SEVERE SYMPTOMS requiring hospitalization or SEVERELY IMMUNOCOMPROMISED inmates can be released from medical isolation 20 days after symptom onset. A TEST-BASED APPROACH may also be considered with Regional Medical Director consultation.
TERMINAL CLEANING	<ul style="list-style-type: none"> • If possible, the isolated inmate should clean the room before leaving. • After waiting 24 hours (if possible), the isolation area should be cleaned again with an EPA List N registered disinfectant—while wearing gloves, gown, and other PPE recommended by the disinfectant manufacturer AND based on the condition of the room (i.e., if splashes are anticipated, wear mask and eye protection).

MEDICAL ISOLATION CHECKLIST, Page 2 of 2

APPENDIX P. QUARANTINE CHECKLIST

QUARANTINE CHECKLIST FOR COVID-19	
CATEGORY	TASKS
MOVE ASYMPTOMATIC INMATES TO QUARANTINE: <ul style="list-style-type: none"> • EXPOSED CONTACTS OF COVID-19 CASES • NEW INTAKES • PRE-RELEASE/PRE-TRANSFER 	<ul style="list-style-type: none"> • Inmates should wear a FACE COVERING or surgical mask while being escorted to quarantine. PPE for escort staff is noted below. • They should preferably be designated to a single room with solid door. • IF SINGLE HOUSING IS NOT AVAILABLE, THE INMATES MAY BE COHORTED WITH THEIR RESPECTIVE GROUP – exposed contacts, intake, or pre-release/pre-transfer. Inmates in each category of quarantine should be housed separately from inmates in other categories. • INMATES TEST IN/TEST OUT OF ALL THREE CATEGORIES OF QUARANTINE. The Abbott (POC) or commercial (PCR) lab tests may be used for admission to quarantine.
TAKE TRANSMISSION-BASED PRECAUTIONS: <ul style="list-style-type: none"> • STANDARD PRECAUTIONS; use of PPE and hand hygiene for contact, eye protection, and droplets. 	<ul style="list-style-type: none"> • HAND HYGIENE (before and after wearing gloves). • PPE (gloves, eye protection, surgical mask, and gown) for staff having direct contact (including medical care, escort, or transport) or opening food trap or entering inmate room. • For “EXPOSED” QUARANTINE in open units, open doors, or open bars, consider use of N95 respirator. • IF NOT ENTERING ROOM AND ≥ 6 FEET AWAY, a gown may not be necessary. • PRIOR TO ENTERING ROOM OR INMATE CONTACT: Perform hand hygiene. Don (put on) gloves, gown, surgical mask, and eye protection. (<i>See PPE donning checklist Appendix H for specifics.</i>) • EXITING ROOM WITH AN ANTEROOM: Have inmate(s) move back to a social distance ≥ 6 feet; doff (remove) gloves & gown, and then exit the room. In the anteroom, perform hand hygiene, doff eye protection and mask, and repeat hand hygiene. • IF NO ANTEROOM IS AVAILABLE: Exit out of room to doff all PPE in a designated doffing area (taped off area) located immediately outside of room. (<i>See doffing checklist Appendix I for specifics.</i>) • Used PPE is disposed of in regular trash, with a receptacle in the doffing area, as well as place for any items to be recycled.
PLACE SIGNAGE	Place an Respiratory/Eye Infection Quarantine Precautions sign on the door. (<i>See Appendix N.</i>)
INMATE EDUCATION	Advise and educate inmates to report symptoms of COVID-19 illness. Educate them to maintain social distance and wear face coverings. Provide education sheets.
COMMUNICATION AND DOCUMENTATION	<ul style="list-style-type: none"> • Notify facility leadership, QIIPC, HSA, psychology, and Regional QIIPC consultants of quarantine situation. • Place a MEDICAL HOLD in BEMR and Sentry for the duration of the quarantine. Code inmate(s) as Z0489-q. • Enter testing, entry, and exit (beginning and end of quarantine) symptoms, signs, and temperature screening in BEMR. • For “exposure” quarantine, conduct symptom/temp screens at least once DAILY (due to the probability that some will become ill). Daily screens can be conducted by non-healthcare staff after training completion. Any POSITIVE SYMPTOMS are reported to healthcare staff for assessment testing and isolation.
QUARANTINE CHECKLIST, Page 1 of 2	

