MODULE 3. SCREENING AND TESTING

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A. SCREENING INMATES FOR COVID-19

1. INDICATIONS FOR SCREENING

- **INTAKE SCREENING:** All new inmate arrivals at any BOP facility.
  - *Inmates returning from routine day trips ordinarily do not need to be screened upon return to the facility.*
  - Includes all new intakes (detainees and commitments, writ returns, parole violators, bureau intra-system transfers, etc.), regardless of their mode of arrival (voluntary surrender, USMS/JPATS, ICE, BOP, etc.).
  - COVID-19 screening is recommended early in the intake screening process, preferably before entering the building.
  - Documentation of the COVID-19 symptom screen and temperature check for new intakes will be recorded in the BEMR Intake note, along with disposition to either quarantine or isolation.
- **EXIT SCREENING:** All inmates leaving (i.e., transferring, going to RRC, releasing, etc.) a BOP facility.
- **SCREENING AS PART OF CONTACT INVESTIGATION:** Close contacts of a COVID-19 case.
- **QUARANTINE AND MEDICAL ISOLATION:** Refer to **MODULE 4** for monitoring of patients in quarantine and medical isolation.

2. SCREENING PROCESS

- **SYMPTOM SCREENING**
  - Chills, cough, shortness of breath
  - Fatigue, muscle or body aches, headache
  - New loss of taste or smell
  - Sore throat, congestion, or runny nose
  - Nausea, vomiting, or diarrhea

- Inmates who are symptomatic or have a temperature (see below) need to be isolated promptly. (Refer to **MODULE 4** and the **Medical Isolation Checklist** in the **APPENDICES**.)
- **TEMPERATURE CHECK** (see *Temperature Check Protocol* below): A "temperature" depends on the kind of thermometer used:
  - Oral: ≥ 100.4˚F
  - Ear: ≥101˚F
  - Forehead: ≥ 100˚F
- **PPE FOR INMATE SCREENINGS:** Staff who are conducting inmate screenings will wear PPE including gown, disposable gloves, surgical mask and face shield/eye protection (goggles or face shield that fully covers the front and sides of face), in accordance with CDC guidance.
- **USE OF NON-HEALTH CARE STAFF:** To assist health care staff in completing screenings, non-health care staff can be trained to obtain temperatures, record yes/no answers to a symptom screen, and document on a roster.
  - *Any positive screening is reported promptly to health care staff for further assessment, planning, and intervention.*
  - Training videos for non-health care providers to check temperatures can be found on the BOP Sallyport COVID-19 guidance page.
  - Upon completion of a temperature video, staff should complete the Opinio Survey also found on the BOP Sallyport COVID-19 guidance page, so that the training can be added to the staff person's training record.

3. TEMPERATURE CHECK PROTOCOL

- Perform **HAND HYGIENE** (see **MODULE 1**)
- Don PPE (see **MODULE 2**)
- **CHECK INDIVIDUAL'S TEMPERATURE:**
  - Non-contact or disposable thermometers are preferred over reusable oral thermometers.
  - If **DISPOSABLE OR NON-CONTACT THERMOMETERS** are used and the screener did not have physical contact with the individual, the screener's gloves do not need to be changed before the next individual is temperature-checked.
    - *Non-contact thermometers should be cleaned routinely for infection control.*
  - If performing **ORAL TEMPERATURE CHECKS** on multiple individuals, ensure that a clean pair of gloves is used for each individual being checked and that the thermometer is used with disposable probe tips.
- Remove and discard **PPE**.
- Perform **HAND HYGIENE**.

SOURCE CONTROL IS CRITICALLY IMPORTANT.

- If inmates are identified with symptoms of COVID-19, immediately have them put on a **FACE COVERING** and perform **HAND HYGIENE**.
- Escort staff will don appropriate PPE (refer to **MODULE 2**) and escort the inmate to the designated **RESPIRATORY MEDICAL ISOLATION** area.

B. COVID-19 TESTING

1. DIAGNOSTIC TESTS

The primary diagnostic test for the **SARS-CoV-2 VIRUS** that 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**).

