POLICY:

To outline management and control measures for facilities to follow in response to the spread of COVID-19.

OVERVIEW:

What is Coronavirus disease 2019 (COVID-19)?
COVID-19 is a respiratory illness that can spread from person to person. The virus that causes COVID-19 is a novel coronavirus that was first identified during an investigation into an outbreak in Wuhan, China.

What are the symptoms of COVID-19?
Symptoms commonly associated with COVID-19 include fever, cough, shortness of breath, chills, muscle pain, headache, sore throat, new loss of taste or smell, congestion, runny nose, nausea, vomiting, and diarrhea. Skin manifestations may occur and the most common are a maculopapular rash, discolored lesions of the fingers and toes, and hives. More severe symptoms suggesting the need for a higher level of care may include difficulty breathing, bluish lips or face, persistent pain or pressure in the chest, and new confusion or inability to arouse.

Who is at higher risk for serious illness?
People 65 years or older, people who are obese, people who are a current or former smoker, people who are pregnant, and/or people with conditions such as heart disease, chronic respiratory disease, chronic kidney disease, diabetes, Down Syndrome, high blood pressure, sickle cell disease, cancer, or a weakened immune system, are at a higher risk for getting very sick from COVID-19. Complications include pneumonia, acute respiratory distress syndrome (i.e., ARDS) and even death.

How is COVID-19 transmitted?
The virus is thought to spread mainly through close contact (within 6 feet) from person to person. People who are infected but do not show symptoms can also spread the virus to others.

Infections occur mainly through exposure to respiratory droplets when a person is in close contact with someone who has COVID-19. Respiratory droplets range in size from large to small and are produced when someone coughs, sneezes, sings, talks, or breathes. Larger droplets fall out of the air due to gravity. Smaller droplets spread apart in the air. Respiratory droplets cause infection when they are inhaled or deposited on mucous membranes, such as those that line the inside of the nose and mouth.

The virus can be spread by exposure to small droplets that can linger in the air for minutes to hours and it may be able to infect people who are further than 6 feet away from the person who is infected or after that person has left the space. This kind of spread is referred to as
airborne transmission. It seems that under certain conditions (e.g., enclosed spaces with inadequate ventilation), people with COVID-19 have infected others who were more than 6 feet away. Current data indicates spread is more commonly due to spread through close contact rather than airborne transmission.

Although not a common way of spread, it is believed that a person can become infected with COVID-19 by touching a contaminated surface or object that has the virus on it and then touching their own nose, eyes, or mouth.

What is the difference between confirmed COVID-19 case vs. suspected COVID-19 case?
A confirmed case has received a positive result from a COVID-19 laboratory test, with or without symptoms. A suspected case shows symptoms of COVID-19 but either has not been tested or is awaiting test results. If test results are positive, a suspected case becomes a confirmed case.

DEFINITIONS:

Cloth Face Covering – A cloth face covering is a covering that is usually made of tightly woven cotton material that is designed to fit on the face to cover the nose and mouth. A cloth face covering is not considered personal protective equipment. Use of a face covering is one strategy that might help slow the spread of COVID-19 if worn by asymptomatic people who have the virus and do not know it in settings where social distancing measures are difficult to maintain or in areas of significant community-based transmission. They are worn to protect others, not the wearer. If everyone wears a cloth face covering in congregate settings, the risk of exposure can be reduced.

Close Contact – A close contact is someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period (e.g., three 5-minute exposures) starting from 2 days before illness onset or 2 days prior to test collection date for exposure to an asymptomatic COVID-19 case until the time the patient is isolated.

Cohorting – Cohorting refers to the practice of housing multiple COVID-19 cases together as a group under medical isolation or housing close contacts of a particular case together as a group under medical restriction. Cohorting is used when there is inadequate space to place individuals in single cells for medical restriction or medical isolation.

Community Transmission: Community transmission occurs when individuals are exposed to the virus through contact with someone in their local community, rather than through travel to an affected location. Once community transmission is identified in a particular area, correctional facilities are more likely to start seeing infections inside their facilities. Transmission is described as minimal to moderate when there is sustained community transmission with high likelihood or confirmed exposure within communal settings (e.g., workplaces, schools) and potential for rapid increase in cases. It is described as substantial
when there is large scale transmission including communal settings.

**Illness severity** – Severity of illness is based on symptoms. Individuals have **mild illness** if they have any of the various signs and symptoms of COVID 19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging. Individuals have **moderate illness** if they have evidence of lower respiratory disease by clinical assessment or imaging and a saturation of oxygen (SpO2) ≥94% on room air at sea level. Individuals have **severe illness** if they have any of the following: respiratory frequency >30 breaths per minute, SpO2 <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO2/FiO2) <300 mmHg, or lung infiltrates >50%. Individuals have **critical illness** if they have respiratory failure, septic shock, and/or multiple organ dysfunction.

**Medical Isolation** – Isolation is for persons who are **sick and contagious**. Isolation is used to separate ill persons who have a communicable disease from those who are healthy. Isolation restricts the movement of ill persons to help stop the spread of disease.

**Medical Restriction** – Medical restriction is used to separate and restrict the movement of **well persons** who may have been exposed to a communicable disease to see if they become ill. These people may have been exposed to a disease and do not know it, or they may have the disease but do not show symptoms. Medical restriction can help limit the spread of disease.

**N95 Respirator** – An N95 respirator is a respiratory protective device designed to achieve a very close facial fit and very efficient filtration of airborne particles. The 'N95' designation means that when subjected to careful testing, the respirator blocks at least 95 percent of very small (0.3 micron) test particles.

**Precautionary Lockdown** - A precautionary lockdown is a temporary suspension of ordinary and routine activities. As a general rule, inmates are confined to their cell or dormitory. The warden in consultation with the medical department may consider implementing precautionary lockdown once a COVID-19 case occurs on a facility. Precautionary lockdown is generally continued for 14 days after the last reported positive test.

**Routine Intake Quarantine** – Routine intake quarantine is used to separate and restrict the movement of well persons who have no known exposure to a communicable disease to see if they become ill. These people may have been exposed to a disease and do not know it, or they may have the disease but do not show symptoms. During routine intake quarantine, newly incarcerated persons are housed separately or as a group before being integrated into general housing. Routine intake quarantine can help limit the spread of disease.
Severely Immunocompromised - Patients with certain conditions that may cause a higher degree of immunocompromise are considered to be severely immunocompromised when informing decisions regarding the duration of medical isolation. This includes being on chemotherapy for cancer, being within one year from receiving a hematopoietic stem cell or solid organ transplant, untreated HIV infection with CD4 count < 200, combined primary immunodeficiency disorder, and receipt of prednisone > 20mg per day for more than 14 days.

Social Distancing – Social distancing is the practice of increasing the space between individuals (ideally to maintain at least 6 feet between all individuals, even those who are asymptomatic) and decreasing the frequency of contact to reduce the risk of spreading a disease. Social distancing strategies can be applied on an individual level (e.g., avoiding physical contact and staying 6 feet apart), a group level (e.g., canceling group activities), and an operational level (e.g., rearranging chairs in clinics to increase distance between them).

Surgical Facemask – A surgical facemask is a disposable device that creates a physical barrier between the mouth and nose of the wearer and potential contaminants in the immediate environment. It is meant to help block large-particle droplets, splashes, sprays, or splatter that may contain germs (viruses and bacteria), keeping it from reaching your mouth and nose. Surgical facemasks may also help reduce exposure of your saliva and respiratory secretions to others. Surgical facemasks may also be referred to as isolation, dental or medical procedure masks.

PROCEDURES:

I. INFECTION CONTROL

A. In preparation, staff should ensure there is sufficient stock on hand of hygiene supplies, cleaning supplies, PPE, medication, and medical supplies. This includes, but is not limited to, liquid soap, hand sanitizer, viral test kits and nasal swabs, surgical facemasks, N95 respirators, eye protection (goggles or face shields), gloves, and gowns.

B. During the COVID-19 outbreak, all units should:

1. Medical staff should educate inmates and staff on how COVID-19 is transmitted, signs and symptoms of COVID-19, treatment, and prevention of transmission (Attachment A).

2. Remind staff and inmates on the methods used to prevent the spread of any respiratory virus.

   a. Encourage handwashing with soap and water for at least 20 seconds (Attachment B). If soap and water is unavailable, hand sanitizer (at least 60% alcohol) may be used by medical and security staff to cleanse hands.

   b. Encourage cough etiquette. Cover coughs or sneezes with a tissue, then throw the tissue in the trash.
Otherwise, cough inside of an elbow (Attachment C).

c. Avoid touching eyes, nose, and mouth with unwashed hands.
d. Avoid close contact (< 6 feet) with people who are sick or suspected of being sick.
e. Avoid non-essential physical contact including handshakes, hugs, and fist bumps.

3. Post visual alerts (signs and posters) at entrances, in the medical department, and other strategic places providing instruction on hand hygiene, cough etiquette, and symptoms of COVID-19.

4. Post a sign at the entrance, so that high risk visitors can elect not to enter the unit if COVID-19 occurs (Attachment D).

C. Cleaning and Disinfection

1. Detailed cleaning recommendations can be found in Infection Control Policy B-14.26 (Attachment D, Housekeeping/Cleaning).

2. Disinfect common areas and surfaces that are often touched with a 10% bleach solution. The bleach solution should be sprayed or wiped on and allowed to air dry for at least 10 minutes. The formula for the 10% bleach solution is:
   a. 8 oz. of powdered bleach to 1 gallon of water
   b. 12.8 oz. of liquid bleach to 1 gallon of water

3. Thoroughly clean and disinfect all areas where suspected or confirmed COVID-19 cases spent time. Staff and inmates performing cleaning should wear gloves and a gown.

4. Equipment
   a. Dedicated medical equipment should be used when caring for patients with suspected or confirmed COVID-19. Equipment should be cleaned and disinfected according to manufacturer’s recommendations.
   b. Non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer’s recommendations between each use.

