COVID-19 Modified Operations Matrix

What's New

- All routine quarantine is decreased from 14 days to 10 days.
- Incarcerated/detained persons, regardless of vaccination, will require a 10-day exposure quarantine; please refer to BOP Pandemic Plan, Module 4. Inmate Isolation & Quarantine.
- Testing-out of quarantine can be done with Point of Care (POC) or PCR testing depending on how quickly the results are needed, and available supply at the institution. In the event of testing supply shortages, testing should be prioritized according to the BOP Pandemic Plan and previously issued guidance.
- Clarification on staff testing has been added to the table below. Additional guidance on staff testing is available in the BOP Pandemic Plan, Module 11. BOP Employee Management

The BOP's COVID-19 Modified Operations Matrix is an adjustable pandemic response plan for infection prevention procedures and inmate programming and services at any given BOP institution location based on three indicators of transmission risk - the facilities' COVID-19 inmate medical isolation rate, combined percentage of staff and inmate completed vaccinations series, and the transmission rate of the county where the institution is located.

- There are three modified levels of operations that reflect these indicators and the risk of SARS-CoV-2 transmission at each facility Levels 1, 2, and 3. Level 1 Operations are for institutions with a low risk of transmission and involve minimal modifications. Level 2 Operations are for institutions with an intermediate risk of transmission which requires a moderate amount of modifications to institution operations. Level 3 Operations are for institutions with a high level of transmission risk which requires a full pandemic response and mitigation measures involving intense modifications to institution operations.
- An Exec Report dashboard has been developed that reports the current Level of Operational Modifications for
 each institution including the status of each indicator used to calculate the operational level and whether
 offering weekly staff testing is recommended. The Executive Staff and Health Services Staff may access this
 dashboard using the following links:
 - **→** Executive Staff
 - **→** Health Services Staff
- In order to implement and adjust operations accordingly, the Health Services Administrator (or designee) will review the Exec Report dashboard daily and communicate the facility's operational level to the institution Executive Staff, local Union President, and Operations Lieutenant (or designee). Any changes to the institution's operational level or staff testing status will be communicated to all institution staff by the Warden (or designee).
- Each institution will implement the operational modifications in the Matrix appropriate for their institution's operational level as indicated by the dashboard. If there are fluctuations in the daily level of operations, the facility will operate at the higher of the two levels of modification until a downward trend is observed (this will be automatically done by the dashboard).
- The operational level of an institution as specified by the Matrix is to be interpreted as meeting the safety standards according to the Centers for Disease Control and Prevention (CDC)
 - There may be times when local executive decision will prompt mitigation strategies beyond those specified by the Matrix, e.g. quarantine of vaccinated inmates if there is high positivity rates among the fully vaccinated, and/or if the new arrivals will be releasing to the general population who live in a dormstyle unit, are older, or are considered higher risk for contracting COVID.
 - There may also be times when the unique circumstances at an institution will require frequent
 assessments to determine "the minimal tolerable risk" and consider decreasing isolation or quarantine
 during critical staffing shortages, to meet housing management needs, and even transfer inmates during

large outbreaks; these decisions should be made with regional medical consultation/guidance, and Medical Director approval.

- Refer to the <u>BOP Pandemic Plan</u>, Module 6. Inmate Movement and the movement algorithms located at the end of Module 6 for the current COVID-19 mitigation strategies for inmate movement.
- Refer to the <u>BOP Pandemic Plan</u>, Module 11. BOP Employee Management for the current COVID-19 mitigation strategies related to staff testing.

