

Federal Bureau of Prisons

Interim Ebola Protocol:
Inmate Screening and Management
May 2015

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Interim Ebola Protocol: Inmate Screening and Management

May 2015

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What's New since the December 5, 2014 version?

The following changes have been made to the document. Changes are highlighted in **YELLOW**.

- The countries of Mali and Liberia have been deleted for screening purposes
- Quarantine and Hospital Logs have been added: Appendix F and G
- Items added to Appendix D Planning Table
- References updated

1. Purpose and Overview

The current outbreak of Ebola is a significant public health problem for the world. While the likelihood that the BOP will be directly affected by Ebola is low, this Ebola Protocol has been developed to assure that BOP facilities are taking reasonable steps to protect staff and inmates. The guidance in this document is based upon guidance from the Centers for Disease Control and Prevention (CDC). National guidance regarding Ebola is changing rapidly. This protocol will be updated as the situation changes.

This protocol addresses issues related to screening new inmate intakes for Ebola and management of them if they identify Ebola exposure risk factors with or without symptoms. Guidance regarding screening of visitors and staff is provided separately. BOP facility staff are encouraged to carefully review this document. **It is recommended that each facility utilize Appendix D (*BOP Institution Ebola Preparedness Checklist*)** to guide completion of the tasks necessary to make this protocol operational.

2. Ebola – General Information

Key points about Ebola are summarized below and form the scientific basis for this protocol. General information and current national Ebola guidelines are available on the CDC Ebola website (<http://www.cdc.gov/vhf/ebola/>).

- **Current outbreaks:** Currently there are uncontained Ebola outbreaks in the following 2 West African countries: Guinea and Sierra Leone. This list may change. If it does this guidance will be updated to reflect that change.
- **Ebola Disease:** Symptoms include fever, headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain or bleeding. Total body disease occurs including damage to major body organs and extremely low blood pressure. The mortality rate in Ebola affected countries can exceed 60%; it is lower in the United States due to better quality of medical care.
- **Transmission:**
 - Ebola can only be spread by direct contact with the body fluids of a person who is symptomatic with Ebola (including urine, saliva, sweat, feces, vomit, breast milk, and semen) of a person who is sick with Ebola.
 - Ebola is not transmitted through the air, by water, by food, or by insects.
 - It has been scientifically demonstrated that persons who do not have symptoms cannot spread the disease.
 - The sicker a person is with Ebola the more contagious he or she is.
 - Health care workers who are directly caring for Ebola patients in the advanced stages of disease (when there are significant symptoms of vomiting, diarrhea and bleeding) are at risk for infection even wearing personal protective equipment. Therefore strict adherence to infection control protocols is extremely important.

- **Incubation Period:** The time period after exposure to an infectious disease and development of symptoms is known as the incubation period. The incubation period for Ebola ranges from 2-21-days (average 8-10 days).
- **Containment of Ebola:** There have been multiple examples of Ebola outbreaks being contained by public health officials aggressively following up with contacts of person with Ebola and assuring that those who develop the disease are promptly isolated and treated.

3. Inmate Ebola Screening and Management

There are very few inmates in the BOP who are from Ebola affected countries and the United States does not have treaty transfer agreements with any of these countries. Therefore, it is anticipated that there will be very few inmate intakes to the BOP who have been in Ebola affected countries in the 21 days prior to intake. However, screening and management protocols have been developed and should be implemented in each facility. **See Appendix A (Inmate Ebola Screening and Management Protocol –Flow Chart and Detailed Procedure).**

General principles

- All new intakes will be screened for Ebola exposure risk factors.
- If inmates have Ebola exposure risk factors they will be screened for symptoms of Ebola.
- Asymptomatic inmates with exposure history will be quarantined at the facility for 21 days post-exposure.
- Symptomatic inmates with exposure history will be transferred out of the facility for a medical evaluation at a local hospital.
- BOP staff assigned to transport inmates with Ebola exposure risk factors and symptoms will not transfer the inmate until they have the CDC-recommended personal protective equipment (PPE) to use for the transfer.

4. Personal Protective Equipment (PPE)

Recommendations regarding PPE for Ebola are based upon recently published CDC guidance for health care workers and emergency medical services and law enforcement personnel (see References below).