D. Laundry

1. Laundry items from medical isolation and medical restriction areas must be handled as contaminated laundry.

2. Individuals handling laundry should wear gloves and gown.

3. Do not shake dirty laundry to minimize the possibility of dispersing of virus.

4. Launder items using the warmest appropriate water setting for the items and dry items completely if permissible according to the manufacturer’s instructions.

5. Laundry from medical isolation and medical restriction areas may be
washed with other laundry.

E. Implement social distancing strategies where feasible including but not limited to:
   1. Suspend contact visitation.
   2. Avoid gatherings and meetings. Meet by teleconference or videoconference when feasible.
   3. Cancel group healthcare activities (e.g., group therapy) and other group activities (e.g., school and church).
   4. Consider setting up a separate waiting area for inmates with suspected or confirmed COVID-19. At a minimum, ensure that inmates wear cloth face coverings or surgical facemasks and sit at least 6 feet from other inmates while waiting to be seen by healthcare staff.
   5. Schedule healthcare appointments to limit the number of inmates in waiting rooms.
   6. Restrict non-essential vendors, volunteers, and tours from entering the facility.
   7. If possible and if space and resources permit, designate an area near housing units for healthcare staff to evaluate symptomatic individuals and individuals in medical restriction or isolation, rather than having individuals walk through the facility to be evaluated in the medical department.
   8. Encourage increased space (6 feet apart) between individuals in lines (e.g., pill window)
   9. Rearrange scheduled movements to minimize mixing of individuals from different housing areas (e.g., feed and shower inmates in cohorts by housing area).
   10. Consider providing meals inside housing units or cells during precautionary lockdown.

F. Consider the use of cloth face coverings in settings where social distancing measures are difficult to maintain or when there is moderate to substantial community transmission.
   1. Face coverings should be worn at all times unless it restricts breathing or interferes with activities of daily living.
   2. Face coverings are not a replacement for social distancing, cleaning of frequently touched items, good hand hygiene, or proper use of PPE (e.g., N95 respirator or surgical facemask) when indicated or as recommended in policy.
   3. Hands should be thoroughly washed before and after putting on a face covering.
   4. Face coverings should fit snugly but comfortably against the side of the face and completely cover the nose and mouth.
   5. Face covering should be removed by the elastics or straps from behind
the ears. The eyes, nose and mouth should not be touched when removing a face covering.

6. Face coverings should be laundered when visibly soiled or at least daily. Machine wash and dry is preferred.

G. Evaluate the need to expand the number of medications allowed to be distributed keep on person.

H. Consider suspending co-pays for medical evaluations so inmates will not be hesitant to report symptoms of COVID-19 or seek medical care due to co-pay requirements. If suspended, inform inmates.

I. If the facility has the capacity & resources, consider implementing routine intake quarantine for all new intakes for 14 days before they enter the facility’s general population as a general rule not because they were exposed to COVID-19. Inmates that are close contacts of suspected or confirmed COVID-19 cases should be placed in medical restriction.

1. Do not cohort individuals in medical restriction with individuals undergoing routine intake quarantine.
2. The 14-day quarantine period begins on the day the last inmate is added to the quarantine group.
3. Asymptomatic individuals under routine intake quarantine, with no known exposure to a COVID-19 case, do not need to wear surgical facemasks.
4. Staff supervising asymptomatic persons under routine intake quarantine, with no known exposure to a COVID-19 case, do not need to wear PPE.

J. Evaluate the need to minimize inmate movement:

1. Consider limiting transfers to other facilities unless necessary for healthcare evaluation and treatment, medical isolation, medical restriction, extenuating security concerns, release, or to prevent overcrowding. If a transfer is necessary, inmates should be screened by for symptoms of COVID-19 before allowing them on transport vehicles.
2. Minimize intra-unit transfers unless necessary for healthcare evaluation and treatment, medical isolation, medical restriction, extenuating security concerns, or to prevent overcrowding.
3. Consider implementing a precautionary lockdown once a case occurs on a facility to minimize inmate movement. Precautionary lockdown should be continued for 14 days after the last reported positive test.
4. Inmates should not be allowed to use dayrooms in housing areas unless all inmates using the day room are suspected or confirmed COVID-19 cases.
5. Inmates may go to the dining hall, work, commissary, recreation, etc., if they do not mingle with inmates from other housing areas during the
process. They must be escorted when leaving the housing area.

6. Advise unit food captains to eliminate self-serve foods in chow halls.

K. When possible, limit entrance to essential staff only. If possible, staff should be assigned to a single facility, with limited assignments to other facilities only when necessary to provide essential safety, security, and services.

L. Once there are individuals with COVID-19 and when possible, staff should be given a duty assignment in the same area of the facility throughout the entire work shift to prevent transmission to other areas within the facility.

M. Once there are individuals with COVID-19 and when possible, consider postponing elective procedures, elective surgeries, and non-urgent specialty and outpatient visits.

N. During influenza season, vaccination against influenza is an important measure to prevent an illness that presents similarly to COVID-19. If there is influenza vaccine available, offer it to unvaccinated staff and inmates. This includes persons under routine intake quarantine.

1. Influenza vaccination may be deferred under certain circumstances.
   a. For persons in medical restriction, vaccination can be postponed until the quarantine period ends to prevent mild vaccination side effects from being mistaken for COVID-19 symptoms and to prevent potential exposure of COVID-19 to others.
   b. For persons in medical isolation, vaccination can be postponed until the period of isolation ends to prevent potential exposure of COVID-19 to others.

2. Side effects of the influenza vaccination include fever, chills, headache, and body aches, which should resolve within 72 hours of vaccination and should not be mistaken for COVID-19 symptoms. Influenza vaccination does not cause respiratory symptoms common in COVID-19 such as cough or shortness of breath.

O. Incorporate questions about new onset of COVID-19 symptoms into assessments of all patients seen by medical staff.

P. Consider screening patients in infirmaries for COVID-19 daily during precautionary lockdown.

Q. Inmates complaining of symptoms consistent with COVID-19 should be triaged as soon as possible. (Attachment E)

1. Ensure surgical facemasks are available at triage for patients presenting with COVID-19 symptoms.

2. If possible, symptomatic patients should be kept > 6 feet apart from
asymptomatic patients.

R. Inmates with suspected or confirmed COVID-19 as determined by medical should be placed in medical isolation. If inmates with an undiagnosed respiratory infection do not meet the criteria for suspected COVID-19, refer to recommendations in Infection Control Policy B-14-51 (Influenza-Like Illness) and do not house them with individuals with suspected COVID-19.

S. Medical isolation
1. All staff working in medically isolated areas and inmates who are placed in medical isolation, will be educated about early recognition of warning signs and rapid triage of patients with worsening symptoms.
2. Isolation is for inmates with suspected or confirmed COVID-19 and are considered infectious.
3. Isolated inmates must be under droplet and contact isolation precautions.
4. Inmates should be single-celled (isolated) or may be cohorted (i.e., co-housed) with other inmates with COVID-19 if they cannot be single celled. If possible, suspected and confirmed COVID-19 cases should be kept separate.
5. If cohorted, each inmate’s isolation period is independent, so an inmate may be released from the isolation area even if other inmates in the area are still under isolation.
6. Inmates in medical isolation should be assigned to a dedicated bathroom when possible.
7. Inmates should be kept in medical isolation until at least 24 hours have passed since last fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath) and at least 14 days have passed since symptoms first appeared.
8. Isolated inmates under symptomatic medical isolation must be observed by medical personnel as often as clinically indicated to detect worsening illness or complications, but in any case, must be observed at least twice per day. Monitoring consists of a temperature check and verbal questioning of symptoms (e.g., cough and shortness of breath). Monitoring forms may be found on the CMCWEB (CMC WEB > TDCJ > SOPs > COVID-19 SOPs).
9. If inmates are found to have a positive COVID-19 surveillance test results and are otherwise asymptomatic, they should be placed in medical isolation.
   a. They should be single-celled (isolated) or may be cohorted (i.e., co-housed) with other asymptomatic, COVID-19 positive inmates if they cannot be single celled. They should
Coronavirus Disease 2019 (COVID-19)

be kept separate from symptomatic inmates.

b. They may be released from medical isolation after 14 days have passed since the collection date of the positive test.

c. They must be monitored by medical personnel at least once per day including a temperature check and verbal questioning of symptoms (e.g., cough and shortness of breath). Monitoring forms may be found on the CMCWEB (CMCWEB > TDCJ > SOPs > COVID-19 SOPs).

d. If they become ill or have symptoms, they should be made to wear a surgical facemask and be kept at least 6 feet from others until moved to a designated housing or cohort group designated for symptomatic medical isolation. They must also be evaluated by medical staff as soon as practical.

10. Inmates in medical isolation should not be transferred from the facility during the isolation period, unless released from custody or a transfer is necessary for health care (e.g., medical or behavioral health), infection control, lack of quarantine space, or extenuating security concerns.

11. Inmates under isolation must wear a cloth face covering or surgical facemask if they are required to leave the isolation area.

12. Staff (correctional and medical) entering an isolation housing area must wear a surgical facemask and gloves. Gowns and/or face protection should also be worn if they anticipate direct or very close contact with ill inmates. Personal protective equipment must be removed when leaving the area and hands washed after removal.

13. Inmates in isolation must be fed with disposable trays and utensils. No items will be returned to the kitchen for cleaning or re-use.

T. All newly arriving inmates including extraditions and those returning from bench warrant or reprieve into TDCJ, including private facilities or intermediate sanction facilities, must be screened by medical staff for symptoms consistent with COVID-19 infection (Attachment F).

1. Inmates who are medically cleared upon provider evaluation will be released to continue the intake process.

2. Inmates who have been exposed to COVID-19 but who are not yet ill (i.e., close contacts), will be placed under medical restriction for a minimum of 14 days.