Definitions

- Not Fully Vaccinated: No documentation of vaccination or only partial vaccination (one out of two doses) as authorized by the U.S. Food and Drug Administration of the United States.
- Fully Vaccinated: Proper documentation of having completed a vaccination series: 2 weeks after their second dose in a 2-dose series (Pfizer or Moderna), or 2 weeks after a single-dose vaccine (Janssen) as authorized by the U.S. Food and Drug Administration of the United States. NOTE: a booster is not required to consider an individual "fully vaccinated"
- **Up-to-date vaccine status:** proper documentation of having completed a vaccination series, and having received a booster according to current recommendations.
- Community Transmission Rate: Classified as Low, Moderate, Substantial, or High utilizing the CDC's
 Community Transmission Indicators at the County Level: Table 2 https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/testing.html
- Symptom Screen and Temperature Check (SSTC): screening for symptoms of COVID-19 and elevated temperature/fever.
- Self-monitoring / reporting of COVID-19 symptoms and temperature: each staff member is responsible for identifying if they have COVID-19 symptoms, measuring their own temperature, and reporting COVID-19 symptoms and temperature elevations in accordance with Employee Health Care Policy 6701.01.

• Key highlights of the BOP COVID-19 Modified Operations Matrix:

- Infection prevention and mitigation strategies in the Matrix are based on guidance from the Centers for Disease Control and Prevention (CDC), the Occupational Safety and Health Administration (OSHA), directives from the Department of Justice (DOJ), and other relevant agencies and organizations.
- Face coverings will be worn by staff and inmates at all times while indoors, regardless of vaccination status.
- All workers (staff/contractors/inmate orderlies) must wear a surgical mask in all patient care areas, whether or not there are patients in the clinic/area.
- Incarcerated/detained persons who are fully vaccinated and do not have symptoms of COVID-19 <u>do</u>
 <u>not need to quarantine</u> at intake or prior to transfer to another BOP facility, other correctional
 jurisdiction, or release.
- All incarcerated/detained persons should be tested for SARS-CoV-2 following exposure to suspected or confirmed COVID-19 or if they develop any symptoms of COVID-19.
- Persons who have recovered from SARS-CoV-2 infection during the 3-month period after their positive test date can be exempted from movement-based screening testing, unless presenting with new COVID-like symptoms. Additional movement specific testing recommendations may be found in the BOP
 Pandemic Plan, Module 6. Inmate Movement.

	Level 1 Operations Minimal Modifications	Level 2 Operations Moderate Modifications	Level 3 Operations Intense Modifications
Indicators	 Medical isolation rate < 2% and Facility vaccination rate ≥ 65% and Community transmission rate less than 50 per 100,000 over the last 7 days 	 Medical isolation rate 2% to < 7% or Facility vaccination rate 50% to < 65% or Community transmission rate 50-99 per 100,000 over the last 7 days 	 Medical Isolation Rate ≥ 7% or Facility vaccination rate < 50% or Community transmission rate ≥ 100 per 100,000 over the last 7 days
Infection Prevention Procedures	Medical isolation, contact tracing, and PPE ap	opropriate for each setting are still in effect for a	all scenarios.
Face Covering	 Indoors: Required at all times Outdoors: Not required 	 Indoors: Required at all times Outdoors: Required when social distancing is not possible 	Follow the full COVID-19 Pandemic Plan
Surgical Masks	All workers (staff/contractors/inmate orderlies) must wear a surgical mask in all patient care areas, whether or not there are patients in the clinic/area.		
N-95 Respirator	Where a N-95 respirator is required (i.e., isolation or quarantine settings), all workers (staff/contractors/inmate orderlies) must be enrolled in and have completed the OSHA Respiratory Protection Program to include the following: OSHA Respiratory Medical Evaluation Questionnaire, medical evaluation (if indicated based on responses to questionnaire), and fit testing.		
Staff Symptom Screening	Self-monitoring/report ¹ symptoms of COVID-19	Self-monitoring/report symptoms of COVID-19	Implement daily COVID-19 symptom screen and temp check prior to entry into the institution (enhanced screening)
Social Distancing	 All health care units and patient care areas Not necessary in other locations 	All areas	All areas

Self-monitoring / reporting involves each staff member identifying if they have COVID-19 symptoms, measuring their own temperature, and reporting COVID-19 symptoms and temperature elevations in accordance with Employee Health Care Policy 6701.01 prior to reporting to work.

