

# Prisons Division COVID-19 Cluster and Outbreak Checklist

Date: \_\_\_\_\_

Time: \_\_\_\_\_

## Immediate Actions

### Definitions

#### Cluster

A group of confirmed cases of COVID-19 that only involves staff and/or volunteers.

#### Limited Area Cluster:

- Two or more confirmed cases of COVID-19 in staff or volunteers occurring within fourteen (14) days who work in the same living or work area.

#### Facility Wide Cluster:

- Twenty (20) or more confirmed cases of COVID-19 in a main facility or six (6) or more confirmed cases of COVID-19 in a camp (free-standing or co-located minimum security unit) within fourteen (14) days among staff and/or volunteers across a facility regardless of their position or post OR
- Twelve (12) or more confirmed cases of COVID-19 in a main facility or four (4) or more confirmed cases of COVID-19 in a camp (free-standing or co-located minimum security unit) within fourteen (14) days among staff and/or volunteers within a facility that have direct contact with the incarcerated population.

#### Outbreak

A group of confirmed cases of COVID-19 that includes at least one member of the prison population.

#### Limited Area Outbreak:

- Two or more confirmed cases of COVID-19 in incarcerated individuals occurring within fourteen (14) days who reside in the same living area OR
- One or more confirmed cases of COVID-19 in an incarcerated individual AND
- One or more confirmed cases of COVID-19 in DOC staff or volunteers working in proximity to the incarcerated individual case/cases occurring within fourteen (14) days

#### Facility Wide Outbreak:

Two (2) or more Limited Area Outbreaks that are connected, occurring simultaneously in the same facility.

## Notifications

Actions	Time Started	Time Completed	Initial	N/A
Prior to declaring a cluster, Occupation Health and Wellness Unit (OHWU) will review case data, and if cases meet criteria for cluster status, will confirm with Occupational Health Medical Director or OHWU RN4 and/or COVID-19 Medical Duty Officer. Facilities will be notified of confirmed cluster status.				
Make contact with the Prisons Liaison or Prisons Deputy Liaison Officer(s) once definition of an outbreak is reached or a cluster is verified.				
When a cluster/outbreak is identified, notify the COVID-19 Medical Duty Officer, if not already notified, and the Infection Prevention Nurse.				
Ensure notification of all positive COVID-19 test results are reported per the <a href="#">Mapping Guidelines</a> .				
Facility IPNs or designee will notify local health jurisdiction when your facility is placed on outbreak status and facility management will notify local health jurisdiction when your facility is placed on cluster status, including providing the definitions and this guidance document for their situational awareness regarding DOC response. Contact the Occupational Health and Wellness team if you need assistance with this notification.				
Ensure local 117 representative is notified.				

## Cluster AND Outbreak Response

Actions	Time Started	Time Completed	Initial	N/A
Open the ICP and develop a schedule to ensure ICP staffing and coverage to include Health Services staff in the ICP. (Seven day a week schedule) A virtual ICP is a good option.				
<b><i>For FACILITY POPULATION:</i></b>				
Operations and the Testing Lead work together to confirm the testing portal is up to date with individuals currently housed at the facility. Contact the Statewide Testing Unit Leader for guidance if adjustments are needed.				
Work with the IPN to quarantine any potential close contacts to cases within the facility population.				
Prior to moving individuals to another unit for medical quarantine, ensure the individual packs their own property to take with them to their new location. If there is property that is not able to go to the new location, place in storage for re-issue if necessary. Refer to the <a href="#">Minimum Allowable Personal Property for ISO/Quarantine Housing</a> form. Individuals moved to isolation may not need to pack up all their property if the plan is to return them to the same cell upon clearing isolation.				
Reinstitute mandatory routine masking outdoors per the Routine Masking Guidance throughout the facility.				