3. Inmates with positive screening findings will be referred to a provider for further evaluation.

4. Inmates with confirmed or suspected COVID-19 shall immediately have a cloth face covering or surgical facemask placed. The inmate should be instructed to wash his or her hands. The inmate will be isolated under droplet and contact isolation precautions for at least 24 hours have passed since recovery defined as resolution of fever without the use of
fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and at least 14 days have passed since symptoms first appeared.

5. Medical staff will notify the TDCJ intake security supervisor of all inmates placed under medical restriction or isolation, who will then notify the facility Warden and Classification Department.

6. TDCJ leadership, in coordination with the medical department, will identify an appropriate housing area to assign/cohort all inmates placed on medical restriction and/or isolation.

U. Contact tracing will be conducted for close contacts of suspected or confirmed COVID-19 cases.
1. Investigations start from 2 days before illness onset for symptomatic patients or 2 days prior to positive test collection date until the time the case is placed in medical isolation.
2. Retesting and medical restriction is not recommended for asymptomatic close contacts who were previously diagnosed with COVID-19 within the last 90 days by either a positive test or a healthcare provider diagnosis based on symptoms.
3. Asymptomatic close contacts who were not tested should be placed in medical restriction for 14 days.
4. Symptomatic close contacts should be placed in medical isolation.

V. Medical restriction
1. All staff working in medically restricted areas and inmates who are placed in medical restriction, will be educated about early recognition of symptoms, warning signs, and rapid triage of symptomatic patients.
2. Medical Restriction is used to separate and restrict the movement of well persons who have been exposed to COVID-19.
3. When feasible, individuals that have received the COVID-19 vaccine and have an exposure to someone with suspected or confirmed COVID-19 vaccine do not have to be placed in medical restriction if they meet all of the criteria below. Individuals should be instructed to self-monitor for symptoms of COVID-19 for 14 days following the exposure.
   a. Are fully vaccinated (≥2 weeks following receipt of the second dose in a 2-dose series, or ≥2 weeks following receipt of one dose of a single-dose vaccine)
   b. Are within 3 months following receipt of the last dose in the series.
   c. Have remained asymptomatic since the current exposure.
4. Inmates should be single-celled or may be cohorted (i.e., co-housed) with other inmates if they cannot be single celled. If possible, cohort groups should be kept separate.
5. Inmates in medical restriction should be assigned to a dedicated
bathroom when possible.
6. Inmates may be released from medical restriction if they have not developed symptoms 14 days after the last exposure during the index case’s infectious period.
7. Cohorted inmates should be kept under medical restriction (i.e., quarantine) as a cohort until 14 days after the last exposure to a case for everybody in the cohort.
8. If a group is cohorted due to a suspected case who is subsequently tested for COVID-19 and receives a negative result, the group may be released from medical restriction if they were not housed with another cohorted group.
9. If an individual who is part of a quarantined cohort becomes symptomatic:
   a. The 14-day quarantine clock for the remainder of the cohort must be reset to 0 if the individual is tested for COVID-19 and tests positive.
   b. The 14-day quarantine clock for the individual and the remainder of the cohort does not need to be reset if the individual is tested for COVID-19 and tests negative. This individual can return from medical isolation to the restricted cohort for the remainder of the quarantine period.
   c. The 14-day quarantine clock for the remainder of the cohort must be reset to 0 if the symptomatic individual is not tested for COVID-19.
10. Use of PPE
   a. Staff (correctional and medical) entering medically restricted housing areas must wear a surgical facemask and gloves. Gowns and/or face protection should also be worn if they anticipate direct or very close contact with ill inmates. Personal protective equipment must be removed when leaving the area and hands washed after removal.
   b. Inmates on medical restriction do not have to wear a surgical facemask (or cloth face covering) unless they must leave their housing area for some reason. They should be questioned about symptoms of COVID-19 before being taken from the housing area and be kept at least 6 feet from inmates from other housing areas as much as possible.
11. Medically restricted inmates may attend outdoor recreation and shower as a group. Areas used by them should be cleaned and disinfected before use by other inmates.
12. Medically restricted inmates may be fed on disposable trays in the housing area or may attend chow hall as a group. If fed in the chow hall, areas that may have been touched or otherwise contaminated must be disinfected before use by other inmates. Examples of such areas
includes tables, benches, and tray rests.

13. Medically restricted inmates may work only if their job is essential and they will not mingle with non-medically restricted inmates while working or getting to or from the job location and must be screened for symptoms of COVID-19 at each turnout.

14. Medically restricted inmates should not be transferred from the facility during the 14-day restriction period, unless released from custody or a transfer is necessary for health care (e.g., medical or behavioral health), infection control, lack of quarantine space, or extenuating security concerns.

15. Inmates under medical restriction must be observed by medical personnel at least once per day including a temperature check and verbal questions of symptoms (e.g., cough and shortness of breath). Monitoring forms may be found on the CMCWEB (CMC WEB > TDCJ > SOPs > COVID-19 SOPs). If the inmate becomes ill or has symptoms, they should be made to wear a surgical facemask and be kept at least 6 feet from other inmates and staff and must be evaluated by medical staff as soon as practical.

W. Units with inmates with COVID-19 should
   1. Institute droplet and contact precautions for inmates with COVID-19.
   2. Ensure that sick inmates do not expose other inmates without COVID-19 while in waiting rooms (consider setting up a separate waiting area for inmates with COVID-19). At a minimum, ensure that inmates with COVID-19 wear surgical facemasks or sit at least 6 feet from other inmates while waiting to be seen by medical.
   3. Implement daily active surveillance for symptoms of COVID-19 among all inmates and health care personnel until at least 2 weeks after the last confirmed case occurred.

X. Return-to-Work Criteria for Ill Staff
   1. Employees who are sick should stay home and should not report to work.
   2. If employees become sick at work, they should promptly report this to their supervisor and go home.
   3. In general, staff will be allowed to return to work based on a symptom-based strategy or a test-based strategy. A symptom-based strategy is preferred in most cases, since a test-based strategy may result in prolonged work exclusion of staff who continue to shed detectable virus but are no longer infectious. Staff should refer to their respective employer’s specific procedure for obtaining clearance to return to work.
      a. Symptom-based strategy:
         i. Staff with mild to moderate illness may return to work 10 days after symptom onset and at least 24 hours have passed since last fever without the use of fever-reducing medications and
improvement in respiratory symptoms (e.g., cough, shortness of breath).

ii. Staff with severe to critical illness or who are severely immunocompromised may return to work at least 10 days and up to 20 days after symptom onset and at least 24 hours have passed since last fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath).

b. Test-based strategy: Staff may return to work if they provide a negative COVID-19 test result and a healthcare provider’s note releasing the employee to return to work. A test-based strategy may be considered for staff known to be severely immunocompromised if there are concerns that the individual is infectious for more than 20 days.

4. To mitigate staff shortages when there is no longer enough staff to provide patient care and/or maintain safe operations, allow critical infrastructure and healthcare staff with suspected or confirmed COVID-19 who are well enough and willing to work but have not met all return-to-work criteria to work.

5. After returning to work, staff should wear a surgical facemask for source control at all times while in the facility until all symptoms are completely resolved OR until 14 days after illness onset, whichever is longer. Staff should also self-monitor for symptoms and seek re-evaluation if symptoms recur or worsen.

Y. Return-to-Work Criteria for Asymptomatic Staff that Tested Positive

1. In general, staff that are not severely immunocompromised and have tested positive and are considered asymptomatic cases should be excluded from work until 10 days have passed since the collection date of the positive test assuming they have not subsequently developed symptoms. If symptoms develop, they should follow the instructions above for ill staff.

2. In general, staff that are known to be severely immunocompromised and have tested positive and are considered asymptomatic cases should be excluded from work until at least 10 day and up to 20 days have passed since the collection date of the positive test assuming they have not subsequently developed symptoms. If symptoms develop, they should follow the instructions above for ill staff.

3. Staff should refer to their respective employer’s specific procedure for obtaining clearance to return to work.

4. After returning to work, staff should wear a surgical facemask for source control at all times while in the facility until 14 days after positive test result. Staff should also self-monitor for symptoms and seek re-evaluation if symptoms occur.
Z. Management of Exposed Staff

1. Staff that have had close contact with a suspected or confirmed COVID-19 case will be assessed for level of exposure to determine work restrictions.
   a. In general, staff with a **high-risk exposure** will be restricted from the workplace for 14 days after the last exposure and may then return to work if remained asymptomatic.
   b. Asymptomatic fully vaccinated staff (i.e., ≥2 weeks following receipt of the second dose in a 2-dose series, or ≥2 weeks following receipt of one dose of a single-dose vaccine) who have had a high-risk exposure but are not known to be infected may continue to work as long as they remain asymptomatic and are within 3 months following receipt of the last dose in the series.
   c. Staff with exposures that are not considered high-risk will be allowed to continue to work as long as they remain asymptomatic.

2. To ensure continuity of operations of essential functions, critical infrastructure and healthcare staff that have a COVID-19 exposure may be permitted to continue to work provided they remain asymptomatic and additional precautions are implemented for 14 days after last exposure. Staff must wear cloth face coverings or surgical facemasks at all times while in the workplace and must be monitored for symptoms and temperature.

3. Staff should refer to their respective employer’s specific procedure for risk assessments and obtaining clearance to return to work.