- Based on the available evidence and published recommendations, the **BOP-PREFERRED SAMPLE** for symptomatic and asymptomatic cases is a swab from the **nasopharynx, mid-turbinate, or anterior nares**.
  - A lower respiratory tract specimen is usually reserved for testing in a hospital setting or for patients whose upper respiratory tract specimen has tested negative despite a high degree of clinical suspicion.
  - Sputum induction is not recommended in the outpatient setting due to increased risk for exposure to respiratory droplets or aerosols.
  - In general, the BOP does not recommend the use of antibody testing unless it is required by civilian health care entities for a patient to be evaluated.
- **COVID-19 COMMERCIAL PCR TESTS** are sent out to a lab for processing after institution staff collect the swab sample, and then appropriately label and package it. These "send-out" PCR tests are processed using an FDA-approved test.
  - *Utilization of the BOP national laboratory contract for COVID-19 testing is required for commercial testing.*
- **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. The **ABBOTT ID NOW** system is CLIA-waived for COVID-19 testing and is the POC test utilized in the BOP.
  - *The major advantage of 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).*
  - The **ABBOTT ID NOW** system is also equipped to test for influenza. See **MODULE 7** for additional information.
- **Institutions are strongly encouraged to identify a variety of sources** for obtaining swabs/viral transport media, high volume PCR lab testing, and testing materials. If institutions require additional testing supplies and are unable to obtain them, they should consult with their local contract laboratory representative, regional healthcare team —and then send the request to *BOP-HSD/AIMS@bop.gov*.

2. INDICATIONS FOR TESTING

With the increased availability of testing supplies and the increased understanding of the epidemiology of transmission, expanded **TESTING STRATEGIES** have become an important tool in the prevention and management of COVID-19 infections. This is especially true in congregate living and residential settings such as correctional facilities where social distancing may be difficult to achieve or maintain.

- *The indications for testing for the SARS-CoV-2 virus in a correctional environment include both **ASYMPTOMATIC** and **SYMPTOMATIC** inmates with compelling reasons or priorities for testing.*

Specific INDICATIONS FOR TESTING in the BOP are listed below in FIVE (A–E) CATEGORIES. If there are limitations on the number of tests that can be performed at a given location, prioritization of testing indications may be needed and should be done in consultation with the Regional Medical Director, the Regional Health Services Administrator, and the Regional Infection, Prevention, and Control Consultant.

➔ *Refer to **MODULE 4, MEDICAL ISOLATION AND QUARANTINE**, for further guidance regarding (**1**) testing inmates in and out of medical isolation and quarantine and (**2**) other criteria for releasing inmates from medical isolation and quarantine.*

A. SYMPTOMATIC INMATES

➔ *Testing **SYMPTOMATIC INMATES** is the primary reason for use of the **ABBOTT ID NOW** COVID-19 test in the BOP. However, a negative test result from an Abbott ID Now system should **NOT** be used as the sole basis for patient management decisions, due to concerns about **FALSE NEGATIVE RESULTS**.*

- Symptomatic inmates whose Abbott test is **POSITIVE** should be placed in **MEDICAL ISOLATION**.
  - ➔ *A **POSITIVE** Abbott test result does **NOT** require confirmation with a commercial PCR test.*
- Symptomatic inmates whose Abbott test is **NEGATIVE** require **CONFIRMATION**. Another specimen is collected and sent out for commercial **PCR** lab testing.
  - ➔ *Until the confirmation commercial PCR test results are known, the symptomatic patient is placed into **MEDICAL ISOLATION**—but separate from symptomatic patients whose Abbott test was positive. If the commercial PCR test result is positive, the inmate may be cohorted in medical isolation with other COVID-19 positive cases. Clinical judgment will be needed if the commercial lab test result is negative and consultation with Regional Health Services staff is recommended.*
- **Testing for release from COVID-19 medical isolation is NOT recommended.**
  - ➔ *Refer to **MODULE 4** for criteria used for releasing inmates from medical isolation.*