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Infection Prevention Procedures (cont.)	Medical isolation, contact tracing, and PPE appropriate for each setting are still in effect for all scenarios.				
Cohorting	Not necessary	 Not necessary if social distancing is followed 	• Yes		
Quarantine	 Fully vaccinated inmates do not need to be routinely quarantined as new intakes, prior to transfer to other BOP facilities or correctional jurisdictions. Fully vaccinated inmates transferring to an RRC, home confinement or releasing to the community do not need to routinely complete a 10-day quarantine prior to departing the institution. Not fully vaccinated inmates need to complete a 10-day quarantine as new intakes and prior to transfer to other BOP facilities or correctional jurisdictions; refer to the BOP Pandemic Plan, Module 6 – Inmate Movement for more specific details. If suspected SARS-CoV-2 exposure, all incarcerated persons, regardless of vaccination status, will routinely quarantine for 10 days; refer to the BOP Pandemic Plan, Module 4 – Medical Isolation and Quarantine for more specific details on exposure quarantine. 				
Medical Isolation	Inmates with known or presumed SARS-CoV-2 infection should be provided a face covering, POC tested, and placed in medical isolation for 10 days. Refer to the BOP Pandemic Plan, Module 4. Medical Isolation and Quarantine.				
Sanitation	Continued high sanitation standards expected at all levels of operation. At a minimum, all areas, supplies, and equipment must be cleaned on a daily basis.				
Inmate SARS-CoV-2 Testing	 Symptomatic Exposed, asymptomatic Movement-based testing (refer to the <u>BOP Pandemic Plan</u>, Module 6 – Inmate Movement) Screening/surveillance testing - individualized by institution, level of operations and target populations (high risk, by location, etc). Refer to the <u>BOP Pandemic Plan</u>, Module 5 – Surveillance. 				
Staff SARS-CoV-2	Testing of staff should be based on ONLY "Community Transmission Rate" Indicator				
Testing	Follow BOP Pandemic Plan, Module 11. BOP Employee Management for testing prioritization	Offer testing regardless of vaccination status	Offer testing regardless of vaccination status		
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Inmate Programming and Services	Each activity will follow the general infection p	revention recommendations above unless specifie	
Barber / Beauty Shop	Normal operations	Limit capacity to allow for social distancing	Follow the <u>BOP Pandemic Plan</u>
Programs & Services (Education, Psychology, Religious Svs)	Normal capacity participation	 Standard housing capacity (in Residential units) Limit capacity to allow for social distancing during group activities 	
Laundry	Normal operations	Limit capacity to allow for social distancing	
Commissary/ Inmate Phones/TRULINCS	Normal operations	 Limit capacity to allow for social distancing Cohorting if not able to social distance. 	
Food Svc	Normal operations	 No self-service Cohorting (e.g. by unit / range; determined by the size of the dining hall) Social distancing in the dining hall Patrons are required to wear face-covering when not consuming food. 	

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Services (cont.)	Lucii activity will jollow the general injection p		
Law Library	Normal capacity participation	Limit capacity to allow for social distancing	• Follow the BOP Pandemic Plan
Recreation	Normal capacity participation	 Limit capacity levels to allow for social distancing indoors Normal outdoor capacity participation Face covering outdoors when social distancing is not possible 	
Visitation	 Face covering is required for visitors as well as staff and inmates Normal operations 	 Face covering is required for visitors as well as staff and inmates Non-contact only 	
Work Detail / Unicor	Normal operations	 Cohorting if not social distancing Face covering outdoors when social distancing is not possible 	
All Inmate Transport (Bus/Air/Van)	 Transportation involves an indoor environment and face covering is required at all times. 	Transportation involves an indoor environment and face covering is required at all times.	
Inmate Movement	Refer to <u>BOP Pandemic Plan</u> , Module 6 –	nmate Movement	