Actions	Time Started	Time Completed	Initial	N/A
<p>In consultation with Prisons Liaison or Prisons Deputy Liaison Officer, determine the need for check-in call(s) to ensure proper notifications, consultation, current status, and resource support is on-going. Reporting will include at a minimum:</p> <ul style="list-style-type: none"> <li>• Which units/tiers (or facility-wide) are on cluster or outbreak status</li> <li>• Number of staff screened away in last 24 hours</li> <li>• Number of staff mapped out in the last 24 hours</li> <li>• Number of overtime positions in the last 24 hours</li> <li>• Number of positive cases in population</li> <li>• Number of patients in isolation</li> <li>• Number of patients in population and which units/tiers under quarantine</li> <li>• Number and results of tests returned, and number of tests pending.</li> <li>• Planned test schedule</li> <li>• Number of Individual Quarantine and isolation beds available</li> </ul>				
<b>For STAFF:</b>				
<p>As necessary, coordinate with ONC Team and/or mapping team to map out any potential staff close contacts of the cases and follow the proper phase of the RTW protocol. Keep in mind that staff can be close contacts to other staff outside the workplace as well as at work. <i>ONC and/or mapping team primarily responsible for this work.</i></p>				
<p>After mapping is completed, notify the COVID-19 Prisons Liaison or COVID-19 Deputy Prisons Liaison if there is critically short staffing.</p>				
<p>Reinstitute mandatory routine masking outdoors per the Routine Masking Guidance throughout facility if there is a cluster/outbreak.</p>				
<p>Trainings involving close contact (In-service Control and Impedance Tactics, Specialty Team Training, etc.) should be paused due to the nature/risk of the cluster/outbreak.</p>				
<p>Staff mobilized to assist an area under cluster/outbreak status:</p> <ul style="list-style-type: none"> <li>• Will participate in any COVID-19 testing indicated for the worksite while deployed.</li> <li>• Will COVID-19 rapid Ag test on the day of demobilization.</li> <li>• If returning to a prison/work release facility, will continue twice weekly rapid antigen testing in addition to any normal serial testing regardless of vaccination status until 14 days from demobilization date.</li> <li>• Will maintain masking at all times regardless of vaccination status for 14 days from demobilization date unless working alone in an office with closed door.</li> </ul>				

**Additional Response for Limited Area or Facility-Wide Cluster ONLY**

Actions	Time Started	Time Completed	Initial	N/A
Movement of the population will not be affected unless one or more incarcerated individuals are confirmed to have COVID-19, at which point the area/areas will be on outbreak.				
Cluster status will continue until a minimum of 14 days has passed since the last positive staff test that does not have a clear epidemiologic link to a community case.				
<b>Testing of FACILITY POPULATION:</b>				
Test all incarcerated individuals, regardless of vaccination status, in the affected area/unit or facility within 72 hours of identification of the cluster by PCR or rapid antigen test depending on if and when they previously had COVID-19 per the <a href="#">WA State DOC COVID-19 Screening, Testing and Infection Control Guideline</a> . Report any positive test results per current protocol.				
Continue to test the population in the impacted area/unit or facility weekly by PCR (Rapid Ag if COVID-19 within the past 90 days) until the cluster is determined to be over.				
<b>Testing of STAFF:</b>				
Test all staff that work in the affected area/unit or facility, regardless of vaccination status, as soon as operationally feasible within 72 hours of identification of the cluster. Test by PCR if they will not already be serial tested in this time frame or by rapid antigen if they had COVID-19 within the past 90 days. Report any results per current protocol.				
Until the cluster is determined to be over by ONC Team or instructed otherwise by HQ, involved staff will continue to be serial tested twice weekly 3-4 days apart. Rapid Ag tests can be used alternating with PCR if test results are delayed more than 48-72 hours from the lab. Any individual with COVID-19 within the past 90 days should be tested with rapid Ag test. Report testing results per current protocol.				

**Additional Response for Limited Area Outbreak and Facility Wide Outbreak ONLY**

Actions	Time Started	Time Completed	Initial	N/A
Determine which units require quarantine based on contextual information and guidance from the COVID-19 Medical Duty Officer. Ensure that all individuals identified as high risk for severe COVID be individually offered by clinical staff the option to quarantine in a specified quarantine location outside the affected unit via an opt-out strategy (Ideally this is completed prior to an outbreak) and that everyone else within the quarantine area can voluntarily opt-in to quarantine outside the unit. At the start of every outbreak, individuals must be given the opportunity to reassess if they would like to remain in the unit. See section on Outbreak Operations and Movement below.				