B. ASYMPTOMATIC INMATES WITH KNOWN OR SUSPECTED CONTACT WITH A COVID-19 CASE

- When a staff or inmate case of COVID-19 is identified at an institution, **CONTACT TRACING** of both inmates and staff should be performed expeditiously.
- All inmates identified as **CLOSE CONTACTS** of the index case should be assessed for symptoms and tested using either the Abbott ID NOW POC test or a commercial PCR test.
  - ➢ **SYMPTOMATIC CONTACTS** should be tested (and placed in medical isolation, as necessary), as described above under *2.A. Symptomatic inmates*.
  - ➢ **ASYMPTOMATIC CONTACTS** should be tested and placed into exposure quarantine. (See **MODULE 4** for more information.)
- **TESTING IN HOUSING UNITS:** Because COVID-19 is very contagious and may be spread by asymptomatic as well as symptomatic individuals, expanded testing of all inmates in an entire housing unit should be considered—especially if the unit has open sleeping areas (rather than cells with solid walls and doors) or common areas where inmates have close contact.
- **INSTITUTION-WIDE TESTING** of inmates may be considered where one or more inmate or staff cases of COVID-19 have been identified.
  - ➢ This is recommended especially if substantial transmission is confirmed beyond the index case, or if staff or inmates have moved about the institution.

- Institutions should consult with their regional infection prevention and control (IPC) officer prior to initiating expanded testing strategies.

- **RETESTING DURING WIDESPREAD TRANSMISSION:** Retesting of close contacts who previously tested negative—or retesting more broadly—is recommended when there is widespread institution transmission. A testing frequency of every 3 to 7 days is recommended, whenever feasible, in consultation with the Regional IPC and the Regional Medical Director.

C. ASYMPTOMATIC INMATES WITH NO KNOWN OR SUSPECTED CONTACT WITH A COVID-19 CASE

- **A QUARANTINE TEST-IN/TEST-OUT STRATEGY** is used for all inmates being admitted to and discharged from any type of quarantine
  - *See **MODULE 4**, for further guidance on testing in and out of quarantine.*
- **ALL INMATE INTAKES, RELEASES, AND TRANSFERS** (including to BOP Medical Referral Centers) should be tested.
  - *Refer to **MODULE 6** for specific guidance regarding testing procedures for **INMATE MOVEMENT**.*
  - Regardless of the test result, all new BOP admissions/intakes must be placed in a full 14-day quarantine.
  - While a commercial PCR test for intake/release quarantine may be used instead of an Abbott test, outside processing has the disadvantage of a longer turnaround time, causing a possible delay of placement into isolation and/or a prolonged quarantine period for the inmate.
  - If test turnaround time (TAT) is greater than 7 days, the Abbott POC test may be used for **TRANSFERS** to other BOP facilities or in the case of **IMMEDIATE RELEASES**. (In such cases, a negative result on the Abbott POC test does not require confirmation with a PCR test.)
- **INMATES RETURNING FROM THE COMMUNITY** should be tested. Examples include an extended time in an emergency department or crowded waiting area; residing overnight in the community or alternative setting including hospitalization or furlough; work release; and court appearances.
  - *Inmates with frequent or regular trips to the community (e.g., court hearings, work release), may need to be housed in a separate housing group and tested periodically (e.g., once every three to seven days).*
- **HEALTH-CARE RELATED TESTING:**
  - Inmates may be required to be tested in order to be seen at a **CIVILIAN HEALTH CARE SYSTEM**.
  - For **RESIDENTIAL HEALTH CARE UNITS AT MRCS** (e.g., Nursing Care Center units) without any known or suspected cases of COVID-19, **BASELINE TESTING** of inmate residents is recommended by the CDC in conjunction with **PERIODIC RETESTING**. Institutions should consult with their regional IPC to determine frequency of testing.
- **INSTITUTION-WIDE SURVEILLANCE TESTING** involves testing all inmates at an institution without any known COVID-19 cases.
  - The effectiveness, feasibility, and role of this type of testing in a correctional setting is not clearly defined and requires considerable resources. Low participation rates are likely to limit its effectiveness, and institution health care staffing levels are likely to be insufficient to accomplish it.
  - **ALTERNATIVE STRATEGIES:** When institution-wide surveillance testing of inmates is not feasible, alternative strategies may be considered such as **PERIODIC TESTING OF CERTAIN GROUPS** such as inmates with risk factors for severe COVID-19 illness, CPAP users, inmates who work in groups

or who may interact with large numbers of staff or inmates as part of their duties (e.g., food service, orderlies), inmates housed in a residential health care unit, etc.