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<th>Table 1*</th>
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<tr>
<td><strong>Risk Factor</strong></td>
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<tr>
<td>Prolonged close contact (&lt; 6 feet for ≥ 15 minutes) with a person with confirmed COVID-19</td>
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<tr>
<td>Staff not wearing a N95 respirator or surgical facemask</td>
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<tr>
<td>Staff not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or surgical facemask</td>
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<tr>
<td>Staff not wearing PPE (gown, gloves, eye protection, N95 respirator) while performing an aerosol-generating procedure</td>
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*Adapted from CDC guidance for risk assessment for healthcare personnel*
Coronavirus Disease 2019 (COVID-19)

AA. Security staff will screen all individuals entering the unit.
1. Before individuals enter a TDCJ location, they will have their temperature taken and will be asked about the presence of symptoms. If a fever is present or answered yes to symptom questions, the screening form will be completed (Attachment G).
2. If the individual answers yes to fever or symptom questions, they will be sent home and will be required to submit a physician’s note stating they are clear of any symptoms of COVID-19 before being allowed to return to work.
3. If the individual answers yes to being in contact with anyone who tested positive for COVID-19 or with symptoms of COVID-19, they will be sent home and not allowed to return to work without providing a physician’s note stating they are clear of any COVID-19 symptoms. Notification must also be made to the TDCJ Office of Emergency Management and the TDCJ Deputy Director of Health Services.

BB. Transportation
1. In general, inmate transportation must be curtailed, except for movement that is absolutely required, such as for release, bench warrant, medical emergencies, etc.
2. If transport is necessary and unavoidable, inmates should be screened for symptoms of COVID-19 before allowing them on transport vehicles.
3. When inmates are transported during these conditions, they must be seated at least 3 feet apart.
4. An inmate who is in medical restriction or who is in isolation for COVID-19 (suspected or confirmed COVID-19 case) must wear a cloth face covering or surgical facemask outside of restricted and isolation areas including movement from isolation to transport, during transport, and until the final destination is reached at the receiving facility. These inmates must be transported by ambulance or van.
5. Multiple inmates who are under COVID-19 medical isolation may be transported in the same vehicle, but no non-isolated inmates (including inmates under medical restriction) may travel with them.
6. Multiple inmates from the same cohort who are under medical restriction may be transported in the same vehicle.
7. Staff or inmate attendants must wear surgical facemasks and gloves during transport unless the inmate area has separate ventilation from the staff area. Gowns and eye protection should be worn if direct or very close contact is expected.
8. After all inmates have disembarked from the transport vehicle, the seats and hand contact areas such as handrails must be cleaned and disinfected.
II. RE-ENTRY AND RELEASE PROCEDURES

A. Inmates will be screened for COVID-19 symptoms and have a temperature check prior to release. If they are not cleared by the screening process, they will be placed in medical isolation and evaluated by healthcare staff for clearance.

B. All inmates will be released with a cloth face covering or surgical facemask.

C. The Re-entry and Integration Division will notify the Texas Department of State Health Services (DSHS) officials to ensure they are aware of the individual’s release and anticipated location.

D. Inmates in medical isolation will not be released until medically cleared.

E. Inmates in medical restriction that are leaving on parole will not be released until medically cleared.

F. Inmates in medical restriction that are state jail or flat discharges will be released. The Re-entry and Integration Division will ensure the individual receives a packet with instructions to self-quarantine and self-management.

G. Inmates awaiting results of facility-wide testing that are leaving on parole will not be released until medically cleared.

H. Inmates awaiting results of facility-wide testing that are state jail or flat discharges will be released. The Re-entry and Integration Division will ensure the individual receives a packet with instructions to self-quarantine and self-management. The Re-entry and Integration Division will contact the individual and DSHS officials if results are positive.

III. USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

A. The unit warden in consultation with the medical department should set up designated PPE donning and doffing areas outside spaces where PPE will be used to include trash disposal, hand washing station or access to alcohol-based hand sanitizer, and poster demonstrating the correct sequence for putting on and taking off PPE.

B. An alcohol-based waterless antiseptic hand rub should be carried by staff and used whenever there is concern that hands have become contaminated. The waterless hand rub may be used when handwashing is unavailable.

C. Inmates who are required to perform duties for which staff would wear PPE should be provided the same PPE for the job, except they must not have access
to the waterless hand rub but must wash hands with soap and water instead.

D. Goggles or protective face shields should be worn when there is a likelihood of respiratory droplet spray hitting the eyes. Since these items are re-usable, they should be cleaned and disinfected between uses. Hands should be washed before donning or doffing goggles, to prevent inadvertent contamination of the eyes.

E. Medical and Security Staff should wear surgical facemasks if their responsibilities require them to remain less than 6 feet from a symptomatic individual or patient suspected with suspected COVID-19. Hands should be washed before donning or doffing surgical facemasks, to prevent inadvertent contamination of the nose and mouth.

F. Surgical facemask, gloves, gowns, and eye protection (face shield or goggles) should be worn when examining or providing direct care to inmates with suspected or confirmed COVID-19.

G. Unless contact inmate searches on general population would clearly involve contact with body fluids, gloves are unnecessary and handwashing between each search is adequate.

H. Gloves may be worn for contact inmate searches of medically restricted inmates. Gloves must be worn and changed between each search for contact searches on isolated inmates. Hands should be washed before donning or doffing gloves to prevent inadvertent contamination.

I. Security and Medical Staff should be educated on the appropriate sequence of putting on PPE (Attachment J). Proper hand washing should be performed prior to putting on PPE, before putting on gloves, before removing eye protection, and immediately after removal of all PPE. Hand hygiene should also be performed between steps if hands become contaminated.

<table>
<thead>
<tr>
<th>Setting</th>
<th>Rooming Procedure in Medical</th>
<th>Staff PPE</th>
<th>Inmate Requirement</th>
</tr>
</thead>
</table>
| Clinic      | Normal                       | • Gloves  
• Gown  
• Eye protection (face shield or goggles)  
• Surgical facemask or N-95 respirator (only if surgical facemask is unavailable) ² | At a least a cloth face covering/surgical facemask       |
| Infirmary   | Normal                       | • Gloves  
• Gown                                                                 | At a least a cloth face covering/surgical facemask during transfer |

² Surgical facemask or N-95 respirator (only if surgical facemask is unavailable)
## Table 2. PPE to Use While Caring for Patients with Suspected or Confirmed COVID-19

<table>
<thead>
<tr>
<th>Setting</th>
<th>Rooming Procedure in Medical</th>
<th>Staff PPE</th>
<th>Inmate Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Restriction Area</td>
<td>Normal</td>
<td>• Eye protection (face shield or goggles)</td>
<td>At least a cloth face covering/surgical facemask outside of medical restriction area</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Surgical facemask or N-95 respirator (only if surgical facemask is unavailable) $^2$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Gowns and/or eye protection (face shield or goggles) should be worn only if anticipate direct or very close contact with ill inmates (e.g., temperature check)</td>
<td></td>
</tr>
<tr>
<td>Medical Isolation Area</td>
<td>Normal</td>
<td>• Gloves</td>
<td>At least a cloth face covering/surgical facemask outside of medical isolation area</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Surgical facemask or N-95 respirator (only if surgical facemask is unavailable) $^2$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Gowns and/or eye protection (face shield or goggles) should be worn only if anticipate direct or very close contact with ill inmates</td>
<td></td>
</tr>
<tr>
<td>Handling laundry or cleaning area of COVID-19 case or individuals in medical isolation or restriction</td>
<td>Not applicable</td>
<td>• Gloves</td>
<td>• Not applicable</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Gown</td>
<td></td>
</tr>
<tr>
<td>Transport Van</td>
<td>Not applicable</td>
<td>• Gloves</td>
<td>• At least a cloth face covering/surgical facemask during transfer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Surgical facemask or N-95 respirator (only if surgical facemask is unavailable) $^2$</td>
<td>• Not transported on a chain bus or MPV except for medical emergencies</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Gowns and/or eye protection (face shield or goggles) should be worn only if anticipate direct or very close contact with ill inmates</td>
<td></td>
</tr>
<tr>
<td>Procedural Setting (e.g., nebulizer high-flow oxygen, ventilation, intubation, CPR) $^1$</td>
<td>Negative Pressure Room</td>
<td>• Gloves</td>
<td>At least a cloth face covering/surgical facemask during transfer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Gown</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Eye protection (face shield or goggles)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• N-95 respirator</td>
<td></td>
</tr>
</tbody>
</table>

1. When performing procedure or care that may generate respiratory aerosols
2. Surgical facemasks are being used as an acceptable alternative to N-95 respirator to conserve supplies and to create surge capacity (i.e., the ability to manage a sudden increase in patient volume that could severely challenge or exceed present supplies).
IV. TESTING

A. Testing is considered to be diagnostic when conducted for persons with symptoms consistent with COVID-19 or among asymptomatic individuals with known or suspected recent exposure to COVID-19 to control transmission, or to determine resolution of infection.

B. Testing is considered to be surveillance when conducted for asymptomatic individuals without known or suspected exposure to COVID-19 to detect transmission in areas with sustained community transmission, for early detection in special settings, or to characterize disease trends.

C. Testing is generally recommended for the categories of people listed in Table 4.

Table 3: Recommendations for Testing

<table>
<thead>
<tr>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test persons with symptoms consistent with COVID-19 infection including fever(^1), cough, shortness of breath, chills, muscle pain, new loss of taste or smell, congestion, runny nose, nausea, vomiting, diarrhea, headache, and/or sore throat</td>
</tr>
<tr>
<td>Test persons without symptoms who are prioritized by the TDCJ Office of Public Health, DSHS, or the Universities for any reason, including but not limited to, public health surveillance or for areas of ongoing transmission</td>
</tr>
<tr>
<td>Consider testing asymptomatic persons with recent known or suspected exposure to COVID-19 (i.e., close contacts)</td>
</tr>
<tr>
<td>Consider testing asymptomatic persons without known or suspected exposure to COVID-19 for early identification when there is moderate to substantial community transmission prior to elective hospital admissions or procedures</td>
</tr>
</tbody>
</table>

\(^1\) Fever may be subjective or confirmed.
\(^2\) Adapted from CDC criteria for testing in correctional and detention facilities.
\(^3\) Retesting is not recommended if asymptomatic and tested positive within the last 90 days.