QUARANTINE CHECKLIST FOR COVID-19	
CATEGORY	TASKS
STAFF INTERACTION	<ul style="list-style-type: none"> • Staff assessments not requiring direct contact will be conducted with social distancing of ≥ 6 feet away. • Limit the number of staff interactions with inmates and take measures to reduce the number of staff interacting with quarantined inmates. Dedicate personnel to the unit, if possible.
MEDICAL EQUIPMENT	<ul style="list-style-type: none"> • Dedicate medical equipment to the unit, if possible. • Clean and disinfect after/between use.
MEDICAL CARE IF INMATES BECOME SYMPTOMATIC	<ul style="list-style-type: none"> • MEDICALLY ISOLATE INMATES PROMPTLY if they become symptomatic (cough, SOB, HA, dizziness, fatigue, loss of taste or smell, sore throat, N&V, chest pain) and/or an oral temperature ≥ 100.4 F (equivalent temps are 101°F for tympanic/ear and 100°F for forehead/non-contact). • Positive symptoms require assessment, clinical encounter, testing, and move to isolation. Limit close or direct contact. Provide necessary medical care as needed.
FOOD SERVICE	<ul style="list-style-type: none"> • Use regular trays or disposable dishware.
LAUNDRY	<ul style="list-style-type: none"> • 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 is cleaned and disinfected after each use with registered disinfectant from EPA List N .
TRASH	<ul style="list-style-type: none"> • Wear GLOVES and DOUBLE-BAG in clear waste bags; • Ensure that trash is NOT processed by recycling.
CLEANING/DISINFECTION	<ul style="list-style-type: none"> • Provide supplies to inmate to clean and disinfect the room. • Use disinfectant from EPA List N.
DISCONTINUATION OF QUARANTINE	<ul style="list-style-type: none"> • 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 new inmates are added into a quarantine cohort or anyone in the cohort becomes positive, the clock starts back at zero. • PRIOR TO RELEASE FROM QUARANTINE, ASYMPTOMATIC INMATES SHOULD UNDERGO COVID-19 TESTING AND TEST NEGATIVE. • A commercial PCR test should be performed for inmates releasing to the general population and for releases or transfers. • Abbott POC tests may be used for immediate releases and for transfers to other BOP facilities when commercial lab turnaround times are more than 7 days.
TERMINAL CLEANING	<ul style="list-style-type: none"> • Inmates should clean the area at end of quarantine, if possible. • If inmates in quarantine became SYMPTOMATIC, wait 24 hours (if possible), and then clean and disinfect with an EPA List N registered disinfectant with PPE recommended by the disinfectant manufacturer (i.e., gloves, gown, and if splashes are anticipated, wear mask and eye protection).
QUARANTINE CHECKLIST, Page 2 of 2	

APPENDIX Q. COVID-19 CODING CLINICAL REFERENCE GUIDE

CURRENT CODE	PREVIOUS CODE	DESCRIPTION	WHEN TO USE
Z0489-q		Quarantine - Asymptomatic person in Quarantine	Utilize for contacts of confirmed COVID-19 case, for new BOP intakes quarantined, and for persons quarantined prior to release from custody.
U07.2	Z0489-c19	Suspect/probable COVID-19 case	Coronavirus Like Illness (CLI). Use anytime inmate is symptomatic and ISOLATION precautions are in place, whether or not testing is pursued.
U07.1	B9729 Other Coronavirus	Confirmed case COVID-19	COVID-19 Lab Confirmed Case. <i>DO NOT use code U07.1 for suspect, possible, or clinical probable cases.</i>
Z03818-c19		Coronavirus COVID-19 Test Negative	Negative test documented.
Z5320-COV19ref		COVID-19 Testing refused	Refusal of COVID-19 testing.
NOTE: BOP Quality Improvement/Infection Prevention & Control Coordinators have the rights to enter BEMR ICD10 codes, and update and error enter erroneous codes.			