CDC emphasizes the following key principles related to PPE for Ebola:

- Rigorous and repeated training is required regarding
 - Donning (putting on) PPE
 - Doffing (taking off) PPE
- No skin exposure when PPE is worn
- Trained monitor actively observes and supervises each worker donning and doffing PPE
- Disinfection of visibly contaminated PPE prior to taking it off

All facilities should obtain the following PPE and have it available in Receiving and Discharge (R&D) or in a designated area: See suppliers list under References.

- Face shield
- Surgical mask
- Fluid resistant or impermeable gown or coverall
- Exam gloves

This PPE will be sufficient for managing an inmate prior to transfer out of the facility.

Additional PPE required for transport of symptomatic inmate includes:

- extended cuff nitrile gloves
- boot covers
- surgical hood
- impermeable apron

The additional PPE will either be obtained from the local EMS/hospital system or Central Office.

The BOP trained a cadre of healthcare and custody leaders who can deploy as an asset to support institutions with safe transport of an Ebola inmate suspect. The trained healthcare responders can assist with education; act as advocates and liaison to assist institutions with staff and community concerns and collaboration of care, related to a possible Ebola case. It is emphasized that each institution is responsible for the pre-planning outlined in *Appendix D* of the Ebola Protocol.

CDC guidelines for recommended PPE are updated intermittently. There may be a lag time for acquiring recommended PPE and getting staff adequately trained to use it. In the interim, if an inmate with Ebola exposure risk factors and symptoms is identified, the BOP will rely on the public health and EMS systems to provide needed PPE and support to officers who transport these inmates for a medical evaluation.

Correctional officers will not transport inmates with Ebola exposure risk factors and symptoms without the recommended PPE. The inmate should be confined in a single room and the transport and medical evaluation delayed until receipt of recommended PPE and support for assuring that the PPE is put on and taken off properly.

In the event an inmate with Ebola exposure risk factors and symptoms is identified, the Health Services Administrator (or designee) will immediately identify a Health Services staff person whose sole role for that day is to monitor the use of PPE up until the transport of the inmate out of the facility. This person will assure that staff is adequately protected.

5. References

There are no published guidelines on detecting and managing Ebola in the correctional environment. This protocol is based upon the following CDC guidance available at: www.cdc.gov/vhf/ebola

- **Ambulatory Care Evaluation:**
<http://www.cdc.gov/vhf/ebola/pdf/ambulatory-care-evaluation-of-patients-with-possible-ebola.pdf> (November 4, 2015)

- **Emergency Medical Services and Law Enforcement:**

[Interim Guidance for Emergency Medical Services \(EMS\) Systems and 9-1-1 Public Safety Answering Points \(PSAPs\) for Management of Patients with Known or Suspected Ebola Virus Disease in the United States](#) (January 2, 2015)

- **Personal Protective Equipment –Health Care Workers:**

[Guidance on Personal Protective Equipment To Be Used by Healthcare Workers During Management of Patients with Ebola Virus Disease in U.S. Hospitals, Including Procedures for Putting On \(Donning\) and Removing \(Doffing\)](#) (Oct. 20, 2014)

- **OSHA Fact Sheet PPE Selection Matrix**

<https://www.osha.gov/Publications/OSHA3761.pdf>

- **Monitoring of Persons with Potential Ebola Exposure**

[Interim U.S. Guidance for Monitoring and Movement of Persons with Potential Ebola Virus Exposure](#) (December 24, 2014)

- **Decontamination and Waste Removal**

[Interim Guidance for the U.S. Residence Decontamination for Ebola and Removal of Contaminated Waste](#) (November 14, 2014)

https://www.osha.gov/Publications/OSHA_FS-3756.pdf (November, 2014)

- **EPA Registered Disinfectants for Use Against the Ebola Virus**

[Disinfectants for use Against the Ebola Virus](#)

- **Current Ebola Treatment Centers**

<http://www.cdc.gov/vhf/ebola/healthcare-us/preparing/current-treatment-centers.html>

Appendix A (1). Inmate Ebola Screening and Management Protocol

Standard Precautions (see below)	STEP 1. Screen intakes for Ebola exposure risk. (1) <i>In the last 21-days have you been in any of the following countries: Sierra Leone or Guinea?</i> (2) <i>Have you been in contact with anyone who traveled from these countries in the last 21-days and who is sick?</i> (3) <i>In the last 21-days have you been in close contact with anyone who was diagnosed with Ebola?</i>
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Standard Precautions PPE: Gloves Use disposable thermometer	STEP 2. Place inmate in separate room away from other inmates and staff.
	STEP 3. Assess for Ebola symptoms: fever (self-reported or $\geq 100.4^{\circ}\text{F}$) or severe headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain, or bleeding (e.g., bleeding gums, blood in urine, nose bleeds, blood in vomit or stool).