- Institutions should consult with their regional IPC to determine frequency of testing.

D. RELEASE FROM QUARANTINE

- The preferred method to test out of any quarantine status is a commercial PCR test no earlier than day 14.
- However, if TAT is greater than 7 days, the Abbott POC test may be used for **TRANSFERS** to other BOP facilities or in the case of **IMMEDIATE RELEASES**. (In such cases, a negative result on the Abbott POC test does not require confirmation with a PCR test.)

→ *Refer to* **MODULE 4** *for further guidance on releasing inmates from quarantine.*

3. SPECIMEN COLLECTION

The following information applies to specimen collection for either an Abbott POC test or a PCR test that is processed by an outside lab.

→ *Handle* ***LABORATORY WASTE*** *from testing suspected or confirmed COVID-19 patients the same as all other biohazardous waste in the laboratory. Currently, there is no evidence to suggest that this laboratory waste needs any additional packaging or disinfection procedures.*

A. USE OF THE ABBOTT ID NOW SYSTEM

- All staff performing testing using the Abbott ID NOW machines must demonstrate competency to perform testing.

  → *Refer to the* ***APPENDICES*** *for the* ***Abbott ID NOW Competency and Performance Assessment*** *and* ***Abbott ID NOW Training Log*** *forms.*

- Staff using the Abbott ID NOW machines must perform quality control (**QC**) tests as specified by the CLIA waiver and the manufacturer.

  → *Refer to the* ***QUICK REFERENCE INSTRUCTIONS*** *for using the Abbott ID NOW machine and running QC tests, available at:*
  https://dam.abbott.com/en-us/homepage/coronavirus/38993-ID-NOW-QRG-r4-HD.pdf

B. LOCATION FOR SPECIMEN COLLECTION

When collecting diagnostic respiratory specimens (e.g., nasopharyngeal (NP) swabs) from a patient with possible COVID-19, the following should occur:

- Specimen collection should be performed outdoors if possible. If not feasible, testing should be performed in an examination room with no carpet, solid walls, the door closed—and within a negative airflow room, if available.
- 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 high-efficiency particulate air (HEPA) air purifier:
  - Use a HEPA filter that is sufficient 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.
  - In rooms without HEPA filtering, coordinate with the facilities department to determine if the air flow in the room(s) can be adjusted to vent to the outside or to increase the rate of air exchange.

C. PPE FOR STAFF

Staff performing the testing and/or handling of specimens should wear an N95 respirator, eye protection (face shield or goggles), gloves, and a gown.

- If the supply of N95 respirators is limited, they should be prioritized for procedures at higher risk for producing infectious aerosols (e.g., intubation). In this case, staff should use surgical masks.
- Staff should remove PPE when leaving the testing area.
- Gloves should be changed after each patient, and hand hygiene should be performed prior to donning new gloves.
- Avoid contact of the gown with inmates during swabbing, to minimize contamination of the gown. If a gown becomes soiled (e.g., inmate sneezes on the gown during specimen collection):
  - Doff the gown in the collection room and perform hand hygiene.
  - Doff the gloves (both pairs if double gloved) and perform hand hygiene.
  - Proceed directly to exit and perform hand hygiene upon exiting.
  - Don a new gown and gloves outside the testing area.
- If eye protection is also soiled:
  - Doff gloves and perform hand hygiene.
  - Don clean gloves.
  - Doff eye protection using strap from the back.
  - Eye protection can either be disposed of in trash or cleaned with an EPA disinfectant wipe.
  - Doff gloves and dispose of in trash and perform hand hygiene
  - Don new gloves and face shield or goggles outside the testing area.