APPENDIX R. PRIORITIZATION OF HEALTH CARE SERVICES DURING DISRUPTIONS

NORMAL CONDITIONS	SCOPE OF SERVICES
Normal resources and demands	No change in scope of services
MILD DISRUPTION	NEAR-NORMAL SCOPE OF SERVICES
Disruptions: <ul style="list-style-type: none"> • Slightly reduced health care staffing. • Some inmates ill; few severely ill. • Community hospitalization available. • Rearranged health care staffing/roles. 	Possible adjustments include: <ul style="list-style-type: none"> • Alter site of care for patients with COVID-like symptoms. • Reduce preventive health care services (continue TB screening, influenza and pneumococcal vaccination). • Maintain a chronic care clinic. Identify and monitor inmates defined by the CDC as being at risk for serious illness if infected with COVID-19. • Provide care for minor ailments, as feasible.
MODERATE DISRUPTION	REVISED MEDICAL CARE SCOPE OF SERVICES
Disruptions: <ul style="list-style-type: none"> • Health care staffing somewhat reduced. • Some shortages of supplies/medication. • Limited laboratory capability. • Many inmates ill; some severely ill. 	Possible adjustments include: <ul style="list-style-type: none"> • Prioritize delivery of chronic care. • Minimize patients on directly observed therapy consistent with guidance from the medical director. • Postpone most preventive health care except TB screening and vaccinations for influenza and pneumonia. • Focus on key life-saving care. • Send severely ill to the hospital. • Postpone care for low priority health problems.
SEVERE DISRUPTION	TOTAL SYSTEM / SCOPE OF SERVICES ALTERATION
Disruptions: <ul style="list-style-type: none"> • Health care staffing significantly reduced. • Significant shortages of supplies/medications. • No laboratory capability; no chest radiography. • Numerous inmates ill; many severely ill. • No community hospitalization available. 	Possible adjustments include: <ul style="list-style-type: none"> • Focus on key live-saving care. • Cohort sickest inmates; provide palliative care. • Deliver care in accordance with priorities established by the BOP Medical Director and in consultation with the Regional Medical Director.

APPENDIX S. TRIAGE OF MEDICAL AND MENTAL HEALTH CONDITIONS DURING DISRUPTIONS

TABLE 1. Examples of Conditions to be Seen for Same-Day Emergency/Urgent Care Visit	
MEDICAL	
<ul style="list-style-type: none"> • Acute chest pain • Acute abdomen: Severe, rebound tenderness, absent bowel sounds, or localized to RLQ • Unstable diabetes (BS<60, or >350 and symptomatic) • Asthma/significant dyspnea • Acute ophthalmology disturbance (foreign body sensation, a sudden change in vision) • Hemoptysis or night sweats • Seizure/syncope • Stroke/TIA symptoms • 2nd/3rd-degree burns • High temp (>101), sepsis • Acute musculoskeletal injuries (limb immobility, open fracture; any injury requiring completion of an injury assessment form) • Severe acute headache • Hematemesis • Melena or hematochezia (acute of unknown origin) 	<ul style="list-style-type: none"> • Severe hypertension (SBP >170, DBP>110, or symptomatic) • Intractable nausea/vomiting/diarrhea. • Development of gangrene/open diabetic ulcer/significant cellulitis, and open draining wounds • Eye injuries: Foreign object (penetrating and non-penetrating), corneal abrasion, blurred vision, pain • Testicular pain (r/o torsion) • Acute uterine bleeding (Hct drops 6% within 4 hrs.) • New onset peripheral edema or orthopnea • Male inmates with UTIs • Rash: Any intensely pruritic or vesicular rash; a rash consistent with scabies, varicella, small pox, herpes zoster, or otherwise unexplained • New onset of incapacitating pain • Altered mental status • HIV+ inmate with fever, headache, mental status and/or changes of loss of vision
MENTAL HEALTH	
<ul style="list-style-type: none"> • Thoughts of self-harm • Thoughts of harm towards others • New onset hallucinations • New onset delusions • New onset anxiety attacks 	<ul style="list-style-type: none"> • Manic symptoms • Severe depression • Drug or alcohol withdrawal • New onset severe medication side effects
DENTAL	
<ul style="list-style-type: none"> • Visible, acute/severe swelling • Acute infection • Jaw fracture (suspected) • Socket hemorrhaging 	<ul style="list-style-type: none"> • Severe, intractable pain • Broken tooth with exposed nerve (bleeding from center)

(TRIAGE OF MEDICAL AND MENTAL HEALTH CONDITIONS DURING DISRUPTIONS, page 1 of 3)