D. Instructions for ordering and specimen collection must be followed (Attachment H).

E. Diagnostic tests may be ordered per standing delegated order for public health monitoring (e.g., surveillance testing) or employee testing.

V. REPORTING

A. Daily reporting of COVID-19 to the TDCJ Office of Public Health by email or
VI. CLINICAL MANAGEMENT

A. Record proper diagnosis in the electronic health record for suspected COVID-19.

B. When available, COVID-19 vaccine that has received FDA approval or Emergency Use Authorization should be offered per the recommendations from the Texas Department of State Health Services.

C. Currently, there is no agent known to be effective in preventing COVID-19 if given before an exposure.

D. There is currently no FDA-approved post-exposure prophylaxis for people who may have been exposed to COVID-19.

E. Clinicians are encouraged to test for other causes of respiratory illness (e.g., influenza during flu season) if clinically indicated. However, testing should not delay COVID-19 testing since detection of another respiratory pathogen does not rule out COVID-19.

F. Most cases of COVID-19 only require usual supportive care with fluids, analgesics and rest. Acetaminophen (i.e., Tylenol) is the preferred antipyretic for treating fever in non-allergic COVID-19 patients considering its efficacy and safety. Nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen may be considered.

G. Signs suggesting the need for a higher level of care include, but are not limited to, difficulty breathing, bluish lips or face, persistent pain or pressure in the chest, new confusion, and inability to wake or stay awake.

H. Inmates who are suspected of having COVID-19 must be placed in medical isolation. Laboratory proof is not required for isolation. The diagnosis of COVID-19 should be made on a clinical basis and testing performed.
I. Adherence to strict infection control measures must always be observed. Cases in an inpatient setting must be under droplet and contact isolation (see Infection Control Policy B-14.21).

VII. DENTAL MANAGEMENT

A. In general, dental procedures will be prioritized based on urgency during a COVID-19 outbreak and non-emergent and elective visits and procedures will be delayed to prevent spread of disease.

B. Appointments will be scheduled apart to minimize possible contact with other patients in the waiting room when feasible.

C. Patients must be screened for fever and symptoms of COVID-19 prior to receiving dental care.
   1. Emergent dental care may be provided to patients without suspected or confirmed COVID-19 using strict adherence to universal precautions and use of PPE including surgical facemask, gloves, gowns, and eye protection. A N-95 respirator must be used while performing aerosol-generating procedures.
   2. Care should be delayed whenever possible if patients have fever or report symptoms of COVID-19 until the patient has recovered. A patient is considered recovered if at least 24 hours have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and at least 14 days have passed since symptoms first appeared.
   3. Emergent dental care may be provided to patients with suspected or confirmed COVID-19 using strict adherence to enhanced precautions. Do not schedule other patients at the same time and schedule the patient at the end of the day if possible.

D. If patients are not seen individually, dental chairs must be spaced at least 6 feet apart.

E. Patients should perform a pre-procedure rinse, if medically safe.

F. If aerosol-generating procedures are necessary, use four-handed dentistry and high evacuation suction to minimize droplet spatter and aerosols. Staff present during the procedure should be limited to only those essential for patient care and procedure support.

G. Only clean or sterile supplies and instruments needed for the dental procedure being performed should be accessible. All other supplies and instruments
Coronavirus Disease 2019 (COVID-19)

should be put away to prevent potential contamination. Any supplies and equipment that are exposed, but not used during the procedure, should be considered contaminated and should be disposed of or reprocessed properly after completion of the procedure.

H. The cleaning of autoclaves, instruments and other equipment should be performed according to the manufacturer’s instructions for use per routine cleaning, disinfection, and sterilization protocols.

I. Dental operatory must be cleaned and disinfected after each patient. Clean the operatory with a 10% bleach solution or an Environmental Protection Agency-registered, hospital-grade disinfectant. If the bleach solution is used, it should be sprayed or wiped on and allowed to air dry for at least 10 minutes.

REFERENCES


Centers for Disease Control and Prevention. Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States. February

What You Need to Know about COVID-19 If You are Incarcerated/Detained

COVID-19

- COVID-19 is an illness caused by a new virus (SARS-CoV-2) that can spread from person to person and has spread across the world.
- Many people who have COVID-19 do not feel sick.
- For those who do feel sick, some signs and symptoms of COVID-19 include:
  - Fever/chills
  - Cough
  - Feeling tired
  - Having a hard time breathing
  - Pain in the head or body
  - Loss of taste or smell
  - Sore throat
  - Stuffy or runny nose
  - Nausea/vomiting
  - Diarrhea.

How COVID-19 Spreads

- The virus spreads through droplets in the breath ("respiratory droplets") when a person with COVID-19 breathes, coughs, sneezes, talks, or sings within about 6 feet (two arm lengths) of other people.
  - Respiratory droplets containing the virus can land in the mouth, nose, or eyes of people who are close by.
  - Sometimes, droplets may stay in the air for minutes to hours and infect someone more than 6 feet away.
- People may also be able to get the virus by touching something with the virus on it, then touching their mouth, nose, or eyes.

People at Risk For COVID-19

- Anyone can get infected.
- Older adults and people with certain medical problems tend to get sicker with COVID-19. Some of these medical problems include:
  - Cancer
  - Chronic kidney disease
  - Chronic obstructive pulmonary disease (COPD)
  - Sickle cell disease
  - Heart problems
  - Obesity
  - Smoking
  - Type 2 diabetes mellitus
What You Can Do to Reduce Exposure

- Try to stay at least 6 feet (two arm lengths) from others, especially people from a different housing unit. For example, try to stay at least 6 feet apart from others at meal times or when you use the bathroom.

- As much as possible, wear a mask that covers your nose and mouth, especially if you will be within 6 feet of another person.

- Wash your hands often with soap and water for at least 20 seconds, especially after coughing, sneezing, or blowing your nose; after using the bathroom; before eating; before and after preparing food; and before taking medication.
  - If available, you can also use a hand sanitzer that contains at least 60% alcohol; cover your hands with sanitzer and rub them together until they feel dry.

- Cough and sneeze into your elbow or a tissue, and throw the tissue in a trash can.

- Avoid sharing eating utensils, dishes, and cups.

- If possible, go outside for your recreation time so you can more easily stay at least 6 feet apart from others.

- Try to sleep opposite, sleep head to foot when multiple beds are in a room. This gives you more space between your face and others around you.

- Inform visitors and volunteers before they travel to the facility that they should expect to be screened for COVID-19 (including a temperature check), and will be unable to enter the facility if they do not clear the screening process or if they decline screening.

If You Were Near Someone with COVID-19

- You may be tested for the virus with a swab in your nose, even if you don’t feel sick.

- You may be sent to a quarantine area. This is so if you get sick, you can get medical care and so you don’t get others sick. Quarantining is not to punish you or because you are in trouble. You may be quarantined alone or with others who were near someone with COVID-19 to protect you and others.

What to Do If You Feel Sick

- Tell a corrections officer or staff member if you feel sick.

- You may be sent to medical isolation. This is so you can get medical care and so you don’t get others sick. Medical isolation is not to punish you.

- You may be tested for the virus with a swab in your nose.
  - If you test positive for the virus, you may be told to stay in the medical isolation area.
  - If you aren’t infected with the virus, you may be sent back to your normal housing unit.

If you have further questions or concerns

Your local or state health department is a great resource if you have questions or concerns.

Websites with More Information:


- To find our state health department name and phone number: [www.cdc.gov/publichealthgateway/healthdirectories/healthdepartments.html](http://www.cdc.gov/publichealthgateway/healthdirectories/healthdepartments.html)

- To find your local health department name and phone number: [www.naccho.org/membership/find-directory](http://www.naccho.org/membership/find-directory)
Stop Germs! Wash Your Hands.

When?
- After using the bathroom
- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone at home who is sick with vomiting or diarrhea
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage

How?
- Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
- Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.
- Scrub your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
- Rinse hands well under clean, running water.
- Dry hands using a clean towel or air dry them.

Keeping hands clean is one of the most important things we can do to stop the spread of germs and stay healthy.

www.cdc.gov/handwashing
Stop the Spread of Germs

Help prevent the spread of respiratory diseases like COVID-19.

- Stay at least 6 feet (about 2 arms’ length) from other people.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash and wash your hands.
- When in public, wear a cloth face covering over your nose and mouth.
- Do not touch your eyes, nose, and mouth.
- Clean and disinfect frequently touched objects and surfaces.
- Stay home when you are sick, except to get medical care.
- Wash your hands often with soap and water for at least 20 seconds.

[cdc.gov/coronavirus]
Visitors

WARNING

We are currently having cases of COVID-19 on this facility. This virus can cause severe disease in older adults 65 years and older, people who are obese, and people with medical issues such as heart disease, chronic respiratory disease, chronic kidney disease, diabetes, high blood pressure, sickle cell disease, cancer or weakened immune systems. If you are a member of one of these high-risk groups, you may not want to enter the unit at this time. If you do choose to enter the unit, you should observe the following precautions:

- Try to stay 6 feet away from other people as much as possible.
- Avoid shaking hands, hugging, or touching surfaces that get a lot of hand contact.
- Wash your hands often with soap and water for at least 20 seconds.
- Avoid touching your eyes, nose, or mouth without washing your hands before and afterward.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash and wash your hands.
- Wear a face covering over your nose and mouth.
- Do not enter and stay home if you are sick.
Medical Triage

Patient is screened for symptoms of COVID-19.

Patient reports symptoms consistent with COVID-19?

Follow usual triage procedures

1. Put surgical facemask on patient
2. Seat 6 feet from others if possible
3. Nursing wears PPE to assess patient (e.g., surgical facemask, gown, gloves, and eye protection)
4. Nursing triages patient ASAP for fever (≥100°F), cough, and shortness of breath

Symptoms positive for COVID-19?