Standard Precautions Hand washing at entry and exit from room and use of gloves. Wash hands after removing gloves.	Step 4a. Quarantine Asymptomatic Inmate (See detailed Quarantine Procedures, Appendix C). 1. Notify: Local chain of command. 2. Prepare Quarantine Room 3. Escort inmate to Quarantine Room. 4. Notify Regional and Central Office staff and local health department (see Appendix E., Ebola Emergency Contacts). 5. Place on Medical Hold (SENTRY & BEMR). 6. Staff education. Key message: A person is not contagious if he or she does not have symptoms 7. Twice daily temperature and symptom screen. 8. If the inmate develops fever or any other symptoms then follow guidance in "YES" column.
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PPE: If no obvious bleeding, vomit or diarrhea: -Surgical mask -Face shield -Fluid resistant or impermeable gown or coverall -2 pairs gloves If symptoms present and during transport also: -Boot covers -Surgical hood -Extended gloves -Apron	Step 4b. Prepare to Transfer Symptomatic Inmate 1. Staff exit room. Remove gloves and perform hand hygiene. Do not enter room again without recommended PPE. 2. Have inmate perform hand hygiene and put on surgical mask and gloves. 3. Notify local chain of command. 4. Notify Regional/Central Office. 5. Call local health department. 6. Determine who will provide hospital escort (SORT vs. local). 7. Call EMS to request ambulance transportation. Inform of the inmate's Ebola risk factors and symptoms. 8. Assign health services staff advocate to monitor PPE for staff. 9. Provide transport staff with PPE (if unavailable request of EMS). 10. Notify local hospital of pending arrival.
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Step 5. Transport for Medical Evaluation See Appendix A(2). Step 5 for transport procedures.
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Standard Precautions include:
 1) hand hygiene, 2) use of PPE (e.g., gloves, gowns, masks) when contact with body fluids anticipated, 3) safe handling of potentially contaminated equipment or surfaces in the patient environment.

Step 6. Decontamination of Rooms. Cordon off rooms used for inmates with suspected Ebola awaiting Ebola test results. If positive consult with Health Department to arrange decontamination.

Appendix A (2). Inmate Ebola Screening and Management Protocol – Detailed Procedure

Step 1. Screen intakes for Ebola exposure risk.

- All new intakes should be screened using the following questions:
 - (1) *In the last 21 days have you been in any of the following countries: Sierra Leone or Guinea?*
 - (2) *Have you been in contact with anyone who traveled from these countries in the last 21-days and who is sick?*
 - (3) *In the last 21 days have you been in close contact with anyone who was diagnosed with Ebola?*This screening can be performed by BOP staff prior to inmates coming into R&D (i.e., before inmates exit the bus) and will be performed routinely as part of the Medical Intake.
- **If inmate reports “Yes” to any of the screening questions go to Step 2.** If the self-reported history is questionable then also proceed to Step 2 for more intensive interviewing to attempt to clarify the potential history of exposure.
- **Documentation:** Responses to the additional Medical Intake Screening questions should be recorded in the BEMR Intake under: Infectious Disease Risk Factors/Travel outside U.S.
 - ⇒ **If answer to all questions is “No”** then check “No.”
 - ⇒ **Cut and paste into the comments field** the following text:
Inmate denies travel to Guinea and Sierra Leone in the last 21-days. Inmate denies close contact with anyone who has traveled to these countries in the last 21-days who is sick. Inmate denies contact with anyone who has been diagnosed with Ebola.
 - ⇒ If the **answer** to any of the 3 questions is **“Yes,”** then indicate the specific circumstance in the comments section. Also start documentation of clinical evaluation in a clinical encounter.

Step 2. Place inmate in separate room (away from other inmates and staff).

- Note: A separate room (ideally with a toilet), adjacent to the location for intake screening should be pre-identified for this purpose. The room should not contain any cloth or fabric covered furniture.
- Staff will wear gloves when in contact with inmate

Step 3. Assess for Ebola symptoms.