TABLE 2. Examples of Conditions to be Seen Within 24–48 Hours	
MEDICAL	
<ul style="list-style-type: none"> • Asthma, no acute distress • Acute infections w/symptoms (fever, cough) • Earache, suspected infection 	<ul style="list-style-type: none"> • Medication renewals for chronic conditions such as angina, diabetes, HTN, TB, psychotropics
MENTAL HEALTH	
<ul style="list-style-type: none"> • Moderate depression • Hypomania • Recurrence of anxiety symptoms/attacks 	<ul style="list-style-type: none"> • Chronic psychotic symptoms • New, mild-to-moderate medication side effects
DENTAL	
<ul style="list-style-type: none"> • Lumps or tumors • Broken tooth • Lost fillings 	<ul style="list-style-type: none"> • Root tips • Dental pain (controlled by OTC meds) • Mild gum swelling

TABLE 3. Conditions Requiring Evaluation Within 72 Hours	
MEDICAL	
<ul style="list-style-type: none"> • Cough • Sore throat/URI without temp • Constipation (unrelieved by OTC meds) 	<ul style="list-style-type: none"> • Headache – Chronic • Skin rash with s/s of itch, pain, spreading
MENTAL HEALTH	
<ul style="list-style-type: none"> • Mild depression • Chronic anxiety under treatment 	
DENTAL	
<ul style="list-style-type: none"> • Loose teeth • Root tips 	

(TRIAGE OF MEDICAL AND MENTAL HEALTH CONDITIONS DURING DISRUPTIONS, page 2 of 3)









TABLE 4. Conditions Requiring Evaluation Within One Week	
MEDICAL	
<ul style="list-style-type: none"> • Tuberculosis prophylaxis/evaluation/clearance • Chronic rash, blisters, calluses, corns, jock itch, athlete's foot • Hemorrhoids • Gastritis (without nausea/vomiting/diarrhea) 	<ul style="list-style-type: none"> • Eye problems other than described in above tables • All other medication refills • Convalescence and or Duty Status inquiries
MENTAL HEALTH	
<ul style="list-style-type: none"> • Chronic medication side effects 	
DENTAL	
<ul style="list-style-type: none"> • Non-symptomatic complaints • Broken plates 	<ul style="list-style-type: none"> • Lost fillings, asymptomatic • Open cavities with no pain

TABLE 5. Conditions Requiring Evaluation Within Two Weeks	
MEDICAL	
<ul style="list-style-type: none"> • Musculoskeletal pain, chronic, no recent injury • Back pain, chronic • Allergies, chronic 	
DENTAL	
<ul style="list-style-type: none"> • Sensitivity to cold/sweets • Bleeding gums • Administrative problems 	

(TRIAGE OF MEDICAL AND MENTAL HEALTH CONDITIONS DURING DISRUPTIONS, page 3 of 3)

APPENDIX T. CPAP OR BiPAP IN USE SIGNAGE

On the next page is a printable sign to be placed on the door of a room where a CPAP or BiPAP is in use.

	<h1>Respiratory Precautions</h1> <h2>Airborne/Contact/Eye Protection</h2> <h2>CPAP or BiPAP IN USE</h2> <p><i>PRECAUCIONES de Sala de Cuarentena</i></p>	
<p>TO PREVENT THE SPREAD OF INFECTION,</p> <p>ANYONE ENTERING THIS ROOM SHOULD USE:</p> <p><i>Para prevenir el esparcimiento de infección, cualquiera que entre a esta habitación debe utilizar:</i></p>		
	<p>HAND HYGIENE <i>Hygiene De Las Manos</i></p>	
	<p>N-95 RESPIRATOR (Fit-Tested) <i>Respirador N-95</i></p>	
	<p>GOWN <i>Bata</i></p>	
	<p>Eye Protection <i>Protección para los ojos si contacto cercano</i></p>	
	<p>Gloves <i>Guantes</i></p>	
	<p>Door to this room remains closed <u>at all times.</u> <i>Asegurese de mantener la puerta de esta habitación cerrada <u>todo el tiempo.</u></i></p>	

APPENDIX U. SWITCHING TO A NON-VENTED FULL-FACE MASK FOR CPAP OR BiPAP

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 machine 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 the diagram on the next page for setup.

➔ See [MODULE 7](#) for more information about aerosol generating procedures (AGPs).