- Yes: Provide usual care
- No: Provide usual care based on final diagnosis

COVID-19 test positive?

- Yes: Provide usual care based on final diagnosis
- No: Provide usual care based on final diagnosis

- Manage as clinically indicated and provide supportive care. More severe symptoms suggesting the need for a higher level of care may include difficulty breathing, bluish lips or face, persistent pain or pressure in the chest, and new confusion or inability to arouse.
- Continue medical isolation per criteria in policy.
- Monitor in medical isolation at least twice a day including temperature and worsening respiratory symptoms.

Patient is screened for symptoms of COVID-19.

Follow usual triage procedures

1. Put surgical facemask on patient
2. Seat 6 feet from others if possible
3. Nursing wears PPE to assess patient (e.g., surgical facemask, gown, gloves, and eye protection)
4. Nursing triages patient ASAP for fever (≥100°F), cough, and shortness of breath

Symptoms positive for COVID-19?

- Yes: Provide usual care
- No: Provide usual care based on final diagnosis

COVID-19 test positive?

- Yes: Provide usual care based on final diagnosis
- No: Provide usual care based on final diagnosis

- Manage as clinically indicated and provide supportive care. More severe symptoms suggesting the need for a higher level of care may include difficulty breathing, bluish lips or face, persistent pain or pressure in the chest, and new confusion or inability to arouse.
- Continue medical isolation per criteria in policy.
- Monitor in medical isolation at least twice a day including temperature and worsening respiratory symptoms.
Date: ______________________

Patient Name: ________________________________________________

DOB: _________________________________________________________

Facility: _______________________________________________________

<table>
<thead>
<tr>
<th>1. Temperature:</th>
</tr>
</thead>
<tbody>
<tr>
<td>100° F or above? □ Yes □ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Currently have any of the following: cough, SOB, chills, muscle pain, headache, sore throat, new loss of taste or smell, congestion, runny nose, nausea, vomiting, or diarrhea.</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>If Yes, document each symptom present:</td>
</tr>
<tr>
<td>____________________________________________</td>
</tr>
<tr>
<td>____________________________________________</td>
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<tr>
<td>____________________________________________</td>
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<td>____________________________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Had contact with a person known to be infected with COVID-19 or with fever, cough, or shortness of breath in the last 14 days?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

If YES to any question, place a surgical facemask on the patient and separate from the rest of the intake group for additional screening and orders.

Medical Staff Signature __________________________________________ Date ________________________
Texas Department of Criminal Justice
COVID-19 Health Screening Form
UPDATED: September 14, 2020

Before any individual enters a TDCJ location, they will have their temperature taken and will be asked about the presence of symptoms. If fever is present or answered yes to symptom questions, the screening form must be completed. This health screening form is an important first step to assist staff in maintaining the safety and health of TDCJ employees and inmates.

Clearly PRINT information below:

Name: ________________________________ Birthdate (mm/dd): ________________________________

Has the individual:

<table>
<thead>
<tr>
<th>Date Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

*Had close contact with anyone who tested positive for COVID-19 in the last 14 days?*

If yes when?

Does the individual have:

<table>
<thead>
<tr>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

Fever 100°F or above?

If yes, temperature?

Cough, shortness of breath, feverish, chills, muscle pain, headache, sore throat, new loss of taste or smell, congestion, runny nose, nausea, vomiting, or diarrhea?

If the individual answers yes to symptom questions, they will be sent home and will be required to submit a physician’s note stating they are clear of any symptoms of COVID-19 before being allowed to return to work.

*If the individual answers yes to being in close contact with anyone who tested positive for COVID-19, they will be sent home for a period of time, which will be determined by the supervisor. If the employee develops symptoms while off work, it is imperative they contact their supervisor and keep them informed. The employee will be able to return to work by providing a physician’s note stating they are clear of any COVID-19 symptoms. If the employee did not develop symptoms while off work, then a physician’s note is not required. Notification will need to be made to the Melissa Kimbrough, Office of Emergency Management and Chris Black Edwards, Deputy Director Health Services and Shannon Wood, Employee Services.

Staff completing COVID-19 Health Screening Form:

Name: ________________________________ Date: ________________________________

CONTACT INFORMATION:
Melissa Kimbrough, Emergency Management Coordinator Chris Black-Edwards, Deputy Director Health Services
936-581-9848 (State Cell) 936-437-4001 (Office)
melissa.kimbrough@tdcj.texas.gov  chris.black-edwards@tdcj.texas.gov

Shannon Wood, Manager Employee Services
936-661-3844 (State Cell)
shannon.wood@tdcj.texas.gov
COVID-19 Testing for Units

Note: Providers must indicate if the test is being ordered for a symptomatic or asymptomatic patient by ordering the appropriate test in the electronic health record (EHR):

- ASYMPTOMATIC SARS-COV-2-PCR/NAAT (COVID)
- SYMPTOMATIC SARS-COV-2-PCR/NAAT (COVID)

1. Units Designated for Testing by Galveston Laboratory:

Test should be sent to the Galveston laboratory for processing. The viral culture collection kit is available from the CMC Medical Warehouse (stock # 495-38-15427-6).

| Test name and code: | COVID-19 (Test code: 8000101424)  
| Note: Order as “Miscellaneous” and add comment: “COVID-19 ARUP” |
| Collect: | Nasopharyngeal swab. Place in one collection tube (redtop viral transport tube). |
| Specimen Preparation: | Place in viral transport media (ARUP Supply #12884). Available through Ms. Judy Mitchell at (409) 772-9247. Place each specimen in an individually sealed bag.  
Also, acceptable: Media that is equivalent to viral transport media or universal transport media. |
| Storage/Transport Temperature: | Acceptable Conditions: Frozen |
| Unacceptable Conditions: | Specimens not in viral transport media. |
| Remarks: | Specimen source required. Submit only one specimen per patient. |
| Stability: | Ambient: Unacceptable; Refrigerated: 4 days; Frozen: 1 month |

2. Units Designated for Testing by Quest Diagnostics:

It is not a STAT test and a STAT pick-up cannot be ordered. Test results are typically available 3-4 days from the time of specimen pick-up and may be impacted by high demand.

| Test name and code: | SARS-CoV-2 RNA, RT PCR |
| Collect: | Preferred Specimen(s): One (1) nasopharyngeal swab collected in a multi microbe media (M4), V-C-M medium (green-cap) tube or equivalent (UTM).  
Also acceptable: 0.85 mL bronchial lavage/wash, nasopharyngeal aspirate/wash, sputum/tracheal aspirate sample in a plastic sterile leak-proof container |
| Specimen Preparation: | Place in multi microbe media (M4), V-C-M medium (green-cap) tube, or equivalent (UTM). |
It is acceptable to place both an NP and an OP swab at the time of collection into a shared media transport tube. Do not combine other specimen sources.

Also, acceptable: Plastic sterile leak-proof container.

**Storage/Transport Temperature:** Transport refrigerated (cold packs) to local Quest Diagnostics accessioning laboratory.

**Unacceptable Conditions:** Specimens not in viral transport media. Calcium alginate swab • Cotton swabs with wooden shaft • Received refrigerated more than 72 hours after collection • ESwab • Swabs in Amies liquid or gel transport media.

**Remarks:** Order SARS-CoV-2 RNA, RT PCR separately from other tests - on a separate requisition and place each transport tube with paperwork into its own sealed bag. The SARS-CoV-2 test will be prioritized if submitted on a shared requisition. One specimen transport tube will be tested per order.

It is acceptable to place both an NP and an OP swab at the time of collection into a shared media transport tube. Do not combine other specimen sources.

**Stability:** Ambient: Unacceptable; Refrigerated for up to 72 hours or Frozen at -70°C

---

3. **Texas Tech Units Designated for Testing by LabCorp**

Contact your Facility Health Administrator if you are in need of additional culture collection kits.

<table>
<thead>
<tr>
<th>Test Name and Code:</th>
<th>COVID-19 – Test Code 139900</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collect:</td>
<td>Nasopharyngeal or Oropharyngeal swab, placed and transported in Universal Transport Medium (UTM).</td>
</tr>
<tr>
<td>Specimen Preparation:</td>
<td>Universal Transport Medium (UTM) with included swabs, specimen label and biohazard bag are needed. Follow instructions published by LabCorp regarding OP and NP specimen collection for COVID-19 testing.</td>
</tr>
<tr>
<td>Storage/Transport Temperature:</td>
<td>Samples/specimens should be shipped frozen due to limited stability at 2°-8°C. Refrigerated swabs submitted within 72 hours will be accepted.</td>
</tr>
<tr>
<td>Unacceptable Conditions:</td>
<td>Swabs with calcium alginate or cotton tips; swabs with wooden shafts; refrigerated samples greater than 72 hours old; room temperature specimen submitted; improperly labeled; grossly contaminated; broken or leaking transport device; collection with substances inhibitory to PCR including heparin, hemoglobin, ethanol, EDTA concentrations &gt;0.01M.</td>
</tr>
<tr>
<td>Remarks:</td>
<td>Submit separate frozen specimens for each test requested. Submit COVID-19 test on one requisition with test code 139900.</td>
</tr>
<tr>
<td>Stability:</td>
<td>Ambient: Unacceptable; Refrigerated: 72 hours</td>
</tr>
<tr>
<td>Turnaround Time:</td>
<td>Current turnaround time for COVID-19 testing is estimated between 3-4 days and may be impacted by high demand.</td>
</tr>
</tbody>
</table>
4. Montford Testing