➔ *If a staff member needs to take a break and leave the testing area, the procedure will be the same as above, with all PPE doffed and hand hygiene performed inside the room before leaving.*

➔ *Refer to **MODULE 2** for additional information on PPE, including donning and doffing procedures.*

D. PREPARATION FOR SPECIMEN COLLECTION

- **INMATES** should wear their BOP-issued cloth face covering in the testing area and pull it down below their nose, leaving their mouth covered during the collection of the specimen.
- **ESSENTIAL STAFF ONLY:** The number of staff present during the procedure should be limited to only those essential for patient care and procedure support. Place a notice on the door that COVID testing is being conducted. Only authorized personnel can enter.
- **WAITING AREA:** Inmates will stand on marked areas, which will be ≥6 ft apart in front of the screening table, and maintain social distancing while waiting.
- **ROOM PREPARATION:**
  - 30 minutes prior to specimen collection, testing rooms will be disinfected.
  - Place a countertop splash guard (if available) in front of the machine, if collecting and running tests in same room.
  - Place a chux on the floor in front of the machine (if available), and dispose of it at the end of each day.

E. SPECIMEN COLLECTION PROCEDURE:

- 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.
- Before the NP swabbing, ask the inmate to blow their nose and provide them with tissues, as well as hand sanitizer to use afterwards.
- Proceed to the screening questions and explain the procedure, allowing time to answer the inmate's questions.
- Collect the NP swab (allow 3–5 minutes, including packaging of sample).
- Discard the used swabs as biohazardous waste.
- Work surfaces such as the chair and table within a 6-foot radius of the swabbing location should be cleaned and decontaminated after each inmate.
- 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.

F. DECONTAMINATION OF THE TESTING AREA

- Follow the manufacturer's guidelines for cleaning the Abbott ID NOW machines.
- 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.

→ *Refer to **MODULE 1** for additional cleaning and decontamination guidance.*

4. LABORATORY ORDERING AND DOCUMENTATION

A. POINT OF CARE (POC) ABBOTT ID NOW

- COVID-19 RNA results are documented in the EMR Flow Sheets under COVID-19 RNA. Refer to the BEMR user document "COVID-19 Flow Sheet" for step-by-step instructions, available on BOP Sallyport.
- POC testing does not require an NMOS order.