SWITCHING TO A NON-VENTED FULL-FACE MASK FOR CPAP AND BiPAP

(ResMed Non-vented full-face mask – Small #61739, Med #61740, Lge #61741)

Covers mouth & nose. Has no holes in the mask or elbow attachment on the mask:



1. From the elbow on the mask, attach a **SWIVEL CONNECTOR** (Respironics #7041):



2. From there, attach a **VIRAL FILTER** (Airlife #001851):



3. From the viral filter, attach an **EXHALATION PORT** (Respironics #312149):



4. The remainder of the CPAP is unchanged!

APPENDIX V. COVID-19 SCREENING TOOL FOR STAFF, CONTRACTORS, AND VISITORS

CORONAVIRUS DISEASE (COVID-19) ENHANCED SCREENING TOOL FOR STAFF/CONTRACTORS/VISITORS

DATE: _____

1. TEMPERATURE: _____ °F METHOD: <input type="checkbox"/> MOUTH <input type="checkbox"/> EAR <input type="checkbox"/> FOREHEAD	
<input type="checkbox"/> Deny access if temperature is: $\geq 100.4^{\circ}\text{F}$ (mouth) OR (ear) $\geq 101^{\circ}\text{F}$ (ear) OR $\geq 100^{\circ}\text{F}$ (forehead). a. Place staff/on-site contractors on leave for 1 day (not Safety & Weather Leave). Others not admitted. b. Skip Section 2 and proceed to Section 3 below. c. Otherwise, proceed to Section 2.	
2. OTHER SYMPTOMS (completed by employee, contractor or visitor)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	New-Onset Cough # of days: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	New-Onset Trouble Speaking/Difficulty Breathing
<input type="checkbox"/> Yes <input type="checkbox"/> No	Fatigue
<input type="checkbox"/> Yes <input type="checkbox"/> No	Muscle or 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
<input type="checkbox"/> Yes <input type="checkbox"/> No	Nausea or Vomiting
<input type="checkbox"/> Yes <input type="checkbox"/> No	Diarrhea
<input type="checkbox"/> Contact the Medical Officer on call for the institution to provide disposition: Disposition by Medical Officer after assessing symptoms: <input type="checkbox"/> Leave <input type="checkbox"/> Work If staff is being sent home, give them a copy of this document and a copy of Critical Infrastructure Memo for them to take to the local health department or their personal healthcare provider for COVID-19 testing.	
3. NOTIFICATION OF LOCAL HUMAN RESOURCES DEPARTMENT	
<input type="checkbox"/> If Individual is placed on leave for Section 1 or 2, share document with HR Office for T&A purpose.	
<input type="checkbox"/> HR OFFICE: 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: _____	
Institution: _____ State: _____	

APPENDIX W. CRITICAL INFRASTRUCTURE MEMO TO LOCAL DOH FOR EMPLOYEE TESTING



U.S. Department of Justice
Federal Bureau of Prisons

Washington, D.C. 20534

DATE: _____

MEMORANDUM FOR _____ HEALTH DEPARTMENT

FROM: CAPT (b)(6); (b)(7)(C) MD, MPH, FACOEM
Chief Occupational Safety & Health Branch
Health Services Division

SUBJECT: Staff identified as close contact of COVID-19 positive individual

Please note that _____ is an employee of the Federal Bureau of Prisons. As such, they work in a Critical Infrastructure Industry as defined by the Department of Homeland Security. Our employees have a special responsibility to continue their work schedule as they are critical in maintaining safety within the Federal Bureau of Prisons and the community.

This individual may have close contact with a confirmed or suspected COVID-19 case, as defined by the Center for Disease Control and Prevention (CDC)* and will require testing.

This necessary priority testing is critical in preventing further transmission within the prison and also in the community.

Therefore, we appreciate your cooperation with this request in considering this employee for **priority COVID-19 testing**.

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

APPENDIX X. COVID-19 MEDICAL CONDITIONS SELF-REPORTING TOOL

COVID-19 Medical Condition Self-Reporting Tool

Last Name: _____ First Name: _____

BOP ID#: BOP _____

Job Title: _____

___ Civil Service

___ PHS Officer

Department: _____

Dept. Contact Phone #: _____

Institution: _____

Human Resources Manager Name: _____

Diagnosis/Diagnoses (Please list all that should be considered):

I certify that this information is true and complete to the best of my knowledge.

Print Name: _____ Signature: _____

Date: _____

Staff who are self-reporting as high risk, and requesting modification to their work during the COVID-19 pandemic, must complete and submit this **COVID-19 Medical Condition Self-Reporting Tool** to their designated HR POC or send it directly to the Employee Health mailbox at BOP-HSD/Employee Health. The subject line of the email should be "High risk staff declaration form- [Last name, First name]"

APPENDIX Y. COVID-19 MEDICAL ISOLATION INFIRMARY GUIDANCE

Under certain circumstances, establishment of an onsite infirmary at an institution may be necessary. Considerations include the number of symptomatic patients, institution resources and local healthcare resources. The decision to stand up an infirmary should be made in consultation between the institution and regional and central office leadership.