- Try to maintain a distance of 3 feet away from the inmate.
- Wearing gloves, hand inmate a disposable thermometer to take temperature and ask them to show the result.
- **Assess for Ebola symptoms:** fever (self-reported or $\geq 100.4^{\circ}\text{F}$) or severe headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained bleeding (e.g., bleeding gums, blood in urine, nose bleeds, blood in vomit or stool).
- Staff will perform appropriate hand hygiene after removing gloves.
- **Follow-up:**
 - ⇒ **If inmate reports “No” to all of the symptom questions go to Step 4a.**
 - ⇒ **If inmate reports “Yes” to any of the symptom questions go to Step 4b.**

Step 4a. Quarantine Asymptomatic Inmate

- **Facilities should designate a quarantine cell in the facility** that has a toilet and (ideally) a shower. Negative pressure airborne infection isolation rooms are NOT required because Ebola is not spread through the air. The mattress should be a plastic covered mattress with the plastic intact. There should be no fabric furniture in the room.
- Inmates who have Ebola exposure risk and who deny symptoms and who do not have an elevated temperature are quarantined. The purpose of the quarantine is to carefully observe the inmate for development of Ebola symptoms.
- **Officers can proceed with normal R&D procedures such as finger printing, utilizing standard precautions (gloves) and hand washing after contact with inmate. Screening for TB can be assessed with CXR and symptom screen versus planting of TST. History and Physical can proceed as usual without invasive testing or exams.** Asymptomatic inmates can be transported from R&D to the quarantine cell utilizing Standard Precautions. The inmate does not need to wear PPE.
- **If Ebola symptoms are identified then proceed in accordance with the instructions in Step 4b.**
- Make notifications (see *Appendix D, Ebola Emergency Contact List*):
 - Local Chain of Command
 - Regional Medical Director, Regional Health Service Administrator, Regional MAST Quality Management Coordinator-**Alert for potential need of Ebola First Responder Team**
 - Central Office Infection Prevention and Control
 - Local Health Department. Determine what reporting is required locally regarding quarantine.
- **Twice daily, health services staff will evaluate temperature** with a **disposable thermometer** (having inmate take their own temperature) and ask the Ebola symptom questions. **Twice daily, a clinical encounter shall be entered into BEMR** with the results of the temperature and symptom screen and general condition of the inmate. BEMR notes shall be cosigned by the Clinical Director.
- Quarantine will be maintained until 21 days after the potential exposure occurred. *For example, if the inmate traveled from a high risk country on May 1 then quarantine would be maintained for 21 days from that date --until May22nd.* If exposure dates are unclear, a total quarantine time of 21 days should be implemented.
- Standard Precautions are all that is required for inmates quarantined for Ebola because people who do not have symptoms cannot spread Ebola. If Ebola symptoms are identified then proceed in accordance with the instructions in Step 4b (below) which includes recommended personal protective equipment.
- It is critically important to educate staff when there is an inmate in quarantine that there is ample scientific data that indicates that Ebola is not communicable (infectious) when a person does not have symptoms. The purpose of the quarantine is to promptly identify the early signs of the disease so that the person can be sent for a medical evaluation. If a quarantined inmate subsequently develops Ebola symptoms, then procedures are defined to safely remove the inmate from the facility for a medical evaluation.

Detailed procedures for quarantine are provided in *Appendix B. Ebola Quarantine Procedures* for specific quarantine procedures. Post on the cell door both the Quarantine Sign and Quarantine Procedures in *Appendix B. **Staff entering the Quarantine room should record their name, date and time and type of contact with the inmate on Appendix F, Quarantine Cell Entry Log.***

Step 4b. Prepare to Transfer Symptomatic Inmate

- Inmate shall remain secured alone in a room pending transport.
- The Health Services Administrator or designee will determine how additional PPE will be obtained for this transfer (i.e., institution supply, **central office request**, or through local EMS).
- Recommended PPE: see list in *Appendix B. Personal Protective Equipment by Step*.
- Attempt to avoid physical contact with inmate.
- Make notifications (see *Appendix E, Ebola Emergency Contact List*):
 - **Local chain of command; Request for Ebola First Responder Team**
 - Regional Office
 - Regional Medical Director, Regional Health Service Administrator, Regional MAST Quality Management Coordinator
 - Central Office Infection Prevention and Control
- Call local health department emergency number. Request information on which EMS system to contact for transport, as well as what hospital inmate should be transported to.
- Assign a Health Services staff member whose sole role for the day is to monitor PPE in relationship to staff interacting with the inmate with Ebola exposure risk factors and symptoms. It is this person's role to assure that transport officers have recommended PPE and support to assure proper donning and doffing of PPE.
- Call EMS to request ambulance transportation to **closest Ebola assessment or treatment hospital**. Inform dispatch of the inmate's Ebola exposure risk and symptoms.
- Notify hospital of the pending transfer of inmate who is transferred for medical evaluation because of Ebola exposure risk factors and Ebola symptoms.
- A clinical encounter note is written in the BEMR regarding inmate transfer.