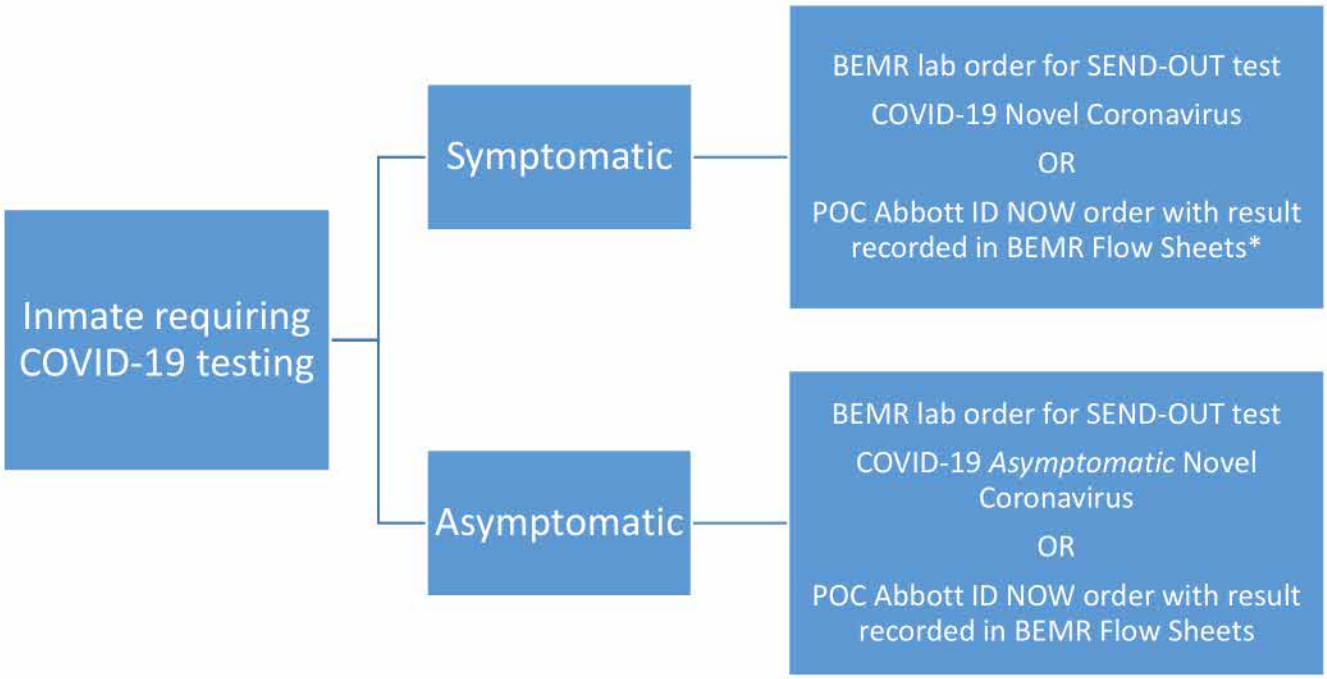
B. SEND-OUT TESTING

- There are two SEND-OUT commercial COVID-19 Lab Tests available under the Laboratory Information System (LIS) Tests tab in BEMR:
  - COVID-19 Novel Coronavirus
  - COVID-19 Asymptomatic Novel Coronavirus
- Type **COVID** in the Lab Test Search box.
  - *If lab orders were incorrectly ordered using a different test and typing "COVID" in the comments, those must be D/C and reordered using one of the two tests listed above.*

PUBLIC HEALTH NOTIFICATION OF POSITIVE TESTS

- COVID-19 is a **REPORTABLE DISEASE** and must be reported to civilian health authorities in accordance with individual state reporting requirements.
- Contact the local health department to ascertain reporting requirements and methods for sharing data.

5. ALGORITHM FOR SELECTING THE APPROPRIATE LAB TEST



*** Negative POC test results for SYMPTOMATIC patients must be verified with a commercial PCR test.**

6. SCREENING AND TESTING PROCEDURES SUMMARY

WHO (TYPE OF QUARANTINE OR MEDICAL ISOLATION)	AT ADMISSION	DAILY SCREENING REQUIREMENTS	AT DISCHARGE	DOCUMENTATION
COMMUNITY RETURNS (community work details, court hearings, hospitalizations, etc.)[1] (**INTAKE QUARANTINE**)	• SS/TC[2] • Abbott ID-NOW or commercial PCR test[3,5]	• Documentation and daily medical rounds are not required.	• SS/TC within 24 hours of discharge from quarantine. • Commercial PCR test on day 14 or after.	• Document temperature and symptom screening in EMR chart or the screening section of the intake and exit summaries (intakes and transfers).[7] • Ordering of test and test results, dependent upon test type in BEMR.
INTAKES (new commitments, detainees, writ returns, parole violators) regardless of mode of arrival (USMS, ICE, voluntary surrender, etc.) (**INTAKE QUARANTINE**)				
INMATES LEAVING A BOP FACILITY (transferring, going to RRC, releasing home, transfers to ICE, etc.) (**RELEASE/TRANSFER QUARANTINE**)			• SS/TC within 24 hours of discharge from quarantine. • Commercial PCR test[3]	
ASYMPTOMATIC INMATES with known or expected exposure (**EXPOSURE QUARANTINE**)	• SS/TC[2] • Abbott ID-NOW or commercial PCR test[3,5]	• SS/TC twice-daily is preferred. • Once-daily is acceptable when large numbers in quarantine or substantial staffing shortages.	• SS/TC within 24 hours prior to discharge from quarantine. • Commercial PCR test.	• Document temperature and symptom screening in the EMR chart upon intake and exit from exposure quarantine.[7] • Ordering of test and test results dependent upon test type.
SYMPTOMATIC INMATES (**MEDICAL ISOLATION**)	• SS/TC[2] • Abbott ID-NOW or commercial PCR test[3,4]	• SS/TC and clinical assessment daily. • May include pulse oximetry, respirations, pulse, etc.	• Testing for release from COVID-19 medical isolation is **NOT** recommended.[6]	• Document daily SS/TCs and status in the clinical encounter note or the EMR chart.[7] • A clinical encounter in the EMR, reviewing time in isolation and symptom screen is required upon release from medical isolation. • Update health problem code to "resolved" and SENTRY code to "recovered."