1. GENERAL GUIDELINES FOR INFIRMARY SET-UP

- **PATIENT CRITERIA FOR ADMISSION TO THE MEDICAL ISOLATION INFIRMARY**
 - Criteria for admission to and discharge from the infirmary should be reviewed in consultation with the Clinical Director.
 - Admission to and discharge from the infirmary will occur only on the order of a physician or designated authorized health professional.
 - Follow guidance in **MODULE 4** for medical isolation guidance.
 - Eligible patients include the following:
 - COVID-19 patients (positive, probable, or suspected) with mild to moderate symptoms.
 - COVID-19 patients who are hemodynamically stable with mild to moderate symptoms and requiring 2–3 liters of oxygen per nasal cannula to maintain O₂ saturation above 90%.
 - COVID-19 patients post-hospitalization who are still being treated as positive and are hemodynamically stable, requiring continued medical observations or treatment (e.g., IV antibiotics, oxygen, etc.).
 - ➔ *Patients returning from the hospital who have completed treatment for COVID-19 infection, and have met CDC criteria for release from isolation, should **NOT** be placed in the isolation infirmary.*
- **STAFFING PATTERN**
 - The team may consist of six members, including one Medical Officer, one Advanced Practice Provider (APP), and four Registered Nurses (RN) per 5–10 bed infirmary—based on the patients' medical acuity. Infirmary bed estimates generally range from 0.5 to 1 percent of the population (i.e., 5 to 10 medical infirmary beds per 1,000 inmates).
 - A Medical Officer should be on call 24 hours per day for the infirmary.
 - A Medical Officer should evaluate patients daily, as required by the severity of their illnesses.
 - At least two RNs should be on each shift. This allows for continuous coverage of the unit in case one RN has to step off the unit for any reason, as well as allowing the RNs to watch out for breaks in each other's PPE.
 - There should be health care personnel on duty 24 hours per day, seven days per week, who make rounds a minimum of once per shift—and more often, as required by patients' needs and physicians' orders. A health care provider is to remain in the infirmary at all times.
 - Patients should always be within sight or hearing of a health care staff member (e.g., call lights, buzzer system).

(COVID-19 Medical Isolation Infirmary Guidance, page 1 of 4)

- **LOCATION OF THE MEDICAL ISOLATION INFIRMARY**

- Each institution varies, and coordination with the local executive staff will be necessary to determine a suitable location.
- The location of the medical isolation infirmary unit can be co-located within the medical isolation unit.
- The institutional pandemic plan, in consultation with facility's personnel, will identify a location. In addition to structures in place at the institution, the institution may also consider utilizing large temporary structures like tents.
 - Consider utilizing a location large enough to house the patients and their necessary belongings. Approximately 72 square feet (12' L x 6' W) should be allowed for each patient, to ensure that there is at least six feet between patients' beds, and safe walkways of at least three feet between the head and foot of the bed.
 - Ensure that there is at least a six-foot wide egress aisle for safe evacuation of the unit if necessary.
- Housing Units can be utilized for Infirmory Medical Isolation in order of precedence, as determined by the CDC guidance provided in **MODULE 4**.
- Ideally, the location will have a sink with running water, soap, and paper towels. If this is not feasible, ensure adequate alcohol-based hand sanitizer is available.
- Ideally, the locations should have separate entrance and exit locations.
 - The entrance/exit locations require space for donning and doffing of PPE, as well as a means of performing hand hygiene.
 - Proper donning of appropriate PPE will be completed prior to entering the unit.
 - Proper doffing of PPE will be completed upon exiting the unit.
 - Refer to **MODULE 2** for additional guidance on PPE.
- Access to toilets and shower facilities for patients, and toileting facilities for staff.
- If space is utilized that does not have emergency lighting, portable emergency lighting will be needed.