<table>
<thead>
<tr>
<th>Test name and code:</th>
<th>SARS-CoV-2 (Test code: 39433) aka COVID-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collect:</td>
<td>Nasopharyngeal swab</td>
</tr>
<tr>
<td></td>
<td>(Use Xpert® Nasopharyngeal Sample Collection Kit---in lab).</td>
</tr>
<tr>
<td></td>
<td>Ensure swab is broken off and left in liquid media.</td>
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<tr>
<td>Specimen Preparation:</td>
<td>• Refer to Nasopharyngeal Collection Below</td>
</tr>
<tr>
<td></td>
<td>• Ensure swab is broken off and left in liquid media.</td>
</tr>
<tr>
<td></td>
<td>• Place each specimen in an individually sealed bag.</td>
</tr>
<tr>
<td>Storage/Transport Temperature:</td>
<td>Acceptable Conditions: Refrigerated (2-8°C)</td>
</tr>
<tr>
<td>Unacceptable Conditions:</td>
<td>Specimens not in viral transport media.</td>
</tr>
<tr>
<td>Remarks:</td>
<td>Specimen source required. Submit only one specimen per patient.</td>
</tr>
<tr>
<td>Stability:</td>
<td><strong>Stat Delivery</strong></td>
</tr>
<tr>
<td>Remarks:</td>
<td>Order SARS-CoV-2 RNA, RT PCR separately from other tests - on a separate requisition and place each transport tube with paperwork into its own sealed bag. The SARS-CoV-2 test will be prioritized if submitted on a shared requisition. One specimen transport tube will be tested per order.</td>
</tr>
</tbody>
</table>

5. Nasopharyngeal swab method

- Insert swab into one nostril
- Rotate swab over surface of posterior nasopharynx
- Withdraw swab from collection site; insert into transport tube
- After collection, wipe own outside of tube with a disinfectant wipe and doff gloves
- Perform hand hygiene and don new gloves
- Place in a biohazard bag and close
- It is not a STAT test and STAT pickup should not be ordered
- Transport specimen to the laboratory for testing. If transport will be delayed, place specimen in the refrigerator.
Completed forms should be emailed to the TDCJ Office of Public Health or faxed to 936-437-3572.

Unit Name: __________________________________________

Report for new (not cumulative) patients with COVID-19 for 24-hour period beginning 6AM _____/_____/____ to 6AM _____/_____/____

Date* sent: _____/_____/

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Lab Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inmate Last Name</td>
<td>Inmate First Name</td>
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</table>

* On Monday morning, send 3 logs (one for each 24-hour period ending at 6AM)
Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19

Before caring for patients with confirmed or suspected COVID-19, healthcare personnel (HCP) must:

- **Receive comprehensive training** on when and what PPE is necessary, how to don (put on) and doff (take off) PPE, limitations of PPE, and proper care, maintenance, and disposal of PPE.
- **Demonstrate competency** in performing appropriate infection control practices and procedures.

**Remember:**

- PPE must be donned correctly before entering the patient area (e.g., isolation room, unit if cohorting).
- PPE must remain in place and be worn correctly for the duration of work in potentially contaminated areas. PPE should not be adjusted (e.g., retying gown, adjusting respirator/facemask) during patient care.
- PPE must be removed slowly and deliberately in a sequence that prevents self-contamination. A step-by-step process should be developed and used during training and patient care.

**Preferred PPE – Use N95 or Higher Respirator**

- Face shield or goggles
- N95 or higher respirator
- Isolation gown
- One pair of clean, non-sterile gloves

**Acceptable Alternative PPE – Use Facemask**

- Face shield or goggles
- Facemask
- Isolation gown
- One pair of clean, non-sterile gloves

[Website: www.cdc.gov/coronavirus]
Donning (putting on the gear):

More than one donning method may be acceptable. Training and practice using your healthcare facility’s procedure is critical. Below is one example of donning.

1. Identify and gather the proper PPE to don. Ensure choice of gown size is correct (based on training).
2. Perform hand hygiene using hand sanitizer.
3. Put on isolation gown. Tie all of the ties on the gown. Assistance may be needed by another HCP.
4. Put on NIOSH-approved N95 filtering facepiece respirator or higher (use a facemask if a respirator is not available). If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tensed. Do not pinch the nosepiece with one hand. Respirator/facemask should be extended under chin. Both your mouth and nose should be protected. Do not wear respirator/facemask under your chin or store in scrub pocket between patients. *
   - **Respirator**: Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator.
   - **Facemask**: Mask ties should be secured on crown of head (top tie) and base of neck (bottom tie). If mask has loops, hook them appropriately around your ears.
5. Put on face shield or goggles. When wearing an N95 respirator or half facepiece elastomeric respirator, select the proper eye protection to ensure that the respirator does not interfere with the correct positioning of the eye protection, and the eye protection does not affect the fit or seal of the respirator. Face shields provide full face coverage. Goggles also provide excellent protection for eyes, but fogging is common.
6. Put on gloves. Gloves should cover the cuff (wrist) of gown.
7. HCP may now enter patient room.

Doffing (taking off the gear):

More than one doffing method may be acceptable. Training and practice using your healthcare facility’s procedure is critical. Below is one example of doffing.

1. **Remove gloves**. Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak).
2. **Remove gown**. Untie all ties (or unmap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle.
3. HCP may now exit patient room.
4. **Perform hand hygiene**.
5. **Remove face shield or goggles**. Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles.
6. **Remove and discard respirator (or facemask if used instead of respirator)**. Do not touch the front of the respirator or facemask.
   - **Respirator**: Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.
   - **Facemask**: Carefully untie (or unhook from the ears) and pull away from face without touching the front.
7. **Perform hand hygiene after removing the respirator/facemask** and before putting it on again if your workplace is practicing reuse.

*Facilities implementing reuse or extended use of PPE will need to adjust their donning and doffing procedures to accommodate those practices.*

www.cdc.gov/coronavirus
Attachment K

Pandemic COVID-19 Alert Stages and Matrix

I. **Stage I** – Normal conditions, no pandemic COVID-19 anywhere in the world.
   A. Maintain clinical suspicion for COVID-19 like illnesses
   B. Record proper diagnosis in the electronic health record for suspected COVID-19 and/or report number of cases to Preventive Medicine weekly to facilitate surveillance
   C. Practice usual infection control and personal hygiene measures
   D. Consider stockpiling critical supplies

II. **Stage II** – Pandemic COVID-19 observed outside the United States.
   A. Continue Stage 1 activities
   B. Emphasize handwashing and cough etiquette with inmates and all unit staff
   C. Place posters (handwashing, cough etiquette, COVID-19 symptoms) if not already done

III. **Stage III** – Pandemic COVID-19 observed in the United States. Because COVID-19 spreads quickly, it is likely that only a few weeks, at most, would elapse between the first observation of COVID-19 in the Unites States and its appearance in the local community.
   A. This stage is subdivided into 3a – no in-state cases reported, 3b – cases reported in Texas.
   B. Continue Stage 2 activities
   C. Work with security to identify areas that can be used to cohort inmate cases
   D. Screen for symptoms of COVID-19 at main gate and exclude symptomatic individuals
   E. Screen for symptoms of COVID-19 before allowing inmates on chain buses.
   F. Increase emphasis on cleaning/disinfecting high hand contact areas and inmate transportation.
   G. Allow staff to carry waterless hand cleaners.
   H. Additional precautions for Stage 3b
      1. Non-essential inmate movement between units must be stopped Elective medical procedures should be postponed
      2. Intake facilities screen arriving inmates by asking about new cough or sore throat and taking temperature
      3. Intake facilities should consider placing new intakes under routine intake quarantine for 14 days before allowing them into general population. The 14-day quarantine period begins on the day the last inmate is added to the quarantine group.
      4. Consider locking down the unit and stopping visitation.
      5. If the warden deems it necessary to allow a person with symptoms of COVID-19 or household contacts onto the unit, the following precautions are recommended:
         a. Each person should always be required to wear a surgical facemask on the unit and wash hands before entering the unit.
         b. Employees restricted to jobs that do not entail contact within 6 feet of others (such as picket duty or strictly outdoor work)
         c. Employee workstation and hand contact areas are disinfected with Double D solution or a 1:10 bleach solution at the end of their shift.
IV. Stage IV – Initial cases of COVID-19 on the prison facility
A. Continue actions from lower stage levels.
B. Unit should be locked down and visitation stopped if this has not been done previously.
C. Cases/suspected cases should be placed in (order of preference): 1) Respiratory isolation, if available on the unit, or in a single cell in cell block designated for cohorting COVID-19 cases. If single celled, they should not be allowed access to the day room unless all inmates using the day room are suspected or confirmed COVID-19 cases. Consider using segregation or similar housing for the initial cases.
D. Cases or suspected cases must not be allowed to attend work, school, dining hall or group recreation.
E. Isolation should continue until at least 24 hours have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and at least 14 days have passed since symptoms first appeared.
F. If the inmate requires transfer to a hospital, he should go by ambulance or van. Multiple inmates with COVID-19 may be transported in the same vehicle if necessary. Attendants and other staff in the vehicle must wear surgical facemask and gloves. Gowns and eye protection should be worn if direct or very close contact is expected. The inmate should wear a surgical facemask unless breathing is restricted, and his condition does not allow. The transport vehicle should be disinfected after use. The receiving facility must be notified that the patient has COVID-19 before arrival at the facility.
G. Inmates in the cellblock or dormitory of the index case must be medically restricted (no housing reassignments, no work or school; dining and recreation as a cohort only) until 14 days have elapsed without another case of COVID-19 in the living group. If their work is deemed critical, they must be screened for symptoms of COVID-19 before their shift before being allowed to work.

V. Stage V – Multiple cases of COVID-19 in the facility, when the number of cases is too large to isolate individually.
A. Continue previous stage level activities
B. At this point individual case isolation is not practical and confirmed cases should be cohort in living areas (dormitories or cellblocks). Cases need to remain in the cohort living area for at least 24 hours have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and at least 14 days have passed since symptoms first appeared. They may be transferred to other living areas after their isolation period has passed.