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WHO (TYPE OF QUARANTINE OR MEDICAL ISOLATION)	AT ADMISSION	DAILY SCREENING REQUIREMENTS	AT DISCHARGE	DOCUMENTATION
(continued from previous page)				
ASYMPTOMATIC INMATES with a positive COVID-19 test (MEDICAL ISOLATION)	• SS/TC[2] • Abbott ID-NOW or commercial PCR test[3,4]	• SS/TC daily	• Testing for release from COVID-19 medical isolation is **NOT** recommended.[6]	• Document interval SS/TCs in the EMR chart.[7] • Clinical encounter reviewing time in isolation and symptom screen is required upon release from medical isolation. • Update health problem code to "resolved" and SENTRY code to "recovered."
INSTITUTION SURVEILLANCE[4]	Testing and screening procedures are dependent on recommendations from Regional Medical Director and Regional IPC.			

[1] **INMATES WITH FREQUENT OR REGULAR TRIPS TO THE COMMUNITY** (e.g., court hearings, work release) may need to be housed in a separate housing group and tested periodically (e.g., at intervals or weekly; 14 days after last court date, etc.). Certain workers may be screened prior to or at end of each work day (e.g., town drivers, milk delivery, inmates working at military bases, etc.).

[2] **SS/TC** = Symptom screen and temperature check; may be performed by health services staff or trained non-health services staff.

[3] **ABBOTT RAPID (POC) TESTS** are preferred when an inmate is symptomatic **OR** when the expected turnaround time (TAT) for a PCR test is prolonged (e.g. > 7days).

[4] **NEGATIVE POC TEST RESULTS** for symptomatic patients should be verified with a commercial PCR test.

[5] If inmates become **SYMPTOMATIC DURING QUARANTINE**, they should be re-tested (Abbott or PCR) and placed in medical isolation immediately.

[6] Patients must meet the CDC Isolation discontinuation time and/or symptom-based criteria. See: *https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/testing.html*.

[7] COVID-19 screening will be available through the BEMR intake, exit summary, and chart functions beginning October 6, 2020. Until that time, screening should be documented in BEMR flow sheets.

7. MANAGING INMATES WHO REFUSE TESTING

Inmate refusal of testing may be a concern that requires management, not just for the sake of the inmate's individual healthcare, but also to aid in management decisions that could involve the healthcare of others. **As such, it is considered not just a refusal for medical treatment, but also an act that affects the safe and orderly running of the institution.**

➔ ***Program Statement 6190.04, Infectious Disease Management**, states, "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."*

A. ADMINISTRATIVE MANAGEMENT OF INMATES WHO REFUSE TESTING

Although not every potential scenario can be anticipated, the information below provides some guidance and principles for the management of inmates who refuse COVID-19 testing.

- A distinction should be made between those who simply refuse testing and those who are willing to be tested, but are unable to tolerate testing via nasopharyngeal, oropharyngeal, nasal mid-turbinate or anterior nares swabbing. Follow CDC instructions on proper sample collection and handling: *https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html#specimen*
- If an inmate refuses testing, the first action is to **EDUCATE** the inmate on the importance of testing, why it is being conducted, and the potential risks and benefits of testing vs. refusal.
- Except where noted under "B. Clinical Management" below, if an inmate continues to refuse COVID testing, they should be given a **DIRECT ORDER** to submit to testing.
  - If an inmate refuses the direct order, an **INCIDENT REPORT** should be generated. A sample **Incident Report** is provided in **APPENDICES**.
  - A **Medical Treatment Refusal Form** should also be completed.
  - Due to the risk of exposure for staff, a use of force to involuntarily obtain a sample is generally not recommended.

B. CLINICAL MANAGEMENT OF INMATES WHO REFUSE TESTING

Clinical management of inmates refusing COVID-19 testing will vary depending on a variety of factors:

- **SYMPTOMATIC PATIENTS:** Place in single-cell **MEDICAL ISOLATION** until they clear CDC symptom-based criteria for release from isolation. Ideally, this isolation should be separated from both suspected and known positive COVID-19 isolation cases.