Step 5. Transport for Medical Evaluation

- Health Services staff will assure that correctional officers assigned to escort the inmate have the CDC recommended PPE (see list in *Appendix B, Personal Protective Equipment, Step 5*).
 - ⇒ **Note:** Transport of the inmate will not occur until officers involved in the transport have been provided the full complement of recommended personal protective equipment (PPE). This may be provided by the facility if it has been acquired or it may be provided by local EMS.
- **Personal Protective Equipment donning instructions are found in the CDC Health Care Worker PPE guidance: <http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html>. The Officer(s) puts on (dons) PPE under observation from trained healthcare or Ebola responder staff and may be cross-checked by arriving EMS staff or trained BOP responders.**
- The staff will instruct the symptomatic inmate on proper placement of PPE. The inmate will be asked to hand sanitize or wash hands and put on the PPE (surgical mask and gloves with other PPE as warranted by symptoms or local EMS guidance).
- Once the inmate and staff are both in PPE, the staff will apply restraints to the inmate.
 - ⇒ If there is an option for disposable flex-cuffs they should be utilized.
- Attempt to avoid any contact with the inmate's body fluids.

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- The staff directly escorting the inmate in the EMS vehicle will be unarmed. At least one staff member will directly supervise the inmate at all times. **Any other assigned staff will ride in a chase vehicle.**
- **Discuss how custody staff will directly observe inmate in EMS transfer and at hospital *before* the transport.** At no time will a symptomatic inmate be placed into a BOP vehicle.
- Unless an emergent situation arises, the armed staff member(s) will not come in close proximity to the inmate (3 feet), to avoid contact with inmate or potentially contaminating the weapon belt of the officer.
- **Upon arrival at the hospital, the inmate will be secured in accordance with policy as directed by the BOP staff.** Officers will remain outside the room, maintaining direct line of sight of the inmate unless security assistance is needed. The unarmed staff member will enter the room with medical staff as necessary, in full PPE. PPE donning and doffing (removal) will be directed and observed by the medical staff at the hospital **or BOP trained observer; this should be coordinated prior to transport.**
- Twelve hour shifts can be considered for officer's securing inmate at hospital to minimize number of potential staff contacts with the inmate.
- **Officers will maintain a log of any staff entering the inmate hospital room (*Appendix G*).**
- Every attempt will be made to use disposable flex cuffs. Any non-disposable restraints and equipment used on the inmate should be disposed of or cleaned and then disinfected with an EPA-registered hospital disinfectant with label claims against non-enveloped viruses (e.g., norovirus, rotavirus, adenovirus, poliovirus).
- Anyone handling or cleaning used equipment should have appropriate PPE with double gloves in place. Guidance on environmental cleaning and disinfection:
<http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html>
- **Officers assigned to escort or provide security for an inmate with suspected or confirmed Ebola will have a Go Kit with:**
 - Alcohol based hand hygiene product
 - EPA registered hospital disinfectant wipes with label claims against non-enveloped viruses
 - Tape or zip ties for coverall/permanent marker/blunt scissor to cut thumbhole in coverall
 - Flex cuffs and extended flex cuffs
 - Flex cuff cutting tool
 - Hospital Room Entry Log
 - Multiple sets of PPE
 - Small/Large Red Bags

Appendix B: Recommended Personal Protective Equipment

Listed below is the recommended list of personal protective equipment based upon the “Step” in Appendix A. This list is based upon CDC guidance and the OSHA PPE Selection Matrix for Occupational Exposure to Ebola Virus.