- **NECESSARY SUPPLIES**

- ➔ *The list below is in addition to the Suggested Infirmory Supply and Equipment List identified [below](#)*
- Signage as recommended in the various **MODULES**.
- In accordance with fire and safety codes, a mechanism to separate patients in the absence of walls when privacy is necessary: Foldable panels, privacy screens, a sheet draped between the beds, etc.
- Stocked hand hygiene station(s): Running water, soap, paper towels, and/or alcohol-based hand sanitizer, as outlined in **MODULE 1**.
- PPE: Sufficient supply of gowns, gloves, N95 masks, goggles, and face shields in multiple sizes, as outlined in **MODULE 2**.
- Dedicated computer terminal(s) for health care providers to document and review information on the patients.

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- Telephone:
 - If able to make secure: A regular phone with dial-out access to outside of the institution should be utilized.
 - If unable to make secure: The telephone will ring directly to Control, like the suicide watch phone. This phone would be available for staff working in the unit to receive phone calls, while still preventing inmates from using the phone to make outside calls.
- Cleaning supplies as outlined in **MODULE 1**.
- Mechanisms to properly secure the following items on the unit:
 - Needles, sharps, syringes – behind two locks.
 - Medication – behind at least one lock (excludes controlled substances).
- Dedicated non-critical medical equipment: Vital signs machine, stethoscope, non-touch and oral thermometers, pulse oximetry device, blood glucose meter, etc. These will need to be disinfected appropriately between patients, following the manufacturer's recommendations, if supplies do not allow for one device per patient.
- Cleaning and disinfecting of the Unit will be completed in accordance with the guidance provided in **MODULES 1 AND 4**.

2. DOCUMENTATION

- Documentation should occur in BEMR.
 - Health Services should work with the local computer services and facilities to provide additional computer terminals where needed.
 - Cleaning and disinfection of computer equipment located in a medical isolation infirmary should be accomplished frequently in accordance with the manufacturer's recommendations.
 - Paper documentation has the following drawbacks:
 - Creates gaps in the patient record and prohibits the capture of data needed for the COVID-19 reporting requirements.
 - Leads to potential medical/medication errors.
 - Creates a vehicle for transmission of the COVID-19 virus (minimal paper should be used because it cannot be easily disinfected).
- In addition to documentation required for Medical Isolation (refer to **MODULE 4**), documentation in BEMR should include infirmary admission and discharge notes, along with daily clinical encounter notes

3. PHARMACY:

- Stock of individually bottled over-the-counter items to treat symptoms. A provider with prescribing authority will need to document an order for the patient to receive these items; nurses and paramedics may utilize approved protocols.
 - Examples include, but are not limited to:
 - Acetaminophen
 - Ibuprofen
 - Cough medicine
 - The Clinical Director can modify this list to meet the needs of the patient population.

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4. SUGGESTED INFIRMERY SUPPLY AND EQUIPMENT LIST

INTRAVENOUS DELIVERY			
ITEM	NEED	ITEM	NEED
IV starter kits		IV poles	10
Transparent dressings (i.e., Tegaderm, Opsite)		IV fluids (NS, 1/2NS, LR, 1/2NS, or NS with 5% Dextrose)	
Clear and paper tape		IV tubing sets and extension	
IV catheters (16, 18, and 20 gauge)		Alcohol wipes	
3 cc syringes			
OXYGEN DELIVERY			
ITEM	NEED	ITEM	NEED
O2 tanks with roller stand holder		Bag valve mask	
Oxygen concentrator Christmas trees		Non-rebreather mask	
Oxygen cylinder key		Nasal cannula	
O2 concentrators		Simple face mask	
Portable suction machine		Albuterol multi-dose inhalers (nebulizers are not recommended)	
Yankauer suction set – tubing & canister			
MISCELLANEOUS			
ITEM	NEED	ITEM	NEED
PPE (gowns, gloves, eye protection, masks)		Vital signs monitors	10
Cots, pillows, and blankets		Thermometers (oral and touch free)	
Tall large trash cans	5	Probe covers for oral thermometer	
Influenza testing supplies or kits		Portable Pulse Ox machines	
COVID-19 testing supplies or kits		Patient scale	1
EPA registered disinfectant wipes		Glucometer w/ testing supplies	
EPA registered disinfectant solution		Stethoscopes	
Hand wash stations		Oral fluid supplement (ORS, Gatorade)	
Hand sanitizer		Bed wedges	
Automated external defibrillator (AED)	1	Stretcher, backboard, and wheel chair	
Portable cart for nurse to provide care at bedside or cell to cell		Refrigerator or cooler (to hold potential samples)	

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