<table>
<thead>
<tr>
<th>Alert Stage</th>
<th>Medical Department</th>
<th>Security</th>
<th>Housing</th>
<th>Feeding/Showering</th>
<th>Recreation</th>
<th>Transportation</th>
<th>Work/School</th>
<th>Visitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 3b – pandemic COVID-19 in Texas</td>
<td>• Work with security to identify housing areas that can be used to cohort cases • Train staff on identification of COVID-19 cases and early isolation of cases</td>
<td>• Continue Stage 2 activities • Train staff in recognition of COVID-19 symptoms and how the medical triage/cohorting</td>
<td>• Cohort essential workers by shift • Stop housing reassignment except for disciplinary or medical reasons, or</td>
<td>• Consider unit lockdown procedures • Feed and shower inmate in cohorts by housing area. Disinfect showers/dining facilities between cohorts</td>
<td>• Consider unit lockdown procedures • Recreation in cohorts by housing area. Disinfect equipment</td>
<td>• Screen for symptoms of COVID-19 before allowing inmates on chain bus • Disinfect seats, handrails, and other contact</td>
<td>• Consider suspending classes • Consider suspending non-essential work • Screen workers for</td>
<td>• Screen for symptoms of COVID-19 and exclude symptomatic individuals, whether staff or visitors • Stop contact visitation</td>
</tr>
<tr>
<td>Alert Stage</td>
<td>Medical Department</td>
<td>Security</td>
<td>Housing</td>
<td>Feeding/Showering</td>
<td>Recreation</td>
<td>Transportation</td>
<td>Work/School</td>
<td>Visitation</td>
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<tr>
<td></td>
<td></td>
<td>system will work</td>
<td>within same housing area (dorm or cell block)</td>
<td>between cohorts</td>
<td>areas before loading inmates and at end of trip</td>
<td>symptoms at turnout</td>
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<tr>
<td></td>
<td></td>
<td>increase emphasis on cleaning and disinfecting high hand contact areas and inmate transportation</td>
<td>prepare one or more cell blocks to be designated as medical wards, if feasible</td>
<td></td>
<td>stop non-essential inmate movement between units</td>
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<tr>
<td></td>
<td></td>
<td>allow staff to carry and use alcohol-based hand antiseptic rub</td>
<td>intake units screen inmates arriving on the unit by asking about new onset of cough or shortness of breath and taking their temperature</td>
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<tr>
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<td></td>
<td>limit use of medical staff on multiple units</td>
<td>cancel/reschedule elective medical procedures</td>
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<td></td>
<td></td>
<td>begin COVID-19 triage and early isolation process</td>
<td>stockpile food and other essential supplies for at least a 2-4 week period</td>
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<tr>
<td></td>
<td></td>
<td>allow staff to carry and use alcohol-based hand antiseptic rub</td>
<td>place new intakes and inmates returning from bench warrant, etc. under routine intake quarantine for 14 days</td>
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<td></td>
<td></td>
<td>limit use of staff on multiple units</td>
<td>allow staff to carry and use alcohol-based hand antiseptic rub</td>
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<tr>
<td></td>
<td></td>
<td>consider unit lockdown</td>
<td>limit use of staff on multiple units</td>
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<tr>
<td></td>
<td></td>
<td>increase emphasis on cleaning and disinfecting high hand contact areas and inmate transportation</td>
<td>increase emphasis on cleaning and disinfecting high hand contact areas and inmate transportation</td>
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</tbody>
</table>

**Stage 4 – initial cases of COVID-19 on unit**

- Continue Stage 3b activities
- Place suspected cases in droplet and contact isolation in a single cell
- Continue Stage 3b activities
- Security staff assigned to medical and isolation areas wear facemasks
- Create one or more isolation wards, and medical wards if needed
- Unit lockdown.

- Continue Stage 3b actions
- Transfer of symptomatic cases by ambulance or van only.
- Continue Stage 3b actions
- Medically restricted and isolated inmates cannot work
- Continue Stage 3b actions

- Consider stopping all visitation
### Inmate Management

<table>
<thead>
<tr>
<th>Alert Stage</th>
<th>Medical Department</th>
<th>Security</th>
<th>Housing</th>
<th>Feeding/Showering</th>
<th>Recreation</th>
<th>Transportation</th>
<th>Work/School</th>
<th>Visitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 4</td>
<td>Cases wear surgical facemask whenever moved out of their isolation room.</td>
<td>• Staff on affected units not to work on unaffected units if possible</td>
<td>• No transfer of exposed inmates into areas housing unexposed inmates</td>
<td>Multiple cases can be in same vehicle.</td>
<td>Notify receiving facility of COVID-19 case before arrival.</td>
<td>Attendants with transported cases must use surgical facemasks and gloves.</td>
<td>- Gowns and eye protection should be worn if direct or very close contact is expected.</td>
<td>- If a medically restricted inmate must work because of a critical need, he must be screened to rule out symptoms of COVID-19 before each shift he works.</td>
</tr>
<tr>
<td>Stage 4</td>
<td>Medically restrict contacts of the case until 14 days after the last case appears in the medically restricted group.</td>
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<tr>
<td>Stage 4</td>
<td>If a medically restricted inmate develops signs and symptoms of COVID-19, place him in droplet and contact isolation and extend the medical restriction on the remaining inmates for 14 more days.</td>
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<tr>
<td>Stage 4</td>
<td>Make rounds of isolated inmates in the isolation housing area at least twice per shift.</td>
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<tr>
<td>Stage 4</td>
<td>Make daily rounds on medically restricted housing areas.</td>
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<tr>
<td>Stage 4</td>
<td>Medical staff wear PPE when entering a room with an ill inmate.</td>
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<tr>
<td>Stage 4</td>
<td>Staff on affected units not to work on unaffected units if possible.</td>
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<tr>
<td>Stage 4</td>
<td>Continue Stage 4 actions.</td>
<td>• Continue Stage 4 actions</td>
<td>• Continue Stage 4 actions</td>
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<td>• Continue Stage 4 actions</td>
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<tr>
<td>Stage 4</td>
<td>Cohort cases and suspected cases.</td>
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<tr>
<td>Stage 5</td>
<td>Continue Stage 4 actions.</td>
<td>Continue Stage 4 actions</td>
<td>Continue Stage 4 actions</td>
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<td>Continue Stage 4 actions</td>
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<tr>
<td>Stage 5</td>
<td>Continue Stage 4 actions.</td>
<td>Continue Stage 4 actions</td>
<td>Continue Stage 4 actions</td>
<td>Continue Stage 4 actions</td>
<td>Continue Stage 4 actions</td>
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<td>Continue Stage 4 actions</td>
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</tr>
</tbody>
</table>

**Stage 5 – multiple COVID-19 cases on unit**

- Continue Stage 4 actions.
- Cohort cases and suspected cases.
<table>
<thead>
<tr>
<th>Alert Stage</th>
<th>Medical Department</th>
<th>Security</th>
<th>Housing</th>
<th>Feeding/Showering</th>
<th>Recreation</th>
<th>Transportation</th>
<th>Work/School</th>
<th>Visitation</th>
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- Cases may be moved to any living area once recovered per criteria in policy. They can be considered immune for the remainder of the pandemic.

**Termination of COVID-19 alert:** May return to Stage 4 when there are no new cases on the unit in 14 days, or to stage 3b when there have been no new cases on the unit for an additional 14 days.
Respirator On / Respirator Off

When you put on a disposable respirator
Position your respirator correctly and check the seal to protect yourself from COVID-19.

1. Cup the respirator in your hand. Hold the respirator under your chin with the nose piece up. The top strap (on single or double strap respirators) goes over and rests at the top of your head. The bottom strap is positioned around the neck and below the ears.

2. Place your fingers tips from both hands at the top of the metal nose clip. If present, slide fingers down both sides of the metal strip to mold the nose area to the shape of your nose.

3. Place both hands over the respirator, take a quick breath in to check the seal, breathe out. If you feel a leak when breathing in or breathing out, there is not a proper seal.

Select other PPE items that do not interfere with the fit or performance of your respirator.

Do not use a respirator that appears damaged or deformed, no longer forms an effective seal to the face, becomes wet or visibly dirty, or if breathing becomes difficult.

Do not allow facial hair, jewelry, glasses, clothing, or anything else to prevent proper placement or to come between your face and the respirator.

Do not cross the straps.

Do not wear a respirator that does not have a proper seal. If air leaks in or out, ask for help or try a different respirator model.

Do not touch the front of the respirator during or after use. It may be contaminated.

When you take off a disposable respirator

1. Remove by pulling the bottom strap over back of head. Follow by the top strap, without touching the respirator.

2. Discard in a waste container.

3. Clean your hands with alcohol-based hand sanitizer or soap and water.

Employees must comply with the OSHA Respiratory Protection Standard, 29 CFR 1910.134, which includes medical evaluations, training, and fit testing.

Additional information is available about how to safely put on and remove personal protective equipment, including respirators:

cdc.gov/coronavirus

Respirator On/Respirator Off
Facemask Do's and Don'ts

For Healthcare Personnel

When putting on a facemask
Clean your hands and put on your facemask so it fully covers your mouth and nose.

- **Do** secure the elastic bands around your ears.
- **Do** secure the tie at the middle of your head and the base of your head.

When wearing a facemask, don't do the following:

- **Don't** wear your facemask under your nose or mouth.
- **Don't** allow a strap to hang down. **Don't** miss the straps.
- **Don't** touch or adjust your facemask without cleaning your hands before and after.
- **Don't** wear your facemask on your head.
- **Don't** wear your facemask around your neck.
- **Don't** wear your facemask around your arm.

When removing a facemask
Clean your hands and remove your facemask touching only the straps or ties.

- **Do** leave the patient care area, then clean your hands with alcohol-based hand sanitizer or soap and water.
- **Do** remove your facemask touching ONLY the straps or ties, throw it away, and clean your hands again.

Additional information is available about how to safely put on and remove personal protective equipment, including facemasks:

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Facemask Do's and Don'ts