1. Identify Ebola Exposure Risk	Standard Precautions
Step 2. Move inmate to separate room.	Standard Precautions. Wear gloves when touching the inmate Wash hands after removal of gloves
Step 3. Assess for Symptoms	
Step 4a. Quarantine Asymptomatic Inmate	
Step 4b. Prepare to Transfer Symptomatic Inmate	If inmate is not obviously ill (i.e., vomiting, diarrhea, bleeding) <ul style="list-style-type: none"> • Face shield • Surgical mask • Gloves (2 pairs) • Impermeable or fluid resistant gown or coverall If inmate has symptoms of bleeding, vomiting or diarrhea, do not enter room until EMS arrives for transport and then also wear: <ul style="list-style-type: none"> • Extended cuff nitrile gloves (instead of exam gloves) • Impermeable or fluid resistant boot covers • Impermeable or fluid resistant surgical hood • Impermeable apron
Step 5. Transport Inmate for Medical Evaluation	All PPE listed above
Standard Precautions include: 1) Hand hygiene 2) Use of PPE (e.g., gloves, gowns, masks, face shield) when contact with body fluids anticipated 3) Safe handling of potentially contaminated equipment or surfaces in the patient environment.	

Appendix C. Quarantine Procedures and Quarantine Sign

Included in this Appendix are a Quarantine Procedures and a Quarantine Sign and to be posted on the door of a quarantine cell. If possible print out the sign on bright colored paper. See Appendix A (2), Step 4a for discussion of Quarantine.

Quarantine Procedures	
Cell Type	Single cell with toilet and (ideally) shower. Negative pressure (airborne infection isolation) room is not required because Ebola is not airborne.
Inmate Education	Advise that he or she is being placed in a single cell for 21-days since the potential exposure to Ebola ended. Emphasize that confinement in a single cell is not for punishment.
Infection Control Precautions Wear gloves when contact with inmate is anticipated.	Standard precautions: 1) Hand hygiene (before and after wearing gloves) 2) Use of PPE (e.g., gloves, gowns, masks) when contact with body fluids anticipated, 3) Safe handling of potentially contaminated equipment or environmental surfaces.
Signage	Place sign on the door sign indicating “ Quarantine Room ”.
Room Entry Log	Any staff member who enters the quarantine cell should enter their name, date, time and type of contact with the inmate onto the log (<i>Appendix F</i>)
Twice Daily Symptom Screen & Temperature	Health services will interview inmate twice daily regarding symptoms: <i>fever (self-reported) or headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain, or bleeding (e.g., bleeding gums, blood in urine, nose bleeds, blood in stool or vomit)</i> . Utilize disposable thermometer that is left in cell. Have inmate take temperature and show the result. Avoid coming within 3 feet of inmate until after symptom review completed. If symptoms or temperature ≥ 100.4 F immediately post sign on door indicating that it should not be entered and notify internal chain of command.
Medical Documentation	Twice daily a clinical encounter shall be entered into BEMR with the results of the temperature and symptom screen and general condition of the inmate. BEMR notes shall be cosigned by the Clinical Director.
If Inmate Becomes Symptomatic	Prepare the inmate for transport for a medical evaluation in accordance with the Ebola Protocol (<i>Appendix A, Step 4b</i>). Transport is not an Emergency. All preparations are completed to include PPE observers and EMS support prior to inmate cell entry. Ask inmate to perform hand hygiene and put on surgical mask and gloves (and other PPE as warranted by symptoms or local EMS guidance).
Medical Equipment	If additional medical equipment is needed it should be dedicated to that room and ideally left in that room at the warden’s discretion.
Blood Draws	In general blood draws should be avoided. If blood draws are considered essential then consult with Central Office Infection Prevention and Control regarding specific guidelines.
Food Service	Use disposable dish wear. Dispose of in regular trash.
Laundry	Regular laundry is acceptable.
Staff Interaction	Visits with staff not requiring direct contact shall be conducted through the window.
Visits	Visits will be denied until the end of the quarantine.
Telephone Calls	Telephone calls shall be made available as long as inmate is asymptomatic. If common telephone utilized it should be disinfected after use with EPA registered disinfectant effective against Ebola .
Trash	Dispose of trash in the cell in regular trash. Exception: If symptoms are identified during the twice daily symptom screen, then waste from that point on is considered biohazardous (see Terminal Cleaning – Symptomatic Inmate below.).
Cleaning Cell	The inmate should be provided with supplies to clean the cell, preferably daily.
Discontinuation of Quarantine	Once the inmate has reached the end of the 21-day quarantine without development of symptoms, the inmate is returned to general population with no special precautions.
Terminal Cleaning Asymptomatic Inmate	For inmates who complete the 21-day quarantine without developing symptoms, the cell can be cleaned utilizing usual cleaning procedures.
Terminal Cleaning Symptomatic Inmate	If the inmate develops symptoms, then the room is cordoned off awaiting Ebola test results. If positive, consult with Health Department to arrange for appropriate decontamination. Consult with health department about appropriate waste disposal.