  ➔ *Refer to **MODULE 4** for information regarding medical isolation.*

- **ASYMPTOMATIC CLOSE CONTACTS:** Place in single-cell quarantine for 14 days.
  - ➤ If the inmate becomes **SYMPTOMATIC** at any time during the quarantine, follow guidance for symptomatic patients in the bullet above.
  - ➤ If the inmate remains **ASYMPTOMATIC**, testing should be made available throughout the 14-day quarantine.

- If the inmate submits to **TESTING** prior to the full 14-day quarantine and tests **NEGATIVE**, they may be placed in regular exposure quarantine for remainder of the 14-day quarantine period.
- If the inmate submits to **TESTING** prior to the full 14-day quarantine and tests **POSITIVE**, they should be placed in **MEDICAL ISOLATION** and follow time-based criteria for release from isolation.
- If the inmate continues to **REFUSE TESTING**, they should remain in single-cell quarantine for the full 14 days. On Day 14 of this initial quarantine, **TESTING TO RELEASE** from quarantine should be offered.
  - If the inmate submits to testing and tests **NEGATIVE**, they may release from quarantine.
  - If the inmate submits to testing and tests **POSITIVE**, they should be placed in medical isolation and follow CDC criteria for release from medical isolation.
  - If the inmate continues to **REFUSE TESTING**, they should be placed in **CONTINUED QUARANTINE** for another 10 days. They may submit to testing at any time during this 10-day period. If they test positive, they go to medical isolation. If they test negative, they may be released from quarantine. If they continue to refuse, they may be released at the end of 10 days if they remain asymptomatic.

- **ASYMPTOMATIC NEW BOP INTAKES:** Follow guidance for **ASYMPTOMATIC CLOSE CONTACTS** above.
- **ASYMPTOMATIC INMATES REFUSING TO "TEST-OUT" PRIOR TO RELEASE FROM INTAKE QUARANTINE:** Follow guidance above for **ASYMPTOMATIC CLOSE CONTACTS** who refuse testing to release from the first 14-day quarantine period.
- **ASYMPTOMATIC INMATES REQUIRED TO BE TESTED IN ORDER TO BE SEEN AT A CIVILIAN HEALTH CARE SYSTEM:** Educate the inmate on the need for testing in order to be seen at civilian health care system.
  - If inmate continues to refuse, have inmate sign refusal for testing and for the medical trip. Document in BEMR that inmate was educated on the testing requirements of the outside facility and that inmate refused.
  - Educate the inmate to notify Health Services if they change their mind about testing so that they can go on the medical trip. In this instance, since testing would not otherwise be indicated, **NO** direct order or Incident Report should be given for refusal.
  - It is also important to note that even if an inmate has previously refused COVID-19 testing, if experiencing a **MEDICAL EMERGENCY**, they should still be taken to a community hospital.
- **ASYMPTOMATIC INMATES TRANSFERRING TO/ARRIVING AT A BOP MEDICAL REFERRAL CENTER (MRC):**
  - When feasible, follow the above guidance for **ASYMPTOMATIC CLOSE CONTACTS**.
  - In some instances, the medical condition may preclude prolonged quarantine period at the sending facility. In these instances, MRCs may need to take the patient and perform quarantine on arrival. With these cases, it is imperative that the sending and receiving institutions are in direct communication to ensure a smooth, timely and appropriate transfer.

- **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:
  - Follow the above guidance for **ASYMPTOMATIC CLOSE CONTACTS** prior to release. Note that this may delay an inmate's release, and inmate should be educated as such.
  - If circumstances require **IMMEDIATE RELEASE** or it is mandated without enough time to fulfill quarantine requirements, the receiving facility, home and/or local health department must be notified of the patient's COVID-19 status. Direct order and Incident Report for refusal of testing in this situation does **NOT** apply.
- **ASYMPTOMATIC INMATES DEPARTING A BOP FACILITY AS A TRANSFER TO ANOTHER BOP FACILITY OR OTHER CORRECTIONAL JURISDICTION**: Follow above guidance for **ASYMPTOMATIC CLOSE CONTACTS**.
- **TESTING INMATES AS PART OF AN INSTITUTION-WIDE SURVEILLANCE PROGRAM:** Follow above guidance for **ASYMPTOMATIC CLOSE CONTACTS**.