If it has not been done already, if the positive cases are on a tier that is open bay or open bar, test all individuals on that tier within 24 hours of identification of an outbreak with a rapid Ag test regardless of vaccination status.				
Test all incarcerated individuals regardless of vaccination status in the affected area/unit or facility as soon as operationally feasible within 24 hours of identification of the outbreak by PCR (in addition to any rapid testing done above) unless they had COVID-19 within the past 90 days, then repeat every 3-4 days for the first week and every 7 days thereafter until the outbreak is over as per the <a href="#">WA State DOC COVID-19 Screening, Testing and Infection Control Guideline</a> .				
When opening alternate housing, submit a 213 request and then ensure core correctional practices are still occurring such as tier checks, security inspections, etc. Post orders for alternate housing areas should be in place.				
Cancel visitation within areas affected by an outbreak.				
Clinical assessment of incarcerated individuals with COVID-19 should include per the WA State DOC COVID-19 Screening, Testing and Infection Control Guideline: <ul style="list-style-type: none"> <li>• Determine use any aerosolizing devices (nebulizer, CPAP, BiPAP, etc.)</li> <li>• Determine if eligible for COVID-19 specific treatment</li> <li>• Determine safe placement and if a transfer is needed.</li> </ul>				
Consult with Prisons Liaison or Deputy Liaison Officer and HQ Clinical Leadership if your facility has a dog or cat program. Additional precautions may need to be implemented.				

## Outbreak Operations and Movement

Actions	Time Started	Time Completed	Initial	N/A
In consultation with the COVID-19 Medical Duty Officer and Prisons Liaison or Deputy Liaison Officer, develop an Operations and Movement plan that includes the following for Unit/Pod cohorts on outbreak status:				
<ul style="list-style-type: none"> <li>• Remove all those requesting individual quarantine to a designated quarantine area.</li> </ul>				
<ul style="list-style-type: none"> <li>• Within a unit/pod on quarantine, maintain normal in-unit movement and access to yard</li> </ul>				
<ul style="list-style-type: none"> <li>• Movement outside the quarantine area will occur by unit or pod cohort, including recreation, grab &amp; go, medical, work programming, and other forms of programming to eliminate any mixing of the unit/pod cohorts as per the <a href="#">WA State DOC COVID-19 Screening, Testing and Infection Control Guideline</a>.</li> </ul>				
<ul style="list-style-type: none"> <li>• Individuals placed on medical isolation must be removed from the unit and placed in a specified COVID-19 isolation area where all meals are served in-unit.</li> </ul>				

<ul style="list-style-type: none"> <li>• Ensure Isolation/Individual Quarantine housing protocols are in place to provide at least the minimum level of conditions of confinement, including: <ul style="list-style-type: none"> <li>➤ An outdoor recreation schedule</li> <li>➤ Daily phone access</li> <li>➤ Daily access to laundry services and/or change of clothing</li> <li>➤ Minimum 3x weekly shower access</li> <li>➤ Incoming / outgoing mail without restriction</li> <li>➤ Commissary/store similar as scheduled by originating unit.</li> <li>➤ Access to workbooks, TVs, Jpay and other available recreational materials</li> <li>➤ Access to mental health staff and emergency/necessary medical services</li> </ul> </li> <li>• When possible, ISO/Quarantine conditions of confinement should meet allowances as closely matched to normal custody level living unit. All limitations should be reviewed in consultation with the Prisons Liaison and HQ Clinical Leadership.</li> </ul>				
<ul style="list-style-type: none"> <li>• Conduct a review of the staffing to minimize access to quarantined/isolated area/s. Only those staff needed for critical work should be permitted into these area/s. Limit movement of these staff to areas not affected by the outbreak.</li> </ul>				

**Protocols and PPE:**

Actions	Time Started	Time Completed	Initial	N/A
Follow the most current versions of the WA State DOC COVID-19 Screening, Testing, and Infection Control Guideline and <a href="#">PPE Matrix</a> .				
Provide surgical masks for all incarcerated individuals in a facility. Re-issue surgical masks daily or when soiled or moisture-saturated. Have N95s available at all times during an outbreak or cluster for voluntary usage.				
Incarcerated individuals working as porters should be provided a face shield in addition to the surgical mask. The face shield should be discarded at the conclusion of the porter's daily work hours. Porters of outbreak units/pods should be from those living areas.				
Establish unit PPE donning/doffing stations inside/outside affected areas/units. The Facility Covid Specialist should conduct daily checks on stations.				
Ensure Spotter Guide Poster and <a href="#">PPE Matrix</a> is available to staff at the stations and posted.				
Ensure a system is in place to adequately stock PPE, disinfecting supplies, and disposal receptacle(s).				
Maintain a removal schedule for disposed-of PPE.				

**Communications:**