QUARANTINE ROOM

**AUTHORIZED ENTRY ONLY
PLEASE SEE QUARANTINE PROCEDURES**

Appendix D. Institution Ebola Preparedness Checklist (available as an MS Word Document)

Protocol Review	
	Review entire protocol
Communications	
	<p>State Health Department after hours Ebola emergency phone number: http://www.cdc.gov/vhf/ebola/outbreaks/state-local-health-department-contacts.html State: _____ Phone Number(s) _____</p>
	<p>Contact Local Health Department. Obtain contact information: Contact: _____ Phone: _____ Discuss local procedures for communicating with health department if inmate is identified with Ebola risk factors and: <input type="checkbox"/> Symptoms: Identify the closest Ebola screening or treatment hospital: <input type="checkbox"/> No Symptoms:</p>
	<p>Contact Local EMS/Potential Receiving Hospital: Discuss how to handle transfer of inmate with Ebola risk factors and symptoms. EMS service and phone number for potential Ebola transport: _____ Staging area for PPE donning: _____ Plan for officer escort position during transport (i.e. in cab with or without PPE) _____ Can local EMS supply PPE and Observer support to officers transporting inmate? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	Plan reviewed by institution Incident Command System Team Leaders <input type="checkbox"/> Yes <input type="checkbox"/> No
Inventory and Preparation	
	<p>Sufficient hand hygiene supplies <input type="checkbox"/> Yes <input type="checkbox"/> No Sufficient PPE supplies <input type="checkbox"/> Yes <input type="checkbox"/> No Where will PPE supplies be stored and secured? _____ Sufficient isolation cart supplies <input type="checkbox"/> Yes <input type="checkbox"/> No EPA Registered disinfectant effective against Ebola <input type="checkbox"/> Yes <input type="checkbox"/> No Disposable Thermometer <input type="checkbox"/> Yes <input type="checkbox"/> No Escort Go-Kit <input type="checkbox"/> Yes <input type="checkbox"/> No Suggested items below:</p> <ul style="list-style-type: none"> • Alcohol based hand hygiene product • EPA registered hospital disinfectant wipes with label claims against non-enveloped viruses • Flex cuffs and extended flex cuffs and cutting tool • Tape or zip ties for coverall/permanent marker/blunt scissor to cut thumbhole in coverall • Hospital Room Entry Log • Multiple sets of PPE • Small/Large Red Bags
Identify Rooms for Screening and Quarantine	
	<p>Identify a room near R&D for symptom screening of inmates with Ebola exposure risk factors (Step 3, Appendix A). Ideally, the room will have a toilet. Remove all fabric or furniture with fabric from room to facilitate cleaning. Symptom Screening Room: _____</p>
	<p>Identify quarantine cell. This should be a cell with a bathroom and a shower. This does <i>not</i> need to be a negative pressure airborne infection isolation room because Ebola is not airborne. Quarantine Cell(s): _____</p>
Train Key Staff	
	Appendix A, Steps 1-3. Identify Risk Factors and Assess for Symptoms
	Appendix A, Step 4 a. Prepare Symptomatic Inmate for Transfer
	Appendix A, Step 4b. Quarantine Asymptomatic Inmate. Review Appendix B <i>Quarantine Procedures</i>
	Appendix A, Step 5. Transport
	PPE Donning/Doffing training completed for key staff (if applicable)
Mock Exercise	
	Conduct Mock exercise for inmate with exposure risk factors with and without symptoms

Appendix E. Ebola Emergency Preparedness Contacts

(available as an MS Word document)

Organization	Contact Person	Phone	Email
Regional Office			
___ Regional Medical Director			
___ Regional Health Services Administrator			
___ Regional Quality Manager			
Central Office Infection Prevention & Control	Sarah Bur	202 598-9335	sbur@bop.gov
Central Office Infection Prevention & Control	Julie King	507 424-7398	jdking@bop.gov
(Local Health Department)			
(Local Health Department)			
(State Health Department)			
(Designated Hospital for Ebola)			

APPENDIX F. QUARANTINE CELL ENTRY LOG

Date	Name of Employee	Time In	Time Out	Type of Contact

